

**OFFICE OF THE PUBLIC HEALTH DIRECTOR  
9000-5110**

**PURPOSE:**

Public Health prevents disease and promotes and protects the health of all people and the communities where they live, learn, work, and play. Public health professionals include physicians, nurses, epidemiologists, health educators, restaurant inspectors, social workers, evaluators, nutritionists, data analysts, scientists, and laboratory workers. The work of Public Health is data-driven and multi-sectoral. Increasing access to healthy foods for children and older adults, setting food safety standards, preventing injuries, and understanding why some people are more likely to suffer from poor health than others are just some of the ways public health impacts the lives of New Hampshire residents. Public Health promotes laws that protect the health of our citizens, encourages vaccination for children and adults for disease prevention, understands and investigates disease prevalence, educates people about the risks of diabetes, cancer, and sexually transmitted disease, prepares for and responds to emergencies, and ensures individual access to quality health care. Public Health focuses on the social determinants of health such as housing, safe communities, and the environment as we know these determinants directly impact health outcomes. The many facets of public health include educating people about ways to stay healthy and providing science-based solutions to problems. Public health improves quality of life, helps children and families thrive, and prevents human suffering.

**CLIENT PROFILE:**

The Director’s Office leads and supports seven Bureaus and approximately 250 full time authorized staff, who assess the needs of the entire population, develop policies, practices, and performance management systems with the goal of improving health outcomes. The Director’s Office coordinates with DHHS senior leadership, legislators, and community partners to communicate program goals and ensure positive outcomes for the citizens of New Hampshire. The Director’s Office, in partnership with DHHS leadership and community partners, provides guidance to the Division in its work and in the continued development of a statewide public health system, which includes 13 Regional Public Health Networks across the state of NH.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$3,210	\$3,663	\$3,822	\$4,489	\$3,606	\$3,670
GENERAL FUNDS	\$1,959	\$2,252	\$2,242	\$2,876	\$2,064	\$2,097
The Agency Request includes prioritized needs in SFY26 \$153,000 general funds and in SFY27 \$753,000 general funds.						

**FUNDING SOURCE:**

57% General funds, 33% Federal funds, 10% other funds

The federal funds in this accounting unit are generated by federal grants within the Division of Public Health Services, through approved methodologies within the Department's federally approved cost allocation plan.

**STATE MANDATES:**

Title X Public Health, 126-A, 126-M,126-Q, 126-T, 130-A,141-C,141-J,142-A,143,143-A

**FEDERAL MANDATES:**

None

**SERVICES PROVIDED:**

This accounting unit includes funding for the Director's Office of Public Health including the Hazen Building rent and Indirect cost for the Division of Public Health Services.

**EXPECTED OUTCOMES:**

Assure the health and wellbeing of communities and populations in New Hampshire

**THERAPEUTIC CANNABIS PROGRAM****9000-3899****PURPOSE:**

The Therapeutic Cannabis Program (TCP) was established in 2013, under RSA 126-X. That law establishes exemptions from criminal penalties for therapeutic use of cannabis in New Hampshire. The TCP maintains a confidential registry of qualifying patients, their caregivers, and their certifying medical providers. TCP processes applications and issues cannabis registry ID cards to eligible patients and caregivers. The registry ID cards allow cardholders to purchase therapeutic cannabis from one of the state's licensed Alternative Treatment Centers (ATCs). The ATCs are independently operated, not-for-profit entities responsible for the cultivation, production, and dispensing of therapeutic cannabis to qualifying patients in New Hampshire. The program licenses and regulates the ATCs for safety, quality, and compliance with all applicable laws and regulations. TCP receives oversight from the Therapeutic Cannabis Medical Oversight Board, authorized by RSA 126-X:12.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire.

**FINANCIAL SUMMARY:**

<b>FINANCIAL HISTORY</b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$655	\$1,293	\$1,293	\$1,293	\$1,293	\$1,293
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Other funds

Other funding is from fees generated by cannabis registry ID cards and state licensed independently operated Alternative Treatment Centers (ATCs).

**STATE MANDATES:**

RSA 126-X, Use of Cannabis for Therapeutic Purposes

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

As of SFY24, the program has registered:

- 14,705 Qualifying Patients
- 1,163 Designated Caregivers
- 1,433 Certifying Medical Providers

The program provides application processing, eligibility determination, and card issuance services, as well as program education, to these groups.

There are 4 Alternative Treatment Center licenses authorized by state law. These licenses are held by 3 not-for-profit entities, and they operate 7 dispensary locations and 3 cultivation/processing facilities throughout the state. The program provides licensing, regulatory compliance, and inspection services to the ATCs, to ensure compliance with all applicable laws and regulations and to ensure safe, consistent, high-quality, independently tested cannabis and cannabis products to the patients of New Hampshire.

**SERVICE DELIVERY SYSTEM:**

- Vendor-contracted web-based patient registry database solution for the processing of applications, determination of eligibility, and issuance of cannabis registry ID cards

- Inspection and regulatory enforcement of cannabis cultivation, processing, and dispensing facilities based on established laws, rules, and standards for cannabis safety and quality
- Ongoing technical and regulatory assistance to cannabis establishments

**EXPECTED OUTCOMES:**

- Program compliance with statutory timeframes for processing applications and issuing cannabis registry ID cards, as well as performance improvement
- The cultivation, production, and sale of safe, high-quality cannabis and cannabis products to NH patients
- Improved health outcomes for NH patients based on alternative therapy treatments

**INFORMATICS & HEALTH STATISTICS  
9005-5262**

**PURPOSE:**

Pursuant to RSA 126, the Bureau of Informatics collects, compiles, analyzes, and disseminates health-related statistics that are objective, timely, accurate, and relevant for the purposes of protecting public health while adhering to privacy requirements and using the minimum amount of information that is necessary to protect the health of the public. The Bureau of Informatics serves as the information services lead for the Division compiling and fulfilling data sharing agreements and other data releases and safeguarding privacy and confidentiality. The Bureau of Informatics provides administrative support for execution of the Vital Records Privacy Board.

**CLIENT PROFILE:**

Activities are targeted to impact the entire population of the state. Clients who use health statistics include state agencies, local public health departments, hospitals, school officials, town planners, federal agencies, researchers for health-related purposes, other state health departments, the media, and members of the public.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,174	\$1,391	\$1,381	\$1,381	\$1,380	\$1,379
<b>GENERAL FUNDS</b>	\$589	\$661	\$623	\$624	\$622	\$623

**FUNDING SOURCE:**

45% General funds, 51% Federal funds, 4% Other funds

The federal and other funds in this accounting unit are generated by federal grants and other funding within the Division of Public Health Services, through approved methodologies within the Department's federally approved cost allocation plan.

**STATE MANDATES:**

RSA 126, RSA 141-B:5, RSA 141-B:7, RSA 141 B:8, RSA 141-B:9

**FEDERAL MANDATES:**

Public Law 95-623 section V(c) (1)

**SERVICES PROVIDED:**

The Bureau of Informatics is the state's health statistics organization. Services provided include analysis of complex sets of health data to determine where health risks exist, including morbidity rates, mortality rates, rates of chronic diseases, cancer incidence rates, behavior risks estimates, Social Determinants of Health indicators and Social Vulnerability Index, as well as population estimates.

1. Health statistics and epidemiological data analysis that can guide public health policies and actions.
2. DHHS Data Portal, a web-based public health data portal, through which users can make direct data inquiries on aggregated non-protected, non-confidential health data.
3. Stewardship and management of health statistics databases, including the Behavioral Risk Factor Surveillance System, Hospital Discharge Data for hospitalizations and outpatient discharges, Cancer Registry Data set, Vital Records Statistics, and Youth Risk Behavior Survey, that are necessary to identify trends in health behaviors and to gauge the success of interventions designed to improve population health (e.g. programs designed to help people quit smoking).
4. Public Health Informatics, cooperating with public health programs, healthcare facilities, laboratories, and the NH Department of Information Technology on System Development Life Cycle (SDLC) development for electronic health data and laboratory reporting, health data integration and interoperability in integration system, and other public health related IT project development for the data-driven activities.

**SERVICE DELIVERY SYSTEM:**

Statewide service delivery is accomplished by an on-demand, web-based health statistics application known as the NH DHHS Data Portal (formally NH Health WISDOM). The application allows users to access hundreds of public health indicators, including data on morbidity, mortality, and health risks by geography, as well as over time. Users can further customize and display data in maps, graphs, and tables related to the NH State Health Improvement Plan. No protected or confidential health information is available through the DHHS Data Portal; only aggregated data is made available through this application.

**EXPECTED OUTCOMES:**

A more efficient application of resources such as health promotion outreach using data to pinpoint areas and populations of need and evaluate services. Public health interventions lead to individuals living healthier lives which translate into savings on the cost of healthcare and improved population health.

**PUBLIC HEALTH INFRASTRUCTURE  
9005-1628**

**PURPOSE:**

This Public Health Infrastructure Grant (PHIG) from the Centers for Disease Control and Prevention (CDC) has three main strategies: public health workforce development, foundational capabilities and accreditation, and data modernization initiatives. The purpose of PHIG includes but is not limited to enhancing public health workforce by hiring, retaining, supporting, sustaining and training staff; strengthening accountability and organizational performance management; enhancing communications on public health issues and functions; strengthening community partnership development and engagement; and implementing data system modernization for data infrastructure enhancement and improvements.

**CLIENT PROFILE:**

Activities are targeted to impact the entire population of the state.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$297	\$4,264	\$5,527	\$4,872	\$7,004	\$4,774
<b>GENERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Federal funds  
Federal funds from the Centers for Disease Control and Prevention

**STATE MANDATES:**

None

**FEDERAL MANDATES:**

Section 317(k)(2) of the Public Health Services Act [42 USC 247b(k)(2), as amended]; the American Rescue Plan 2021 Subtitle F—Public Health Workforce, SEC. 2501

**SERVICES PROVIDED:**

- Created 10 new positions supporting core public health capabilities.
- Fully funded 5 existing full-time positions and partially funded 5 full-time positions.
- Established contracts to support medical direction for all 13 regional public health networks; community cancer epidemiological data analysis and community engagement; food and nutrition access; workforce enhancement at the Manchester and Nashua health departments; local health officer stipend program services; Public Health accreditation services; youth health infographics and toolkit dissemination; remediation funding for lead in drinking water for childcare facilities; children’s environmental health initiatives; and environmental health data management system.
- Deployed staff to support local and community public health initiatives, including food coordination and health officer liaison.

**SERVICE DELIVERY SYSTEM:**

Services are provided through state staff in multiple Bureaus in the Division of Public Health Services and through other contractors that receive PHIG funds.

**EXPECTED OUTCOMES:**

- Supported and sustained the public health workforce with strategic planning and workforce initiatives.
- Promoted learning and training opportunities through a variety of channels.
- Enhanced accreditation preparedness and readiness for the Division of Public Health Services.
- Improve and implemented strong communications capabilities and produces.
- Implemented cross-sector or system strategies for enhancing public health services.
- Enhanced local health departments’ ability to strengthen workforce.
- Enhanced public health data ecosystem for modernization.

**FOOD PROTECTION****9015-5390****PURPOSE:**

The Food Protection Section (FPS) protects the safety and security of the state’s food supply through education, inspection and licensing of dairy farms, milk processors, beverage and bottled water producers, commercial shellfish processors and food establishments, including schools, throughout the state.

The FPS also has the primary responsibilities for assuring the safety of food after natural disasters including embargoing or destroying unsafe food, for alerting the food industry of recalled food products, following up on food-related consumer complaints and maintenance of a statewide consumer complaint database, conducting environmental inspections during foodborne disease outbreaks, and assisting new food businesses to open and comply with food safety regulations.

**CLIENT PROFILE:**

The Food Protection Section is the lead state agency responsible for the safety and security of the food supply provided to 1.3 million residents and 34 million annual visitors to NH. Within the regulated industry, clients include 4,900 food establishments and retail food stores including restaurants, retail grocery stores, caterers, packers of potentially hazardous foods, bakeries, schools, private, state and county institutions, mobile food units, and food processors. Fifteen self-inspecting cities and towns have similar responsibilities. FPS also conducts licensing, sampling and inspection for 246 dairy facilities, milk producers and haulers, 23 beverage and bottled water producers, and 37 NH-based shellfish harvester and dealers.

**FINANCIAL SUMMARY:**

<b>FINANCIAL HISTORY</b>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Budget	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$1,915	\$2,085	\$2,052	\$2,116	\$1,824	\$1,880
GENERAL FUNDS	\$1,421	\$1,547	\$1,543	\$1,590	\$1,377	\$1,418

**FUNDING SOURCE:**

75% General funds, 25% Other funds

Other funds consist of Licensing Fees from food establishments, dairy, beverage & bottled water, and shellfish licensing.

**STATE MANDATES:**

- Food Sanitation Program - RSA 130, RSA 143, RSA 143-A, RSA 146, He-P 2300
- Dairy Sanitation - RSA 184; He-P 2700, Mil 100-300
- Bottled Water Program - RSA 143, He-P 2100
- Commercial Shellfish Program - RSA 143; He-P 2150
- Food Defense/Emergency Response/Complaint Investigation
- RSA 143; RSA 146

**FEDERAL MANDATES:**

Dairy Sanitation - FDA's State Cooperative Milk Safety Program was established under a MOU, signed in 1977, between the FDA Commissioner and the National Conference on Interstate Milk Shipments (NCIMS). This MOU delineates both FDA's and the states' responsibilities as listed in the Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments. The NCIMS and FDA assure uniformity through this MOU with the adoption and uniform enforcement of the Pasteurized Milk Ordinance (PMO). All states and Puerto Rico, as well as some countries such as Canada, Colombia, and Mexico, are members of the NCIMS and follow the PMO or equivalent regulations. The NCIMS fosters and promotes Grade "A" milk and milk products sanitation through the cooperation of federal and state agencies, industry, and the academic community.

Bottled Water Program - None

Commercial Shellfish Program - The National Shellfish Sanitation Program (NSSP) is the federal/state cooperative program recognized by the U. S. Food and Drug Administration (FDA) and the Interstate Shellfish Sanitation Conference (ISSC) for the sanitary control of shellfish produced and sold for human consumption. The purpose of the NSSP is to promote and improve the sanitation of shellfish (oysters, clams, mussels, and scallops) moving in interstate commerce through federal/state cooperation and uniformity of State shellfish programs. Participants in the NSSP include agencies from shellfish producing and non-producing States, FDA, EPA, NOAA, and the shellfish industry. Under international agreements with FDA, foreign governments also participate in the NSSP. Other components of the NSSP include program guidelines, State growing area classification and dealer certification programs, and FDA evaluation of State program elements.

**SERVICES PROVIDED:**

- Process 5,500 licenses of various types for all 4 subprograms by 2 FTEs
- 4,600 inspections of food establishments by 9.5 FTEs
- 1,150 total dairy inspections by 2.5 FTE, including dairy farms, milk plants, milk haulers, milk plant samplers, milk tankers and pasteurizers
- 114 shellfish inspections and 62 certifications by 0.75 FTE inspector
- Respond to 21 food related disease outbreaks and emergency recalls by 0.5 FTE
- Respond to 410 of complaints by 0.5 FTE

**SERVICE DELIVERY SYSTEM:**

- Inspectors and regulatory enforcement based on established RSAs and rules for food safety standards for four sub-programs
- Comprehensive integrated data system includes licensing, billing, inspection prioritization and posting, and complaint tracking
- Monitor and coordinate with 15 self-inspecting cities and towns (MOUs with towns, meetings and workshops)
- Complaint investigation and tracking
- Ongoing technical advising to food establishments, dairy, shellfish
- Food safety outbreak management and product recall

**EXPECTED OUTCOMES:**

- Reduce risk factors that cause food borne illnesses (such as lack of hygiene and sanitation by foodservice workers, temperature abuse of food during storage, improper cooking procedures, cross contamination between raw and ready to eat foods, and foods from unsafe sources).
- Decrease the number of food safety violations by increasing the frequency of inspection of the highest risk establishments.
- Increase safety of shellfish products consumed by the public by bringing certified firms into compliance and having no critical item violations.
- Increase dairy product safety by increasing the percentage of on-time, semi-annual inspections for non-IMS (Interstate Milk Shippers) dairy farms and plants.

**RADIOLOGICAL HEALTH FEES  
9015-5391**

**PURPOSE:**

The Radiological Health Section serves the entire population of New Hampshire by assuring the safe use of radiation machines (4,000+) and radioactive materials (80 licensees and reciprocity licenses) for medical, business, and industrial use through a process of registration, licensing, inspection, and rule enforcement. In addition, the Section supports ongoing capacity to respond to large-scale radiological emergencies and incidents utilizing carefully developed, vetted and tested emergency response plans in coordination with multiple state and local partners.

**CLIENT PROFILE:**

Medical, dental and industrial users of radiation producing machines (4,000+) and radioactive materials (80 licensees and reciprocity licenses). The Radiological Health Section assures that the machine registrants and material licensees are utilizing best practices and following the regulations set forth to protect the public from unnecessary exposure to radiation. For emergency response, Seabrook nuclear power plant (NPP), as well as the citizens who reside or work within the 10-mile emergency planning zone around Seabrook NPP.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$1,259	\$1,571	\$1,510	\$1,514	\$1,001	\$994
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Other funds

Other (Fees) Radiological Health annual registration and licensing fees.

**STATE MANDATES:**

RSA 125-F Radiological Health Program, RSA 125-B New England Compact On Radiological Health Protection, and RSA 107-B Nuclear Planning and Response Program

**FEDERAL MANDATES:**

RHS acts in the capacity to manage a radioactive materials program as an “Agreement State” with the Nuclear Regulatory Commission (NRC), including a requirement to maintain rules and laws compatible with NRC requirements.

**SERVICES PROVIDED:**

- Registration of over 4,000 radiation machines and 80 radioactive materials licenses and reciprocity licenses, including upkeep of an electronic database and collection of annual fees
- Inspections of radiation machine facilities (400 per year) and radioactive materials facilities (32 per year)
- Technical assistance/advisement for low-level radioactive waste management or waste removal
- Emergency preparedness and response related to any large- or small-scale radiological incident (average of 16 radiological incident responses per year)
- Education and training related to radiological issues and radiation instrumentation

**SERVICE DELIVERY SYSTEM:**

- State health physicists perform inspections and reviews of radiation machine registrants and radioactive material licensee facilities and equipment; in addition, health physicists respond to incidents involving radiation sources and assess nuclear power plant accident scenarios during training exercises.
- Radiological Program staff are trained to operate specialized radiation detecting equipment
- Radiological Program staff are trained to use specialized software to model radiation plumes for emergency response and accident assessment purposes
- Radiological Health Program staff utilize and maintain a database that includes radiation machine and radioactive materials inspection, registration and licensing information
- Radiological Health Program staff track and collect radiation machine registration and radioactive material license application documents and fees annually
- Radiological Health Program staff provide education to license holders and the public regarding safe use of radiation

**EXPECTED OUTCOMES:**

- Regulate and check written radiation safety protocols, practices and equipment. Approximately 400 facilities per year and 1,000 machines, devices or sources inspected annually.

- Assure machines are being operated properly and working safely to protect workers and the public from unnecessary exposure to radiation.
- Maintain 5 common and 4 non-common performance indicators set by the U.S. NRC to assure program quality and compatibility with NRC level requirements for safely managing radiation oversight (evaluated by the U.S. NRC every 4 years, most recent April 2021)
- Satisfactory demonstration of reasonable assurance of public protection via FEMA designed and evaluated exercises every 2 years with Seabrook Nuclear Power Plant

## **LEAD PREVENTION**

**9015-7964**

### **PURPOSE:**

The Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) protects New Hampshire residents that are exposed to lead from environmental, occupational, cultural and domestic sources. Under the authority of RSA 130-A *Lead Poisoning Prevention and Control*, the HHLPPP is responsible for the State's surveillance systems that maintains blood lead level data of all ages and tracks testing rates of young children. This data is used to identify at risk populations and geographic areas to better target resources. The HHLPPP's primary focus is protecting children, 72 months and younger, with blood lead elevations of 3 micrograms per deciliter (ug/dL) or higher by notifying parents and property owners where children reside and providing educational material on accessing resources to reduce lead hazards in the home. Nurse case management is provided to children with elevated blood lead levels helping families identify and remove sources of lead in the child's environment, obtain the necessary follow up blood lead testing with their medical provider, and connecting families with the other relevant resources. The HHLPP also engages property owners of rental units where lead hazards are identified to ensure proper remediation is completed. To increase the number of contractors that are qualified to work on lead paint in pre-1978 housing, the HHLPPP licenses all of New Hampshire's Lead Abatement Contractors, Supervisors, Workers, Trainers, Inspectors, and Risk Assessors. Routine onsite compliance inspections are conducted by the HHLPPP to ensure a qualified workforce. Ongoing outreach and education are provided to healthcare providers, childcare providers, parents, property owners, contractors, property managers, municipal officials, and school administrators on the hazards of pre-1978 housing and the importance of blood lead testing.

### **CLIENT PROFILE:**

- Young children 72 months and younger that are protected by RSA 130-A
- Adults with blood lead elevations obtained through their occupation or hobby
- Healthcare providers that serve the pediatric population or adults that have environmental or occupational exposure to lead
- Property owners and managers maintaining buildings that are pre-1978 construction
- Municipal health and building officials
- Abatement contractors, workers, supervisors, lead inspectors, trainers, and risk assessors
- Parents of young children residing in pre-1978 housing or those that have elevated blood leads
- Pediatric health care providers.

### **FINANCIAL SUMMARY:**

<b>FINANCIAL HISTORY</b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,654	\$2,425	\$2,275	\$2,294	\$2,088	\$2,099
<b>GENERAL FUNDS</b>	\$744	\$886	\$862	\$881	\$814	\$831

**FUNDING SOURCE:**

38% General Funds, 62% Federal funds  
 Federal funds from the Centers for Disease Control and Prevention

**STATE MANDATES:**

RSA 130-A Lead Paint Poisoning Prevention and Control  
 RSA 540-A Prohibited Practices and Security Deposits  
 He-P 1600 Lead Paint Poisoning Prevention and Control Rules

**FEDERAL MANDATES:**

On June 30, 1999, the Division submitted a program authorization application to the United States Environmental Protection Agency’s Administrator certifying that New Hampshire’s lead program met the requirements of TSCA section 404(b)(1) and 404(b)(2). At that time, in accordance with 40 CFR Part 745.324(d) (2), New Hampshire was authorized by the United States Environmental Protection Agency (EPA) to have its own lead-based paint program.

**SERVICES PROVIDED:**

- Develop and maintain a blood lead data surveillance system of all people living in New Hampshire that have had a blood lead test
- Determine the percentage of children 72 months and younger that have been tested for lead and provide an annual report of these findings to NH’s legislative body
- Provide case management of all children 72 months and younger that have elevated blood leads over the action limit that includes coordination of medical services and referrals to assisting agencies
- Educate adults with elevated blood leads on the hazards of adult blood poisoning and how to reduce occupational exposures
- Notify the parent(s) of all children 72 months and younger with blood lead elevations 3ug/dL or higher and provide educational materials
- Notify the property owner where children 72 months and younger with blood lead elevations 3ug/dL or higher reside and provide educational materials

- Complete investigations of all cases of lead poisoning in children 72 months and younger that have elevated blood leads over the action limit
- Conduct environmental inspections of the homes for all children 72 months and younger that have elevated blood leads over the action limit, whose family resides in a rental unit
- License, deny or revoke the licensure of any lead inspector, trainers, risk assessors, abatement contractor, supervisor, workers
- Implement an enforcement program for lead based substances and the reduction of lead exposure hazards
- Educate all health care providers on the importance of blood lead testing of one- and two-year-olds
- Educate all property owners and managers on the use of lead safe work practices in pre-1978 housing
- Educate parents that reside in pre-1978 housing in the importance of knowing where lead hazards are and the importance of hygiene

#### **SERVICE DELIVERY SYSTEM:**

- HHLPPP Data Coordinator maintains the blood lead surveillance system for all people in NH that have had a lead blood test
- HHLPPP Epidemiologist develops an annual report identifying the percentage of children 72 months and younger that have been tested for lead, identifying high-risk populations and geographic areas statewide
- HHLPPP nursing staff and two subcontracted Health Departments conduct all case management services for those children 72 months and younger with elevated blood lead over the action limit
- HHLPPP nursing staff and two subcontracted Health Departments provide notification letters to parents of children with blood lead elevations over three micrograms per deciliter and to their property owners
- HHLPPP environmental staff conduct all investigations into the cases of children with elevated blood leads over the action limit
- HHLPPP environmental staff conduct all inspections of the homes for all children 72 months and younger that have elevated blood leads over the action limit, whose family resides in a rental unit
- HHLPPP licensing staff provide license, deny or revoke the licensure of any lead inspector, trainers, risk assessors, abatement contractor, supervisor, workers
- HHLPPP compliance staff conduct compliance inspections of all licensed lead professionals
- HHLPPP Health Promotion Advisor provides outreach and education to parents, property owners, health care providers, contractors, and childcare providers statewide.

#### **EXPECTED OUTCOMES:**

- Increase electronic blood lead reporting to the HHLPPP to 95%
- Deliver a comprehensive blood lead surveillance report annually
- Provide comprehensive nurse case management services to all children 72 months and younger with a blood lead elevation over the action limit
- Notify all parents and property owners when a child has a blood lead elevation between 3 micrograms per deciliter and the action limit
- Investigate all cases of lead poisoning in children 72 months and younger that have elevated blood leads over the action limit

- Inspect the homes of all children 72 months and younger that have elevated blood leads over the action limit, whose family resides in a rental unit
- Ensure all those seeking licensure receive response within 30 days
- Conduct compliance inspections annually of each person licensed by the HHLPPP
- Increase blood lead testing rates of one- and two-year-olds to 78% and 70%, respectively
- Provide technical assistance to 100% of health care providers that reach out to the program

## **EPH TRACKING**

**9015-7426**

### **PURPOSE:**

The Environmental Public Health Tracking (EPHT) Section is committed to data-driven public health action. The goals of the EPHT Section are to: (1) Identify and integrate public health and environmental data; (2) Analyze and apply data to inform public health action; (3) Maintain and enhance information technology to support environmental health surveillance; and (4) Maintain and expand partnerships. The EPHT Section provides technical assistance and data analysis support to partners within the Division, other State Agencies such as NHDES, and external partners such as the Regional Public Health Networks. The EPHT Section also supports the NH Public Health Data Portal, an interactive website that aggregates public health data and monitors trends across location and time. The portal includes environmental health data on environmental exposures, health outcomes, and social determinants of health. The EPHT Section also contains the NH Radon Program, which helps residents to understand the health impacts of radon and provides resources for radon testing and mitigation.

### **CLIENT PROFILE:**

- Public health professionals across the State
- Planning professionals across the State
- Academic partners working in environmental health across the State
- Health care providers
- Childcare providers
- Policy makers focused on environmental health issues
- NH residents

### **FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$746	\$1,240	\$1,298	\$1,298	\$1,208	\$1,202
<b>GENERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Federal funds  
Federal funds from the Centers for Disease Control and Prevention

**STATE MANDATES:**

- RSA 126-A:79-a: Commission on the Environmental and Public Health Impacts of Perfluorinated Chemicals
- RSA 126-A:73-a: Commission to Study Environmentally Triggered Chronic Illness

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

- Develop and maintain an environmental health surveillance system as part of the NH DHHS Data Portal
- Create customized data products to inform program planning and decision making
- Provide technical assistance to support data analysis and data visualization related to environmental health
- Provide education and outreach to increase awareness of environmental health to public health professionals, policy makers, healthcare providers, childcare providers, and other partners
- Provide education and outreach to NH residents about the importance of testing their homes for radon
- Provide free radon test kits to NH residents and technical support and resources on radon mitigation

**SERVICE DELIVERY SYSTEM:**

- Work with partners to maintain environmental health dashboards on the NH DHHS Data Portal.
- Develop factsheets, data briefs, and website content summarizing environmental health trends.
- Develop factsheets, website content, and social media posts about radon testing.
- Host an annual poster competition for students in grades 5 through 8 to raise awareness for radon testing.

**EXPECTED OUTCOMES:**

- Standardized environmental health data that is accessible, timely, and actionable
- Increased awareness of environmental health hazards, including radon, and outcomes
- Increased capacity to support environmental health surveillance
- Informed and engaged partners
- Increased testing of radon in homes across the state

**WIC FOOD REBATES  
9020-2207**

**PURPOSE:**

The purpose of the WIC Infant Formula Rebate is to support the Special Supplemental Nutrition Program for Women, Infants, and Children. The WIC Infant Formula Rebate requirement complies with WIC federal rules and contains costs of infant formula in order to increase the number of women, infants and children served by the NH WIC program.

**CLIENT PROFILE:**

The Program receives revenue from a competitively selected Contractor through rebates on all standard milk and soy infant formula redeemed by WIC infants and families. Abbott Laboratories, Inc. is the current program vendor.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Budget	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$2,479	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
GENERAL FUNDS	\$0	\$0			\$0	\$0
Eligible Enrolled Participants	Served an estimated 2,321 infants each month	Serve an estimated 2,300 infants each month	Serve an estimated 2,415 infants each month	Serve an estimated 2,415 infants each month		

**FUNDING SOURCE:**

100% Other funds (Rebates)

**STATE MANDATES:**

NH RSA 132 12-a-e Protection for Maternity and Infancy

**FEDERAL MANDATES:**

7 CFR 246.16(a) Child Nutrition Act of 1966

**SERVICES PROVIDED:**

The Women, Infants and Children Program provides supplemental nutritious food, nutrition education and related assessment and referral services to pregnant women, new mothers, infants and preschool children who are at risk due to nutrition-related medical conditions or poor diets.

**SERVICE DELIVERY SYSTEM:**

Eligible individuals in the WIC Program purchase infant formula and food at participating retailers. The State reimburses the electronic benefits transfer vendor through daily invoices who then pays authorized retailers through their third-party payers. The formula vendor reimburses the State through rebates at 100% of the wholesale price of the infant formula.

**EXPECTED OUTCOMES:**

- Use revenue to provide additional individuals with authorized food available through the Women, Infants and Children Program
- Serve monthly caseload of 13,928 participants monthly
- Increase access to nutritious food and education through meeting WIC caseload enrollment of 95% or better for eligible New Hampshire women, infants and children
- Promote healthy child development through increasing the percentage of WIC mothers who breastfeed to 75% or greater

**MATERNAL – CHILD HEALTH  
9020-5190****PURPOSE:**

The Maternal and Child Health (MCH) program assesses, administers, plans, and evaluates the needs of mothers and children throughout New Hampshire. This includes oversight over the Child Fatality Review Committee and other pertinent fatality reviews. MCH administers contracts that support community-based organizations, including community health centers, and statewide efforts including the Injury Prevention Center at Children's Hospital at Dartmouth Health, the Institute for Health Policy and Practice at UNH (for epidemiological services), Bi-State Primary Care Association (for provider recruitment), the Northern New England Perinatal Quality Improvement Network, and the Brain Injury Association. These contracted organizations provide a wide array of services to MCH populations, including families and children. These programs address several of the Healthy People 2030 goals including those under the headings of pregnancy and childbirth, child and adolescent development, preventive care and injury prevention amongst others.

**CLIENT PROFILE:**

Population based prevention and assessment/epidemiological/quality improvement services serve the entire state with specific focus on those at risk based on the analysis of outcome data. Community Health Centers are non-profit private or public entities that serve designated medically underserved low-income populations and communities

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$5,477	\$6,039	\$6,132	\$6,159	\$5,595	\$5,607
GENERAL FUNDS	\$3,986	\$3,775	\$3,775	\$3,775	\$3,665	\$3,662

**FUNDING SOURCE:**

62% General funds, 38% Federal funds

Federal funds from Health Resources and Services Administration

**STATE MANDATES:**

NH RSA Title X PUBLIC HEALTH CHAPTER 132 Protection for Maternity and Infancy

**FEDERAL MANDATES:**

Social Security Act [P.L. 74–271, approved August 14, 1935, 49 Stat. 620.]

[As Amended Through P.L. 114–10, Enacted April 16, 2015]

Title V – Maternal and Child Health Services Block Grant

**SERVICES PROVIDED:**

- Pediatric, prenatal and primary care for low-income women, children, and families. This includes the integration of behavioral health services, home visiting, and other enabling services that increase access to and utilization of care
- Statewide surveillance and analysis of maternal and child health data sources
- Statewide perinatal and pediatric quality improvement interventions
- Statewide injury prevention best practice interventions
- Epidemiological services
- Provider recruitment

**SERVICE DELIVERY SYSTEMS:**

- Community Health Centers
- Maternal and Child Health quality improvement initiatives such as those through the Northern New England Perinatal Quality Improvement Network and the NH Pediatric Improvement Partnership Maternal and child fatality reviews
- Injury Prevention Center at Children's Hospital at Dartmouth
- Brain Injury Association
- Institute for Health Policy and Practice at UNH
- Bi-State Primary Care Association

**EXPECTED OUTCOMES**

- Increase access to primary care and behavioral health services
- Increase in the percentage of infants who breastfeed
- Increase in the percentage of adolescents who have had an annual wellness visit
- Increase in the percent of adolescents/pregnant women/adults who have been screened for depression and if positive have a follow-up plan
- Increase in the percent of children and adolescents with a documented Body Mass Index and counseling for nutrition and physical activity
- Increase the percent of pregnant women/adults screened for tobacco use and if positive received cessation counseling and/or pharmacotherapy
- Increase in the percent of adolescents who have been screened for substance misuse and if positive, have had a brief intervention and if necessary, a referral for further treatment (SBIRT)
- Percentage of MCH-contracted Community Health Centers that have met or exceeded the target indicated on their NH DHHS/MCH Enabling Services work plan
- Increase in the percent of pregnant/postpartum women who have been screened for depression and if positive have a follow-up plan
- Increase in the percent of pregnant women/postpartum women who were screened for tobacco use and if positive received cessation counseling and/or pharmacotherapy
- Increase in developmental screening for children and referral for services if needed
- Reduce the incidence of injurious motor vehicle crashes
- Reduce unintentional injuries in children that result in an emergency department visit or hospitalization
- Reduce the incidence of traumatic brain injuries (including concussions)
- Increase in percentage of behavioral health care providers recruited
- Increased the timeliness of Newborn Screening
- Reduce the incidence of severe maternal morbidity and mortality
- Reduce the incidence of childhood morbidity and mortality

**NEWBORN SCREENING REVOLVING FUND  
9020-5240**

**PURPOSE:**

The Newborn Screening Program ensures all infants born in New Hampshire are screened at birth for inherited medical disorders. Screening shortly after birth for serious conditions affecting the newborn metabolic, endocrine, and immunological systems allows health care providers to start appropriate treatment early, if needed. The goal of this screening is early identification of conditions so that timely treatment and intervention can take place. Untreated, some of these conditions can cause death and disability. Families may refuse newborn screening if they wish.

New Hampshire has a Newborn Screening Advisory Committee that makes recommendations to the state program on clinical, educational, and operational aspects of the program. This committee meets at least annually.

**CLIENT PROFILE:**

All newborns in New Hampshire

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,816	\$2,134	\$2,137	\$2,148	\$2,137	\$2,148
<b>GENERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Other Funds  
Newborn Revolving fund

**STATE MANDATES:**

RSA 132:10a Protection for Maternity and Infancy

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

- A timely and efficient detailed dried bloodspot screening for all babies unless parents opt out
- Connections to diagnostic and continuing care for babies and families with abnormal screenings
- Reporting of normal and out of range screenings to pediatric providers and birth hospitals; follow up on missing screenings, surveillance of follow up activities; reporting out of abnormal screening and connecting pediatric provider with medical consultant if needed
- Quality improvement efforts including, but not limited to, screening timelines, courier timeliness, and specimen viability (e.g. is there enough blood, has it dried, etc. in order to be screened)
- Work with the Newborn Screening Advisory Committee (legislated) which meets bi-annually

**SERVICE DELIVERY SYSTEM:**

The program provides filter papers to birthing hospitals, which pay a fee for each paper. These fees support a contract with a laboratory at the University of Massachusetts Medical School, a metabolic medical consultant, a data system (Oz Systems) and personnel.

**EXPECTED OUTCOMES**

- All infants born in New Hampshire are screened at birth for medical disorders
- Babies with screenings that continue to be abnormal are connected with diagnostic and continuing care

**WIC SUPPLEMENTAL NUTRITION PROGRAM****9020-5260****PURPOSE:**

WIC strengthens families at critical times of growth and development through four key services: healthy foods, nutrition education, breastfeeding support, and healthcare referrals. Through these four key services, families achieve improved health outcomes. WIC is associated with improved birth outcomes, healthcare savings, and children starting school ready to learn with the opportunity to reach their full potential.

**CLIENT PROFILE:**

NH WIC serves an annual unduplicated total of ~17,154 participants: 23% pregnant and postpartum women, 22% infants and 55% children under the age of 5 years. All recipients must be at or below 185% of the Federal Poverty Level or enrolled in SNAP, TANF or Medicaid.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$11,437	\$14,206	\$13,970	\$14,005	\$13,902	\$13,933
GENERAL FUNDS	\$0	\$594	\$300	\$300	\$300	\$300
CASELOAD	Average monthly participation, 12,634 clients	Average monthly participation, 13,265 clients	Average monthly participation, 13,928 clients	Average monthly participation, 13,928 clients		

**FUNDING SOURCE:**

2% General funds, 98% Federal funds.

Federal funds from USDA Food and Nutrition Services

**STATE MANDATES:**

RSA 132 12-a-e Protection for Maternity and Infancy

**FEDERAL MANDATES:**

7 CFR 246.16(a) Child Nutrition Act of 1966

**SERVICES PROVIDED:**

- Access to healthy foods for pregnant women, infants, children, and seniors based on individual nutritional and developmental needs
- Nutrition education
- Breastfeeding support
- Healthcare and social service referrals

**SERVICE DELIVERY SYSTEM:**

- Community Action Programs
- Community Health Centers
- Independent and chain grocers

**EXPECTED OUTCOMES:**

- Increase access to nutritious food and education through meeting WIC caseload participation of 95% or better for eligible New Hampshire women, infants and children

- Improve health and development through increasing the percentage of WIC infants ever breastfed to 75% or greater
- Increase the number of prenatal clients enrolled in WIC by the 3<sup>rd</sup> month of pregnancy to 65%
- Increase the number of three- and four-year-old children who continue enrollment in WIC until their fifth birthday to 65%

**FAMILY PLANNING PROGRAM  
9020-5530**

**PURPOSE:**

This program uses a combination of general/state and federal funding for infrastructure, statewide efforts to increase equitable and affordable access to sexual and reproductive health care services and health education. The program has an emphasis on serving individuals who are low-income or underserved, including adolescents, to reduce adolescent births. These funds enable contracted agencies to provide educational and clinical services to individuals to ensure they have access to maintaining their reproductive health and to aid in preventing unintended pregnancies

This program addresses the Healthy People 2030 goals in family planning and reproductive health, including, but not limited to, the reduction of adolescent births.

**CLIENT PROFILE:**

Low income, uninsured/underinsured individuals of reproductive age

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,058	\$1,770	\$1,837	\$1,835	\$1,834	\$1,835
<b>GENERAL FUNDS</b>	\$459	\$839	\$839	\$840	\$839	\$840

**FUNDING SOURCE:**

46% General funds, 54% Federal funds

Federal funding comes from Title X of the Public Health Service Act from the Office of Population Affairs, Federal Department of Health and Human Services

**STATE MANDATES:**

RSA 132

**FEDERAL MANDATES:**

Title X

**SERVICES PROVIDED:**

- High quality, low cost reproductive, sexual, and preventative health care through access to contraception, testing and treatment of sexually transmitted infections, cancer screenings, basic infertility services, and annual exams
- Pregnancy testing and counseling with linkages to prenatal care
- Referrals for behavioral health and related services
- Information and educational initiatives to increase knowledge of reproductive health care and to reduce adolescent and unintended pregnancies/births

**SERVICE DELIVERY SYSTEM:**

- Community Health Centers, including but not limited to, Federally Qualified Health Centers, Community Action Programs, etc.

**EXPECTED OUTCOMES:**

- Reduction of unintended pregnancies/births
- Reduction of sexually transmitted infections
- High percentage of clients that receive preconception counseling thereby reducing reproductive risk
- High percentage of adolescent clients who receive education that abstinence is a viable method/form of birth control
- High percentage of clients who receive STI/HIV reduction education
- Provide appropriate education and networking to make vulnerable populations aware of the availability of family planning services and to inform public audiences about Title X priorities
- Increase access to long-acting reversible contraception (LARC) for eligible women

**COMMUNITY COLLABORATION**

9020-7047

**PURPOSE:**

The purpose of Community Collaborations is to reduce the number of children entering foster care and reduce intake and referrals to child welfare by providing community-based programming focused on increasing family protective factors (nurturing and attachment skills, ability to respond to

crisis, social connections, access to concrete supports and referrals). The program also serves to increase collaboration across service systems to move towards integration and collective planning, and to drive future service innovations in prevention programming for children and families.

**CLIENT PROFILE:**

NH families at risk of being referred to the child welfare system because of neglect as defined by various measures including, but not limited to, enrollment in TANF, Medicaid, and/or WIC, out of range lead screen, and/or out of range on concrete supports or family functioning assessments, etc.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$810	\$1,186	\$3,742	\$3,742	\$3,742	\$3,742
<b>GENERAL FUNDS</b>	\$336	\$594	\$3,742	\$3,742	\$3,742	\$3,742

**FUNDING SOURCES:**

100% General funds

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

- Each contracted agency has created and currently leads cross sector teams of collaborating agencies in the community
- Completion of needs assessments to inform service planning and service delivery with each family
- Provision of training to contracted agency program staff and cross sector community teams in various evidence-based programming (e.g. strengthening families, period of purple crying, growing great kids, positive solutions for families, child parent psychotherapy, etc.)
- Delivery of parental education programs to families and support resource navigation to identified services needed including screening and warm hand off

- Support to families caring for children when parents are not able to (e.g. due to incarceration) to prevent entry into foster care through resource navigation services
- Completion of post participant survey at discharge of each family after 6, 12 and 18 months of service delivery to determine which areas of skills were improved
- Funding to 16 Family Resource Centers statewide, including standards of quality designation technical assistance, training, etc.

**SERVICE DELIVERY SYSTEM:**

Community-based agencies, which currently include North Country Health Consortium, JSI (training and technical assistance to home visiting agencies), New Hampshire Children's Trust (funding to Community Collaborations agencies), Department of Corrections (Family Connections Center), and Comprehensive Family Support Services (11 agencies)

**EXPECTED OUTCOMES:**

- Reduction of intakes to DCYF and referrals to foster care for families that receive community-based services
- Increase in family functioning and resiliency
- Increase in nurturing and attachment between parents/caregivers and children
- Satisfaction with familial social supports
- Satisfaction with concrete supports
- Satisfaction with agency providers
- Increased collaboration amongst community agencies towards community collaborations goals

**HOME VISITING X02 FORMULA GRANT****9020-5896****PURPOSE:**

Provides a state infrastructure in collaboration with contracted local implementing agencies across the state to deliver home visiting for the maternal and child health population, based on the evidence-based Healthy Families America model.

**CLIENT PROFILE:**

Pregnant women and newly parenting families with children up to age three (3) who fall within one or more of the federal priority demographics below:

- Are first time mothers
- Have low incomes
- Are less than twenty-one (21) years of age
- Have a history of child abuse or neglect or have had interactions with child welfare services
- Have a history of substance abuse or need substance abuse treatment

- Are users of tobacco products in the home
- Have or have had children with low student achievement
- Have children with developmental delays or disabilities
- Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$3,014	\$3,882	\$5,048	\$5,066	\$4,902	\$5,138
GENERAL FUNDS	\$63	\$971	\$971	\$971	\$958	\$958

**FUNDING SOURCE:**

19% General funds, 100% Federal funds  
 Federal funds are from Health Resources and Services Administration

**STATE MANDATES:**

RSA 132 Protection for Maternity and Infancy

**FEDERAL MANDATES:**

Social Security Act, Title V, Section 511 (42 U.S.C. 711), as added by Section 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148)42 U.S.C. 1305 Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015

**SERVICES PROVIDED:**

Eligible families enroll in voluntary home visiting programs during pregnancy or shortly after the baby's birth. Individual programs may define eligibility further to meet specific needs in the community. Once enrolled, families are offered home visiting services until the child is three years old to ensure a healthy start. Healthy Families America is a national home visiting model with extensive research and evidence of positive outcomes.

Maternal Infant Early Childhood Home Visiting X10 Formula Grant provides support for home visiting for eligible families statewide. All HFA-NH sites are currently accredited, demonstrating model fidelity in alignment with best practice standards.

**SERVICE DELIVERY SYSTEM:**

Family Resource Centers, Community Action Programs, VNAs and other child serving community-based agencies

**EXPECTED OUTCOMES:**

Measurable improvement in at least four of the following six benchmark domains among at-risk, pregnant women, and parenting families:

- Improvement in maternal and newborn health
- Reduction in child injuries, abuse, and neglect
- Improved school readiness and achievement
- Reduction in crime or domestic violence
- Improved family economic self-sufficiency
- Improved coordination and referral for other community resources and supports

**RYAN WHITE TITLE II  
9025-2222**

**PURPOSE:**

To provide access to affordable, high quality health care for HIV positive NH residents.

**CLIENT PROFILE:**

HIV Positive NH residents, living at or below 500% of the Federal Poverty Level

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$1,399	\$1,439	\$1,475	\$1,482	\$1,475	\$1,481
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$1,549	\$1,879	\$1,897	\$1,901		
CASELOAD	672	700	670	670		

**FUNDING SOURCE:**

100% Federal funds

Federal funds are from Health Resources and Services Administration

**STATE MANDATES:**

RSA 141-C

RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control

He-P 301

**FEDERAL MANDATES:**

Ryan White Treatment Extension Act of 2009

**SERVICES PROVIDED:**

- Core medical services:
  - AIDS Drug Assistance Program, Health Insurance Premium & Copay Assistance, outpatient tests and visits, outpatient mental health and substance abuse treatment, oral health care, home and community-based care, Medical Case Management
- Supportive Services:
  - Medical transportation, linguistic services, food and nutrition services, housing & utility assistance

**SERVICE DELIVERY SYSTEM:**

Clients apply and enroll through Medical Case Managers at contracted organizations

**EXPECTED OUTCOMES:**

At least 89% of clients will have a viral load suppression rate at or below 200 copies

**PHARMACEUTICAL REBATES**

9025-2229

**PURPOSE:**

To provide access to affordable, high quality health care for HIV positive NH residents.

**CLIENT PROFILE:**

HIV Positive NH residents, living at or below 500% FPL

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$6,571	\$5,416	\$5,324	\$5,352	\$5,231	\$5,254
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$1,549	\$1,879	\$1,897	\$1,901		
CASELOAD	672	700	670	670		

**FUNDING SOURCE:**

100% other funds (Rebates)

This program is part of the Ryan White CARE program. Funds in this accounting unit are rebates provided by pharmaceutical companies for pharmaceuticals that the NH Ryan White CARE program has paid for on behalf of a client. These funds must be used to support Ryan White CARE program activities.

**STATE MANDATES:**

NH RSA 141-C

NH RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control

He-P 301

**FEDERAL MANDATES:**

Ryan White Treatment Extension Act of 2009

**SERVICES PROVIDED:**

- Core medical services such as AIDS Drug Assistance Program, Health Insurance Premium & Copay Assistance, outpatient tests and visits, outpatient mental health and substance abuse treatment, oral health care, home and community-based care, Medical Case Management
- Supportive Services such as medical transportation, linguistic services, food and nutrition services, housing & utility assistance

**SERVICE DELIVERY SYSTEM:**

Clients apply and enroll through Medical Case Managers at contracted organizations.

**EXPECTED OUTCOMES:**

At least 89% of clients will have a viral load suppression rate at or below 200 copies

**DISEASE CONTROL  
9025-5170**

**PURPOSE:**

The purpose of this program is to identify, control, and prevent infectious diseases and other public health threats.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,191	\$1,650	\$1,402	\$1,425	\$1,265	\$1,284
<b>GENERAL FUNDS</b>	\$430	\$700	\$524	\$531	\$474	\$480

\*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the following are typical examples of individuals served through specific activities:

- Tracking and investigating >8,000 reports of infectious disease each year, including >300 outbreaks.
  - In calendar year 2023, NH DHHS responded to 373 total outbreaks, including: one outbreak of legionella, five foodborne outbreaks, 30 person-to-person outbreaks, six enteric outbreaks with contact to animals, one enteric environmental outbreak, 16 influenza outbreaks, 298 COVID-19 outbreaks, and 15 other outbreaks (RSV, unknown respiratory), and one outbreak of New Delhi metallo-β-lactamase (NDM) Klebsiella pneumoniae.
- Coordinate training events and visits to healthcare provider offices to provide education to assure appropriate management, care and reporting of infectious disease patients to prevent transmission of infections to the public.
- Historically, public health staff provide phone consultation on infectious disease-related issues to approximately 2,000 healthcare providers, 4,200 other organizations, and 5,500 members of the public annually.

- Monitoring and preparing for emerging and re-emerging infectious disease threats.

**FUNDING SOURCE:**

37% General Funds, 59% Federal Funds, 4% Other Funds

**STATE MANDATES:**

RSA 141-C: Communicable Disease

RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control

He-P301

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

The services provided include surveillance and investigation activities and assuring appropriate care of persons infected with infectious disease to prevent their spread. This program maintains a 24/7/365 on call system to respond to public health emergencies and urgent matters related to infectious disease.

**SERVICE DELIVERY SYSTEM:**

Services are provided primarily through state staff with support from contractors.

**EXPECTED OUTCOMES:**

Reduced infectious disease-related morbidity and mortality in New Hampshire.

**VACCINES - INSURERS**

9025-5177

**PURPOSE:**

To facilitate the purchase of vaccine for all children and adolescents, birth through age 18 years, residing in the state.

**CLIENT PROFILE:**

HMOs, third-party administrators, insurance companies, health service corporations, and other payers. This program serves all approximately 280,000 children and adolescents in NH, with approximately 60% of children being provided vaccines from this funding.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$19,656	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$104	\$106	\$107	\$107		
CASELOAD	151,687	151,000	150,000	150,000		

A monthly assessment rate is applied per child covered life. This rate is updated annually and based on estimated vaccine costs. The assessable entities are required to pay a quarterly assessment for each of their assessable (covered) lives.

**FUNDING SOURCE:**

100% Other Funds (New Hampshire Vaccine Association)

HMOs, third-party administrators, insurance companies, health service corporations, and other payers

**STATE MANDATES:**

RSA 126-Q establishes a mandatory assessment

RSA 141-C:17:a establishes a vaccine purchase fund for the purchase of antitoxins, serums, vaccines and immunizing agents, provided at no cost

**FEDERAL MANDATES:**

Vaccines for publicly insured, underinsured, and uninsured children are paid for with federal Vaccine for Children (VFC) and NH State funds (General Funds). The VFC program is federal entitlement program created by the Omnibus Budget Reconciliation Act of 1993, which provides vaccine at no cost to those children who may not otherwise be vaccinated due to inability to pay. Funding is approved through the Office of Management and Budget and allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control and Prevention (CDC). Section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended, Section 1902(a) (62) of the Social Security Act, 42 U.S.C. section 1396a (a) (62); and Section 1928(a) of the Social Security Act, 42 U.S.C. 1396s (a) provides for the purchase of this vaccine for VFC-eligible children using federal Medicaid funds, state funds, and 317 funds. This applies to all Advisory Committee on Immunization Practices (ACIP) routinely recommended vaccines.

**SERVICES PROVIDED:**

Vaccines provided at no cost to all children birth through age 18 years, both privately insured and those children who meet federal VFC requirements, making New Hampshire a Universal Purchase State.

**SERVICE DELIVERY SYSTEM:**

Vaccines are ordered by enrolled health care provider practices through the NH Immunization Program’s Immunization Information System. The NHIP Vaccine Accountability staff review, approve and place these orders through a Centers for Disease Control and Prevention (CDC) secure, web-based information technology system called the Vaccine Tracking System (VTrckS) which integrates the entire publicly funded vaccine supply chain from purchasing and ordering through a centralized distributor (McKesson) to the state.

**EXPECTED OUTCOMES:**

- Provide health care providers, clinics, and hospitals with state-supplied vaccine at no cost
- Reduce and ultimately eliminate vaccine-preventable diseases by increasing and maintaining high immunization coverage rates

**IMMUNIZATION PROGRAM  
9025-5178**

**PURPOSE:**

To ensure that children, adolescents, and adults receive appropriate immunizations by partnering with health care providers in the public and private sectors and using effective public health policy informed by assessment, quality improvement, education, and partnerships with the goal of a state that is free of vaccine-preventable diseases.

**CLIENT PROFILE:**

NH enrolled health care providers; school nurses; childcare providers

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$2,388	\$3,071	\$3,413	\$3,493	\$3,505	\$3,586
<b>GENERAL FUNDS</b>	\$419	\$460	\$480	\$480	\$480	\$480

\*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the following are typical examples of individuals served through specific activities:

- Assuring quality and appropriate administration of vaccines to the 282,000 children who are eligible to receive vaccines in New Hampshire.
- Vaccine ordering and inventory management of approximately 600,000 doses of vaccine procured on behalf of NH children each year.
- Provision of education and training to 300 healthcare provider offices in the state that administer state-supplied vaccine.
- Maintenance, operation and enhancement of an Immunization Information System to record immunizations administered by participating providers to individuals who opt into the system. The system will reduce healthcare costs, reduce unnecessary vaccinations, and improve population health by preventing infectious diseases.

**FUNDING SOURCE:**

14% General funds, 86% Federal funds

Funding is through the federal Centers for Disease Control & Prevention's (CDC) Immunization Grant Program (also known as the Public Health Service Section 317 grant program); the Vaccine for Children Program (VFC), an entitlement program created in 1993, allocated through the Centers for Medicare & Medicaid Services (CMS) to the Centers for Disease Control & Prevention (CDC), and beginning in 2015, Prevention and Public Health Fund (PPHF) funding was allocated as part of program core funding. The PPHF was established under Section 4002 of the Patient Protection and Affordable Care Act of 2010 (ACA).

**STATE MANDATES:**

RSA 141-C:20-a Immunization

**FEDERAL MANDATES:**

Section 317 of the Public Health Service Act, [42 U.S.C. section 247b], as amended.

Section 1902(a) (62) of the Social Security Act, 42 U.S.C. section 1396a (a) (62).

Section 1928(a) of the Social Security Act, 42 U.S.C. 1396s (a)

**SERVICES PROVIDED:**

- Assure the implementation of effective immunization practices and vaccine accountability with the goal of high immunization coverage rates.
- Support infrastructure for immunization registries, education and outreach, quality assurance and improvement, disease surveillance, outbreak control, and service delivery.

**SERVICE DELIVERY SYSTEM:**

Vaccine management and accountability, health care provider recruitment, health care provider enrollment, annual re-enrollment, assurance of compliance with VFC Program requirements (through site visits), immunization assessments, education and outreach, controls against fraud and abuse, partnership with the state Medicaid agency, program evaluation, quality assurance and quality improvement.

**EXPECTED OUTCOMES:**

To reduce and ultimately eliminate vaccine-preventable diseases by increasing and maintaining high immunization coverage rates.

**STD/HIV PREVENTION  
9025-7536**

**PURPOSE:**

To monitor and prevent the occurrence of Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus (HIV) in New Hampshire.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$1,421	\$1,960	\$2,251	\$2,308	\$2,121	\$2,172
GENERAL FUNDS	\$34	\$34	\$50	\$53	\$45	\$47

\*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, services are targeted to people at highest risk for and disproportionately impacted by STIs and HIV including, but not limited, to individuals who are incarcerated, people with substance use disorder, and other vulnerable populations.

**FUNDING SOURCE:**

2% General funds, 88% Federal funds, 10% Other funds

Federal funding is from the Centers for Disease Control and Prevention

**STATE MANDATES:**

RSA 141-C: Communicable Disease

RSA 141-F: Human Immunodeficiency Virus Education, Prevention, and Control

He-P301

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

- No-cost STI and HIV testing at funded local health departments
- Investigation and monitoring of STIs and HIV reports made by healthcare providers and laboratories as required by RSA 141-C
- Broad prevention messaging to the general public to spread information on how to prevent STDs and HIV
- Targeted education and messaging to groups particularly at risk for and disproportionately impacted by STIs and HIV
- Dissemination and promotion of prevention and treatment materials to healthcare providers

**SERVICE DELIVERY SYSTEM:**

Services are provided through state staff at DHHS and through contractors that provide HIV and STI testing and other professional services.

**EXPECTED OUTCOMES:**

- Prevention of STIs and HIV in New Hampshire
- Improved understanding of the occurrence of these infectious through surveillance and investigation activities
- Improve disease prevention knowledge among high-risk and disproportionately impacted by populations
- Improved clinical management and treatment knowledge among healthcare providers
- Decreases in the occurrence of STIs and HIV in New Hampshire

**NH ELC  
9030-1835**

**PURPOSE:**

The purpose of the Epidemiology and Laboratory Capacity (ELC) Program is to assure capacity and capability of the public health system to ensure support for prevention, detection, monitoring and control of infectious diseases. The focus areas for the program includes primarily epidemiology, laboratory, and health information systems (HIS). The ELC Cooperative Agreement was established in 1995 to distribute resources to domestic public health departments to strengthen the nation's infectious disease infrastructure. ELC has provided core support for basic public health capacity and provided supplementary funds to expand capacity during events and public health emergencies.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$2,715	\$4,010	\$3,342	\$3,431	\$3,608	\$3,781
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Federal funds

Federal funding from the Centers for Disease Control and Prevention

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

Prevention and Public Health Fund (PPHF) established with the passage of the Affordable Care Act in 2010 provided the first mandatory funding dedicated to improving the nation's public health system. States and jurisdictions are federally required report nationally notifiable conditions. Staff funded under ELC are directly responsible for ensuring compliance for federal reporting.

**SERVICES PROVIDED:**

- Building and maintaining effective public health workforce for rapid response to infectious disease outbreaks
- Monitoring and utilizing data for preventing infectious diseases
- Strengthening national and jurisdiction data systems for monitoring and tracking infectious disease burden and for early outbreak identification and notification
- Modernizing public health laboratory capacity to include methods and equipment
- Improving health information systems to efficiently transmit, receive, store and analyze infectious disease-related data electronically

**SERVICE DELIVERY SYSTEM:**

- State staff in multiple Bureaus at DHHS and through other contractors
- Projects that target specific infectious disease and other public health threats such as antimicrobial-resistant bacteria; healthcare associated infections; waterborne diseases such as legionella; respiratory conditions such as influenza and RSV; vaccine preventable conditions (e.g., measles, mumps); enteric illnesses (e.g. salmonella and other infections)

- Disease surveillance systems such as the National Electronic Disease Surveillance System (NEDSS) and syndromic disease surveillance systems; vector borne diseases (e.g., Lyme diseases, EEE,), and various zoonotic and parasitic diseases.

**EXPECTED OUTCOMES:**

- Ensure DHHS is well-equipped with staff, surveillance systems and other tools to identify and respond to infectious disease threats
- Support a variety of epidemiological activities
- Ensure DHHS is well supported to develop reports and provide data for public consumption that can be used for personal decision making to prevent infectious diseases
- Develop a well-trained staff employing high quality laboratory processes that integrate laboratory and epidemiology functions
- Support a variety of laboratory activities
- Enhance electronic exchange of data between public health agencies and clinical care entities with a focus on electronic laboratory and case reporting
- Increase IT capacity in public health agencies

**PUBLIC HEALTH LABORATORIES****9030-7966****PURPOSE:**

The NH Public Health Laboratories (PHL) mission is to protect the public's health through responsive, unbiased, quality clinical and environmental laboratory testing; to actively participate in national and international surveillance networks; and to improve the quality of health and laboratory services in both the public and private sectors.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$4,237	\$4,969	\$5,188	\$5,308	\$5,181	\$5,301
GENERAL FUNDS	\$3,694	\$4,434	\$4,595	\$4,703	\$4,589	\$4,696
ANNUAL COST PER TEST	\$31	\$41	\$41	\$41		
TESTS PERFORMED	188,240	90,000	90,000	90,000		

**FUNDING SOURCE:**

89% General funds, 4% Federal funds, 7% Other funds

Other funds are laboratory testing service fees and revenues from Department of Environmental Services

**STATE MANDATES:**

RSA 131 Laboratory of Hygiene

The NH Public Health Laboratories provides services to the client base to assist with state mandates such as infectious disease reporting laws and rabies surveillance.

**FEDERAL MANDATES:**

The NH Public Health Laboratories maintains and develops core public health laboratory functions in accordance with the Association of Public Health Laboratories' (APHL) and the Centers for Disease Control and Prevention (CDC) guidelines.

The laboratory services provided are accredited under such agencies as TNI (The NELAC Institute), FDA (Food and Drug Administration), CLIA (Centers for Medicare and Medicaid Services), and ISO (International Organization for Standardization).

Core Public Health Laboratory functions are maintained by each state in the United States in order to provide public health services at a state level for core capabilities.

The Water Analysis Laboratory serves as the primacy laboratory under the Safe Drinking Water Act.

**SERVICES PROVIDED:**

- Virology and Special Testing Program for infectious diseases such as measles, mumps, rubella, viral hepatitis, HIV, Ebola, West Nile, Eastern Equine Encephalitis, COVID-19, and sexual transmitted diseases The Virology and Special Testing Program also performs wastewater testing for influenza virus, SARS-CoV-2, and RSV.
- Microbiology Program testing for bacterial, Mycobacteria including M. tuberculosis, and fungal pathogens. Food microbiology performs dairy testing, food testing and shellfish testing to maintain safe conditions in the state for food consumption.
- Water Analysis Laboratory testing for water and other environmental samples such as soil for chemicals and microorganisms. Well water testing is performed for private homeowners as well as for municipal systems. Radiological chemistry tests for radioisotopes in water, air and fish/milk samples for surveillance around the nuclear power plant operating in the state. The Water Analysis Laboratory also performs water testing for PFAS in collaboration with NH Department of Environmental Services (DES).
- Chemistry Program includes Food Emergency Response (FERN), Chemical Terrorism planning and emergency response, and Biomonitoring. The Biomonitoring section is funded by a CDC Cooperative Agreement for the purpose of building state capacity and capability to test human and environmental samples for chemicals of environmental exposure. The Chemistry Program also tests samples from non-fatal overdose cases for OD2A (Overdose Data to Action) surveillance project.

**SERVICE DELIVERY SYSTEM:**

The New Hampshire Public Health Laboratories are located at 29 Hazen Drive, Concord, NH. All laboratory facilities are in this one location. Samples arrive at the laboratory in a variety of ways including PHL courier, mail system, direct sample deliveries to the PHL. The PHL uses its LIMS (Laboratory Information Management System) to manage specimens and report laboratory results.

**EXPECTED OUTCOMES:**

- The public's health is protected through responsive, unbiased, quality clinical and environmental laboratory testing.
- Improved sample receiving system and results reporting system
- Improved turn-around time through trained staff and the utilization of advanced technologies
- Improved quality of health and laboratory services in both the public and private sectors

**PFAS LAB**  
**9030-8087**

**PURPOSE:**

To enhance the capacity and capability of PFAS testing in New Hampshire, specifically the Public Health Laboratories Water Analysis Laboratory capacity to conduct PFAS testing on both public water sources and private well water.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$0	\$0	\$0	\$0	\$1,146	\$283
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Other funds from the Department of Environmental Services

**STATE MANDATES:**

RSA 131 – Laboratory of Hygiene

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

The Water Analysis Laboratory conducts water testing for PFAS in collaboration with New Hampshire Department of Environmental Services (DES). Well water testing is performed for both private homeowners and municipal systems. PFSA testing results from public water samples is reported to DES; private well water sample results are provided to homeowners.

**SERVICE DELIVERY SYSTEM:**

Samples arrive at the Public Health Laboratory in a variety of ways including PHL courier, mail system, and direct sample deliveries by residents. The PHL uses its LIMS (Laboratory Information Management System) to manage samples and report laboratory results.

**EXPECTED OUTCOMES:**

- Increase public awareness of PFAS in drinking water
- Ensure that public drinking water is free from contamination of PFAS
- Detect PFAS levels in private well water that exceed safety limits, prompting investigation into contamination sources and treatment efforts

**FOOD EMERGENCY RESPONSE NETWORK**

**9030-8276**

**PURPOSE:**

The purpose of the Food Emergency Response Network is to enhance the capacity and capability of human and animal food testing in New Hampshire in support of an integrated food safety system. Specifically, through sample testing in the areas of microbiology, chemistry and radiochemistry, and the development of special projects that would support and expand that testing. This project will strengthen and improve the State of New Hampshire’s and the FDA’s efforts to prevent foodborne illnesses and minimize foodborne exposures through building a nationally integrated laboratory science system and equip the New Hampshire laboratory with sufficient resources to build and increase food sample testing within New Hampshire.

**CLIENT PROFILE:**

All citizens of the State of New Hampshire, US food and Drug Administration, Homeland Security and Emergency Management, animal control officers, local health departments, State and local health officers, public health networks, nuclear industry, restaurants and food producers, The Bureau of Infectious Disease Control, Division of Public Health Services, Department of Environmental Services, Department of Agriculture markets and Foods, Department of Natural and Cultural Resources, and the general public.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$747	\$1,385	\$1,273	\$1,290	\$1,159	\$1,172
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Federal funds from the Food and Drug Administration

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

Food Safety Modernization Act

**SERVICES PROVIDED:**

- Food defense to ensure laboratory testing capacity for the analysis of food and food products related to intentional microbiological and chemical contamination and to enhance the biological safety level 3 laboratory capacity of the PHL
- Human food product testing to improve food testing surveillance programs in NH through the microbiological and chemical analysis of food products and environmental samples, the results of which can be used to remove adulterated food from commerce and aide regulatory inspection programs
- Whole Genome Sequencing to enhance the GenomeTrakr network to capture the current and evolving genomic diversity of pathogens in human and animal foods
- Build additional capacity to identify emerging microbiological pathogens in food including Cyclospora in foods
- Animal food product testing to improve animal food testing surveillance programs through the chemical analysis of animal food products, the results of which can be used to remove adulterated food from commerce and aide regulatory inspection programs in conducting investigations
- Food defense radiochemistry to prove the presence or absence of radioactive contamination and identify the radionuclides present in human or animal food through screening. Data are used to characterize the extent of food contamination, for following trends, and for calculating intakes
- Develop and establish cooperative agreements to collect samples needed to meet the goals of the LFFM activities and to develop and validate new methods through multi-laboratory research studies.

**SERVICE DELIVERY SYSTEM:**

Samples arrive at the NH PHL, the single location for the state's Public Health Laboratory, in a variety of ways including via newly established partnerships with State partners. An emergency courier contract is in place, as well as standard shipping services through the mail system. Local health officers deliver samples for testing and local and state police also deliver samples. The FBI may be involved in suspicious substance in food incidents.

**EXPECTED OUTCOMES:**

- Assure the health and wellbeing of communities and populations in NH with safe food products.
- Conduct surveillance of human and animal food with laboratory testing
- Help in early detection for food safety, reducing the risk of food borne illnesses of NH citizens.
- Respond to emergencies involving contamination of food.

**BIOMONITORING GRANT  
9030-8280****PURPOSE:**

To conduct high quality biomonitoring to assist environmental public health achieved through four distinct projects:

- A targeted investigation to assess the impacts of interventions for families determined to have high exposure to lead
- A targeted investigation into potential environmental exposures in Berlin, a city in New Hampshire with several elevated indicators on the Social Vulnerability Index
- An assessment of flood-prone regions to determine well water quality and the potential impacts to those wells during flooding due to high water and/or increased ground water recharge
- A statewide surveillance program to measure a suite of metals, per and polyfluorinated alkyl substances (PFAS), pesticide metabolites, cotinine, polycyclic aromatic hydrocarbons (PAHs), and volatile organic compounds (VOCs) in clinical matrices.

**CLIENT PROFILE:**

Volunteer participants from families where a child has presented with high blood lead ( $\geq 3.0$   $\mu\text{g/dL}$ ). Study populations invited to participate by target area (Berlin, areas prone to flooding, and a representation of the entire State of New Hampshire, respectively) using the World Health Organization STEPwise approach to surveillance.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$701	\$1,257	\$1,175	\$1,195	\$1,175	\$1,195
<b>GENERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0

\*CDC funds only the clinical biomonitoring testing for the program. Environmental testing will be performed for these projects, but the funding source is not this AU.

**FUNDING SOURCE:**

100% Federal funds from the Centers for Disease Control and Prevention

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

- A focused effort to monitor children identified as having elevated blood lead levels and their families to determine the effectiveness of the interventions provided to them
- Urine and blood tests to a wide range of contaminants listed above to residents who score very high on a number of social vulnerability indices
- Body burden or well contamination testing from the chemicals mentioned above for residents with private wells in areas prone to contamination
- Collect data for New Hampshire-specific background levels of a suite of chemical contaminants of concern

**SERVICE DELIVERY SYSTEM:**

Personal meetings and/or online questionnaires with participants to administer the survey questions. Blood and urine collection through a mobile specimen collection unit that will go to the participants' homes or staff mass collection events. Water sampling and testing in collaboration with the Department of Environmental Services.

**EXPECTED OUTCOMES:**

- An assessment of nutritional status and the exposure of the NH population to environmental chemicals and toxic substances and a comparison with the population of the United States
- An understanding of the environmental chemicals to which people have been exposed, and the amounts of chemicals of certain types in people's bodies
- Improvement in the detection and possible prevention of harmful exposures in various populations

**HOSPITAL PREPAREDNESS****9035-1113****PURPOSE:**

The purpose of the Hospital Preparedness Program is to build preparedness, response, and recovery capacity in the state's healthcare system. The threat of Mass Casualty Incidents (MCI) and medical surges impacting hospitals, emergency medical services (EMS), and the broader healthcare system have always been present. Workforce shortages, information sharing capacity, and recovery needs place an increased burden on the broader healthcare system. Preparing hospitals, healthcare systems and their Emergency Support Function (ESF) #8 Public Health and Medical Services partners to prevent, respond to, and rapidly recover from these threats is critical for protecting and sustaining our healthcare and public health infrastructures.

**CLIENT PROFILE:**

This program primarily provides funding to the Granite State Healthcare Coalition, which is New Hampshire's only healthcare coalition. The Granite State Healthcare coalition services the entire healthcare system and ensures the healthcare system's preparedness, response, and recovery

capabilities are continuously improved. New Hampshire’s healthcare organizations are the direct clients of this program. However, these healthcare organizations provide healthcare services and ensure public health protections are in place to all New Hampshire residents. Additionally, the State’s Metropolitan Medical Response System (MMRS) supports the healthcare system by providing direct services during public health incidents and medical surge emergencies.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$909	\$1,509	\$1,472	\$1,484	\$1,472	\$1,484
<b>GENERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0

\*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the following are typical examples of individuals served through specific activities:

- Coordination of healthcare organizations to develop and implement preparedness, response, and recovery plans, provide trainings, and exercise plans and capabilities to assure healthcare system preparedness for emergencies or disasters with healthcare and public health impacts.
- Information technology support to collect healthcare system asset information and to support information sharing during emergencies.
- Staffing support to collect and analyze data on > 600,000 emergency department visits from across the state each year to provide timely information on emerging health threats such as opioid overdoses, injuries during snowstorms, and infectious disease cases and outbreaks.
- Provide response coordination to healthcare organizations during medical surge emergencies
- Deploy MMRS medical teams during a public health incident to augment healthcare services such as providing emergency patient care and medication administration in response to specific disease threats
- Credential, train, and deploy volunteers from the thirteen (13) Medical Reserve Corps (MRC) teams across New Hampshire

**FUNDING SOURCE:**

100% Federal funds. Match required, provided by Hospitals. The federal Department of Health and Human Services Office of the Administration for Strategic Preparedness and Response (ASPR) plays a leading role in ensuring the healthcare systems in the Nation are prepared to respond to these threats and other incidents. Through the 5-year Hospital Preparedness Program (HPP) Cooperative Agreement, ASPR provides funding and technical assistance to state, local and territorial public health departments to prepare the healthcare systems for disasters.

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

Hospital Preparedness Program Funding (HPP): 319C-2 of the Public Health Service (PHS) Act, as amended  
Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No. 113-5 Centers for Medicare and Medicaid Services

**SERVICES PROVIDED:**

- Healthcare System Preparedness
- Healthcare System Recovery
- Emergency Operations Coordination
- Fatality Management
- Information Sharing
- Medical Surge
- Responder Safety and Health
- Volunteer Management

**SERVICE DELIVERY SYSTEM:**

Healthcare system preparedness and response activities are carried out by the statewide Healthcare Coalition and DHHS.

**EXPECTED OUTCOMES:**

- Enable the health care system to save lives during emergencies that exceed the day-to-day capacity of the health and emergency response systems.
- Prepare the health care delivery system to save lives through the development of health care coalitions (HCCs) that incentivize diverse, and often competitive, health care organizations with differing priorities and objectives to work together
- Through individual health care organizations, HCCs, and jurisdictions: help patients receive the care they need at the right place and at the right time, decrease deaths, injuries, and illnesses resulting from emergencies, and promote health care system resilience in the aftermath of an emergency

**PH EMERGENCY PREPAREDNESS**

**9035-1114**

**PURPOSE:**

The purpose of the Public Health Emergency Preparedness Program is to assure the capability of the public health system, community, and individuals to prevent, protect against, quickly respond to, and recover from health emergencies. Being prepared to prevent, respond to, and rapidly recover from public health threats is critical for protecting and securing public health.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$5,021	\$6,352	\$5,771	\$5,862	\$5,684	\$5,774
<b>GENERAL FUNDS</b>	\$349	\$536	\$736	\$743	\$536	\$536

\* While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the following are typical examples of individuals served through specific activities:

- Provision of funding to 13 Public Health Networks to support regional public health infrastructure to respond to disasters and public health emergencies.
- Provision of nursing, epidemiology, and laboratory staffing to investigate and respond to public health threats such as >8,000 reports of infectious disease each year, including >100 outbreaks.
- Maintenance of technology and contact lists required to operate the Health Alert Network, which distributes health alerts to >14,000 public health partner recipients in New Hampshire.
- Provision of staffing, training, and exercise support to the DHHS Bureau of Emergency Preparedness, Response, and Recovery to assure the rapid response to disasters and emergencies including deployment of the Strategic National Stockpile (pharmaceuticals and supplies), Disaster Behavioral Health Team, and Metropolitan Medical Response System, the Division of Public Health Service’s Incident Management Team, and leading Emergency Support Function (ESF) 6 and ESF-8.

**FUNDING SOURCE:**

9% General, 91% Federal

Required Maintenance of Effort and Match

NH receives annual awards for PHEP from the Centers for Disease Control and Prevention (CDC) through a 5-year cooperative agreement.

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

Public Health Emergency Preparedness Program Funding (PHEP): 319C-1 of the PHS Act, as amended.  
Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No. 113-5

**SERVICES PROVIDED:**

Deliver the national standards for public health preparedness capability-based planning and identify gaps in preparedness, specific jurisdictional priorities, and develop plans for building and sustaining the following 15 capabilities:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Medical Surge
- Non-Pharmaceutical Interventions
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management

**SERVICE DELIVERY SYSTEM:**

Services are provided through state staff in the Division and the Department of Safety Homeland Security and Emergency Management, the regional Public Health Networks, Manchester and Nashua local health departments, and through other contractors.

**EXPECTED OUTCOMES:**

- Monitor and investigate health threats (surveillance and disease detection)
- Communicate critical information with public health officials at local, state, and federal levels
- Operate a laboratory with capabilities to identify disease agents, toxins, and other health threats
- Operate and maintain the Strategic National Stockpile of critical medical assets for rapid deployment to states
- Develop, practice, and improve emergency response plans at state and local public health departments to ensure rapid and effective responses to real health security threats
- Deploy volunteers to augment public health and healthcare staff

**PUBLIC HEALTH CRISIS RESPONSE  
9035-1590**

**PURPOSE:**

To assure a rapid and appropriate response to public health emergencies, ensuring protection of the health and life of all people in New Hampshire. In 2016, the Centers for Disease Control and Prevention created a new funding mechanism to more quickly direct funding to states during public health emergencies, such as a pandemic, hurricanes, the opioid crisis, and other infectious disease responses.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$0	\$4,595	\$4,592	\$4,600	\$4,592	\$4,600
<b>GENERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0

\*While funds within this accounting unit ultimately support improved population health outcomes for all residents in the state, the funds in this accounting unit are specifically provided to procure needed personnel, services, supplies, and equipment in an emergency to support the state’s response to a public health crisis. Typical services are listed below under “Services Provided”.

**FUNDING SOURCE:**

100% Federal funds from the Centers for Disease Control and Prevention

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

Public Health Emergency Preparedness Program Funding (PHEP): 319C-1 of the PHS Act, as amended.  
 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law No. 113-5

**SERVICES PROVIDED:**

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Medical Surge
- Non-Pharmaceutical Interventions
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management

**SERVICE DELIVERY SYSTEM:**

Services are provided through state staff in the Division and the Department of Safety's Homeland Security and Emergency Management, the Regional Public Health Networks, Manchester and Nashua health departments, and through other contractors.

**EXPECTED OUTCOMES:**

A rapid and appropriate response to public health emergencies to protect the health and life of all people in New Hampshire. Support for the ability of New Hampshire's public health system, community, and individuals to quickly respond to, and recover from health emergencies, particularly those in which scale, timing, or unpredictability threatens to overwhelm routine capabilities.

**TOBACCO PREVENTION & CESSATION****9045-3224****PURPOSE:**

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. In NH, 1,900 people die every year as a result of smoking and the economic cost of smoking related disease, death and lost productivity exceeds \$1 billion every year. The Tobacco Prevention and Cessation Program is funded by federal and state resources to support the following goals: prevent initiation among youth and young adults;

promote quitting among adults and youth; eliminate exposure to secondhand smoke; and identify and eliminate tobacco-related disparities among populations groups.

**CLIENT PROFILE:**

All residents of New Hampshire

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,817	\$1,755	\$1,736	\$1,748	\$1,736	\$1,747
<b>GENERAL FUNDS</b>	\$627	\$607	\$607	\$607	\$607	\$607

**FUNDING SOURCE:**

35% General funds, 65% Federal funds  
Federal funding is from the Centers for Disease Control and Prevention.

**STATE MANDATES:**

RSA 155 64:77 Indoor Smoking Act

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

The New Hampshire Tobacco Quitline to help people quit using tobacco products; training and technical assistance to property owners and community mental health centers on smokefree policies; mass-reach health communications

**SERVICE DELIVERY SYSTEM:**

Free tobacco cessation services available online or via phone

**EXPECTED OUTCOMES**

- Prevent initiation among youth and young adults

- Promote quitting among adults and youth
- Decrease smoking prevalence in Medicaid from 22.7% to 13%
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities among populations groups

**COMPREHENSIVE CANCER  
9045-3225**

**PURPOSE:**

To design and implement impactful, strategic, and sustainable plans to prevent and control cancer within 3 focus areas: primary prevention, early detection and screening, and survivorship. The program is also tasked with development of a 5 Year Cancer Plan and convening partners through the NH Cancer Partnership. To provide low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services, as well as free navigation services, and implementation of Evidence Based interventions at the clinic level to improve screening rates.

**CLIENT PROFILE:**

The majority of the Comprehensive Cancer program strategies are population health strategies that address cancer prevention for all people in NH. The comprehensive cancer program addresses issues related to cancer survivors as well as broader issues including healthy eating and physical activity among youth. The free screening program serves roughly 4,500 women per year through direct screening services and patient navigation.

**FINANCIAL SUMMARY:**

Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Budget	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$1,860	\$2,694	\$2,630	\$2,666	\$2,629	\$2,665
GENERAL FUNDS	\$175	\$171	\$171	\$171	\$171	\$171

This population health, prevention program serves the entire State of New Hampshire; please see additional examples of direct services below.

While funds within AU 9035-3225 ultimately support improved population health and cancer prevention outcomes for all residents in the state, the following are examples of individuals served through specific activities:

- In the Breast and Cervical Cancer Prevention (BCCP) screening program in SFY 24, 1,516 women received direct services, and ~1,500 women received patient-navigation-only services. In the treatment component, of the 1,516 women receiving direct services, ~125 women were enrolled into BCCP Medicaid for treatment of a re-cancer of the breast or cervix.

**FUNDING SOURCE:**

6% General funds, 94% Federal funds

CDC National Comprehensive Cancer Control Program (NCCCP), General Funds

The General funds satisfy the required Maintenance of Effort needed for the Federal Breast and Cervical Cancer Screening grant

**STATE MANDATES:**

RSA 141-B

**FEDERAL MANDATES:**

Public Law 102-515 Cancer Registries Amendment Act

PUBLIC LAW 101-354 Preventive Health Measures with Respect to Breast and Cervical Cancers

**SERVICES PROVIDED:**

- The free breast and cervical cancer screening program provides and promotes preventive breast and cervical cancer screening and diagnostic services for low-income un- and under insured people. Patient navigation services are provided regardless of insurance status.

**SERVICE DELIVERY SYSTEM:**

Hospitals and Community Health Centers for the free screening program. The community-based agencies to support comprehensive cancer activities.

**EXPECTED OUTCOMES:**

Reduced incidence of new cancers, better treatment outcomes of diagnosed cancers, and better quality of life for cancer survivors.

**WISEWOMAN**

9045-3226

**PURPOSE:**

Heart disease and stroke are leading causes of death in New Hampshire. About half of U.S. adults have high blood pressure, but only about one-quarter have it under control. The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program was created to help people understand and reduce their risk for heart disease and stroke by providing services to promote healthy behaviors. Working with low-income, uninsured and underinsured people aged 40 to 64 years, the program provides heart disease and stroke risk factor screenings and services that promote healthy behaviors.

**CLIENT PROFILE:**

Low-income, uninsured and underinsured people aged 40 to 64 years

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$474	\$1,678	\$1,497	\$1,497	\$1,497	\$1,497
<b>GENERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0

\* This population health, prevention program serves the entire State of New Hampshire; please see additional examples of direct services below.

**FUNDING SOURCE:**

100% Federal funds

Federal funding is from the Centers for Disease Control and Prevention.

**STATE MANDATES:**

RSA 141-B

**FEDERAL MANDATES:**

Public Law 101-354 Preventive Health Measures with Respect to Breast and Cervical Cancers

Public Law 105-340 (reauthorization of PUBLIC LAW 101-354) Women's Health Research and Prevention Amendments of 1998

**SERVICES PROVIDED:**

- Screenings for heart disease and stroke risk factors including blood pressure, cholesterol, diabetes, and smoking
- Counseling to reduce risk for heart disease and stroke
- Referrals for medical evaluation and management of health condition(s) when needed
- Referrals to healthy lifestyle programs, other healthy behavior support options, and low-cost medication resources
- Track and monitor clinical measures shown to improve healthcare quality and identify patients at risk for and with high blood pressure
- Implement team-based care to reduce cardiovascular disease risk
- Link community resources and clinical services that support bi-directional referrals, self-management, and lifestyle change for patients at risk for cardiovascular disease

**SERVICE DELIVERY SYSTEM:**

Laboratories, community health centers and hospitals that provide breast and cervical cancer free screening program.

**EXPECTED OUTCOMES:**

- Increased blood pressure control in NH’s population
- Improved detection, prevention, and control of cardiovascular disease in NH’s population

**COMBINED CHRONIC DISEASE  
9045-3228**

**PURPOSE:**

Chronic diseases are leading causes of poor health, disability, and death in New Hampshire. Nationally, more than half of all adults have at least one chronic disease, and 7 of 10 deaths each year are caused by chronic diseases.

Combined Chronic Disease builds state capacity to promote health and prevent and manage diabetes, heart disease and stroke through monitoring statistics on risk factors and outcomes, working with health systems to promote high quality clinical care, and linking clinical service providers with community programs and resources to support self-management and lifestyle change.

**CLIENT PROFILE:**

The majority of the Combined Chronic Diseases program strategies are population health strategies that address chronic disease prevention for all people in NH.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Budget	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$1,318	\$2,857	\$2,943	\$2,943	\$2,943	\$2,943
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

While funds within AU 9035-3228 ultimately support chronic disease prevention and management for all residents in the state, the following are specific examples of activities and individuals served:

- Provided funding and technical assistance to implement quality improvement initiatives at eight federally qualified health centers serving over 88,000 patients, to improve blood pressure, cholesterol, and diabetes prevention & management; and an additional 10,000 patients served by Rural Health Clinics, Community Mental Health Centers, and small rural primary care practices.
- Provided funding and technical assistance to 10 primary care clinics and two maternity units to implement self-measured blood pressure monitoring tied with clinical support.
- In response to COVID-19 pandemic, supported telehealth start-up & delivery of diabetes self-management education programs, diabetes prevention programs and blood pressure monitoring.
- Increased access to diabetes prevention programs (DPP) for the estimated 60,000 adults in NH with prediabetes and eliminating the gap in Medicare DPP access by supporting organizations to obtain CMS approval to serve Medicare beneficiaries.

**FUNDING SOURCE:**

100% Federal funds

Federal funding is from the Centers for Disease Control and Prevention.

**STATE MANDATES:**

RSA 141-B Chronic Disease Prevention, Assessment, and Control

**FEDERAL MANDATES:**

Affordable Care Act Prevention and Public Health Fund (PPHF)

**SERVICES PROVIDED:**

- Promote reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with chronic conditions
- Create community-clinical linkages that support systematic referrals, self-management, and lifestyle change for people with chronic diseases
- Increase participation in evidence-based lifestyle interventions among people with chronic diseases, particularly high blood pressure and cholesterol, and increase use of self-measured blood pressure monitoring tied to clinical support, to reduce risk for heart disease and stroke
- Support the use of pharmacists in providing diabetes self-management education and support and helping people manage their medications, particularly for high blood pressure and cholesterol
- Increase access to and enrollment & retention of people with prediabetes in the National Diabetes Prevention Program (National DPP) to prevent or delay the development of type 2 diabetes
- Increase access to and participation of people with diabetes in diabetes self-management education and support (DSMES) programs to reduce morbidity and mortality associated with the disease, and reduce health care costs

**SERVICE DELIVERY SYSTEM:**

- Health systems including hospitals, community health centers, rural health clinics, and community organizations.

**EXPECTED OUTCOMES:**

- Increased number of people with prediabetes enrolled in Diabetes Prevention Programs who have achieved 5% weight loss
- Decreased proportion of people with diabetes with an A1C > 9%
- Increased control among adults with known high blood pressure and high blood cholesterol

**RURAL HEALTH & PRIMARY CARE  
9045-2794**

**PURPOSE:**

Administers programs to improve the infrastructure of the primary care and rural health care systems to ensure the uninsured, underinsured, and Medicaid and Medicare eligible residents of the state have access to quality primary care, preventive, and other health services. The office supports training and technical assistance services to link small rural health care entities with state and federal resources to develop long term solutions to rural health problems. This is achieved through multiple initiatives that improve primary care service delivery and workforce availability in the State to meet the needs of underserved and rural populations.

**CLIENT PROFILE:** While the program serves the entire state, there is special focus on rural and other medically underserved populations.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,412	\$2,051	\$2,069	\$2,081	\$2,068	\$2,080
<b>GENERAL FUNDS</b>	\$890	\$1,069	\$1,166	\$1,174	\$1,165	\$1,174

**FUNDING SOURCE:**

56% General funds, 24% Federal funds, 20% Other funds

Federal funding is from the Health Resources and Services Administration (HRSA) and Other funds come from the Joint Underwriters Authority (JUA)

**STATE MANDATES:**

Chapter 126-A:5 XVIII, , Establishes the State Office of Rural Health

Chapter 126-A:5 XVIII-a, shall receive and collect data regarding surveys completed by participating licensees

**FEDERAL MANDATES:**

42 U.S. Code § 254r - Grants to States for operation of offices of rural health

42 U.S. Code § 254e - Health professional shortage areas

US Public Health Service Act as amended, Title 3 Section 330(l), 330(m), 333(d) - to improve primary care service delivery and workforce availability in the State or territory to meet the needs of underserved populations.

**SERVICES PROVIDED:**

- Technical assistance for activities including workforce development and recruitment, administrative efficiency, and service delivery provided to facilities identified below

**SERVICE DELIVERY SYSTEM:**

- 13 Critical Access Hospitals
- 3 additional Rural Hospitals
- 15 Rural Health Clinics
- 9 Federally Qualified Health Centers, 1 Federally Qualified Health Center Look-Alike
- 10 Community Mental Health Centers
- 11 Outpatient Substance Use Disorder Treatment Programs
- 9 Doorways
- 15 community- and/or School-Based Oral Health programs

**EXPECTED OUTCOMES:**

Increased access to primary care, oral health, behavioral health, and preventive health services

**PREVENTIVE HEALTH BLOCK GRANT**

**9045-3165**

**PURPOSE:**

The Preventive Health Block Grant from the Centers for Disease Control and Prevention (CDC) serves to: address emerging public health needs identified by the state; increase the number of evidence-based interventions implemented by the Division and its local partners; improve the quality of internal and external programs and services; and enhance information systems that collect, analyze, and disseminate health data. Examples of how funds were used in the last biennium include support for: increased surveillance and management of infectious diseases and laboratory testing; oral health services for children and injury prevention programs, including suicide prevention, the state's electronic data repository the Behavioral

Risk Factor Surveillance Survey; and 13 regional public health advisory councils to coordinate public health services regionally. The PH Block Grant is critical to the support of the State Health Assessment and State Health Improvement Plan.

**CLIENT PROFILE:**

The program serves the entire state.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,700	\$2,467	\$2,814	\$2,843	\$2,434	\$2,451
<b>GENERAL FUNDS</b>	\$313	\$493	\$685	\$699	\$590	\$603

**FUNDING SOURCE:**

24% General funds, 76% Federal funds  
 Federal funding is from the Centers for Disease Control and Prevention  
 Require Maintenance of Effort

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

TITLE 42 - The Public Health and Welfare; Chapter 6A – Public Health Service  
 Subchapter XVII – Block Grants, Part A – Preventive Health and Health Services Block Grant

**SERVICES PROVIDED:**

- 11 evidence-based interventions implemented in areas including food protection, laboratory services, emergency preparedness, and other key health initiatives

**SERVICE DELIVERY SYSTEM:**

Utilizes the service delivery systems of numerous Division programs that receive Block Grant funds.

**EXPECTED OUTCOMES:**

- Improved ability to address prioritized health needs
- Improved organizational and systems capacity
- Reduced preventable health risk factors
- Improved performance of public health programs, services and activities
- Improved public health outcomes related to the State Health Improvement Plan and Healthy People 2023

**PRESCRIPTION DRUG MONITORING PROGRAM  
9045-3166**

**PURPOSE:**

The NH Prescription Drug Monitoring Program (PDMP) promotes the quality of patient care and appropriate use of schedule II-IV controlled substances for legitimate medical purposes, including the deterrence of misuse and diversion of controlled substances. The NH PDMP was authorized in 2012 for the purpose of enhancing patient care, curtailing the misuse and abuse of controlled substances, combating illegal trade in and diversion of controlled substances, and enabling access to prescription information by prescribers and dispensers. The PDMP endeavors to reduce the incidence of abuse of, and addiction to, controlled substances in New Hampshire, while ensuring that patients receive appropriate care for pain, other conditions, and referral to substance use treatment as necessary. Through accurate and complete data tracking of opioids and other scheduled drug prescriptions, prescribers and dispensers can make safer and more informed prescribing and dispensing decisions.

**CLIENT PROFILE:**

This program serves the entire State of New Hampshire.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
TOTAL FUNDS	\$990	\$1,419	\$1,397	\$1,418	\$1,396	\$1,418
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

46% Federal funds, 54% Other funds

Federal funding is from the Centers for Disease Control and Prevention. Other funding is from the NH Department of Justice.

**STATE MANDATES:**

RSA 126-A:89-97, Controlled Drug Prescription Health and Safety Program

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

NH PDMP contracts with a vendor to maintain a secure web-based database that collects and stores prescribing and dispensing data for schedule II-IV controlled substances. New Hampshire law requires: (1) all prescribers and dispensers who are authorized to prescribe or dispense schedule II-IV controlled substances within NH to be registered with the PDMP; and (2) every dispenser to submit information to the PDMP regarding each prescription dispensed for a schedule II-IV controlled substance.

The PDMP provides management and support of this web-based database to provide a complete picture of a patient's controlled substance prescription history, so that prescribers and dispensers can properly manage their patients' treatment, including the referral of patients to treatment services, as appropriate. The PDMP provides data reporting to prescribers on their own prescribing trends, and as compared with their peers, on their patients' prescription history, and on patient-specific clinical alerts. Through annual reports, the PDMP provides aggregate data and trends to inform policymakers and stakeholders about prescription patterns for controlled substances in New Hampshire.

**SERVICE DELIVERY SYSTEM:**

The PDMP database is available to prescribers and dispensers throughout New Hampshire.

**EXPECTED OUTCOMES:**

- Increased number of prescribers and dispensers registered with the PDMP
- Increased utilization of the PDMP database for patient queries prior to prescribing or dispensing a controlled substance
- Improved usability and integrity of the PDMP system
- Safer and more appropriate prescribing and dispensing
- Actionable data to assist prescribers and dispensers in recognizing at-risk patient indicators

**OPIOID SURVEILLANCE**

9045-3167

**PURPOSE:**

Utilizes CDC Overdose Data to Action (OD2A) grant funding to augment overdose surveillance activities using real-time emergency department data, overdose death data entered into the National Violent Death reporting system, and collection and display of other aggregated surveillance data. In addition to surveillance, these funds are used for enhancement of the Prescription Drug Monitoring System, guidance to linkages to care for substance use disorder patients, and academic detailing training for healthcare providers.

**CLIENT PROFILE:**

All NH residents from children to older adults; federal and state offices; stakeholders that need data to inform overdose prevention activities; healthcare providers who prescribe opioids, city epidemiologist, and first responders.

**FINANCIAL SUMMARY:**

<b><u>FINANCIAL HISTORY</u></b>						
Rounded to \$000 except cost per case	<b>SFY24</b>	<b>SFY25</b>	<b>SFY26</b>	<b>SFY27</b>	<b>SFY26</b>	<b>SFY27</b>
	<b>Actual</b>	<b>Adj Auth</b>	<b>Agency Request</b>	<b>Agency Budget</b>	<b>Governor's Budget</b>	<b>Governor's Budget</b>
<b>TOTAL FUNDS</b>	\$1,177	\$3,004	\$3,078	\$3,081	\$3,078	\$3,081
<b>GENERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0

**FUNDING SOURCE:**

100% Federal funds  
Federal funds from the Centers for Disease Control and Prevention

**STATE MANDATES:**

N/A

**FEDERAL MANDATES:**

N/A

**SERVICES PROVIDED:**

- Enhance data collection and surveillance of fatal and non-fatal overdoses in New Hampshire
- Enhance utilization of the Prescription Drug Monitoring Program
- Guidance to linkages to care for patients with substance use disorder (SUD)
- Academic detailing training for healthcare providers
- Supporting the cooperation between city and state prevention activities

**SERVICE DELIVERY SYSTEM:**

- Rapid access to overdose-related data in the monthly Drug Monitoring Initiative Report
- Harm reduction services that provide education and linkage to care to patients with SUD
- Online individual and conference style training for healthcare providers related to the PDMP and best practices for prescribing opioids

**EXPECTED OUTCOMES:**

- Decrease the rate of opioid misuse disorder
- Increase the provision of evidence-based treatment for opioid use disorder
- Decrease the rate of emergency department visits due to misuse or opioid use disorder
- Decrease the drug overdose death rate, including prescription and illicit opioid overdose death rates