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Health and Human Services Oversight Committee—Friday, March 28 2025

Draft Minutes

Meeting called to Order: 1:04 p.m.

Present: Reps. Pearson, MacDonald, Woods, Lamontagne, and Weber; Sens. Rosenwald and Gray.

Draft Minutes of February 21, 2025 were moved, seconded and duly approved.

DHHS Commissioner's Update: Commissioner Lori Weaver was joined by Assistant Commissioner Patricia Tilley. The abrupt termination of federal funds was the first issue discussed. The Department received an email after business hours on Monday of this week saying that 80 million dollars of unspent Covid funds had been recalled by the federal government. These were Covid funds which have been used by the Department to provide flexibility for communities to mitigate the effects of the Covid pandemic on behavioral health and other issues. Permitted uses were for jobs, services, IT, and others. The funds had been committed to a number of projects, all of which were scheduled to wind down within the next 15 months, but all those programs came to a stop this week. The bulk of the spending was in public health. There were 20 staff positions affected. Efforts are being made to accommodate internally those staffers who did not take a voluntary resignation. A contract for 20 laboratory staffers was terminated on Tuesday, and that staff had to leave at once. There were 61 contracts outstanding from this grant. The Department is sending notice to all contractors, a hard and difficult task, and they are assessing the impact. There was important ongoing data and data systems work. Some of the work will have to stop. The Department is working to find other federal sources of funding to finish the rest. All work must essentially be stopped and billed within the next 10 days.

Assistant Commissioner Tilley gave an explanation of the epidemiology grants. Health disparities can be addressed by community health workers and health centers in communities. The work was planned to end in 2026, so we have to fast forward 15 months. They can bill Medicaid for community health workers, etc. As for the lab grants, some work is done, some must be put on ice.

With respect to onsite medical services being used to deal with TB outbreaks and other issues, the Department will have to substitute other methods. They will stop work immediately and bill all remaining outstanding obligations within 10 days.

Finally, with respect to community partners who were impacted: The Governor and Federal delegation have been incredibly helpful in trying to find alternative funding sources.

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Sen. Rosenwald asked about the 20 affected staffers. Are they going into vacant positions, and will that affect the lapse? Answer: They are down to about 5 remaining that would be laid off and then swapped out. Sen. Rosenwald asked about the impact on the public health lab. Some of the affected personnel worked in the water lab. Federal funds were used to meet extra demands for testing of PFAs and other tasks. The lab will now be short-staffed when it comes to testing water for summer swimming areas. They are going to have to work out how to fund the purchase of reagents for the testing. Rep. Weber asked about the layoffs. Ultimately there will be no layoffs of Department staff; they will be reassigned within Public Health, and all will still have jobs. They held very specific roles but work is being done to ensure they have landing spots. Senator Gray expressed concern about the state ending in a deficit position. The lapse is important, so if this makes the lapse greater, we will need to be having hearings on what the plan is going forward. The state will not be able to refund all of the $80M. With respect to the lapse, Public Health is already 85% federally funded anyway, so these are not general funds. Rep. Woods asked to confirm that the money was going away in 15 months in any case, and planning was already in place, so we are just moving everything forward 15 months.

Maternal Mortality report: Carolyn Nyamasege, Maternal and Child Health Section Epidemiologist, and Allison Power, Administrator, presented the report for Erica Tenney, Maternal and Child Health Section Chief, who was not able to attend. The committee was walked through the report. There is a five year grant from the CDC, so we have five years' more funding. There were only five maternal deaths in 2023, so a five year average is more helpful statistically. There were 79.3 preventable deaths in that period; it is hoped that the expanded Medicaid coverage will be helpful in reducing this number.

Recommendations from the report: Address mental health and substance use disorder issues. Management is needed in Corrections as well as with 11 regional partners to increase peripartum health. Rep. MacDonald noted that the mortality rate of 18.6 had been as high as 32.3. Why is it going down? Answer: The highest rates were in 2021 because of the pandemic. For NH, the actual numbers are very small, so we cannot be sure of any actual trends. CDC funding helps us act on the recommendations. With respect to whether we are at pre-pandemic levels, the answer is that we are doing better than pre-pandemic levels. In 2024, it is likely that we will again have only five deaths. Senator Rosenwald asked if 79% of deaths were preventable, who is responsible for driving down the numbers—is this a Department responsibility or is it up to health care providers? For her, the health care providers come out on top. So why is it the Department and not clinical providers? The Maternal Mortality Review Commission includes folks from many disciplines, and reviews for all factors. The Department is the place to gather all these people together. They are not working to place blame, just to determine if the death was preventable. They target different

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communities for recommendations. Preventability is just a determination, not a statement of responsibility. Senator Rosenwald noted that on the page 10 reference to mental health conditions and substance use disorders, it appears that most had access to treatment, so why is it not the responsibility of the specific specialties to care for their patients? Answer: There are many factors, including finances, not taking medicine, and inadequate mental health services. There is Medicaid funding, but there is also a waitlist for providers. Rep. Woods noted other examples like lack of timely admission and asked if there are specific things we can identify as needed, for example, more practitioners, or availability v. accessibility? Answer: Specific recommendation will come, many around mental health, including peer support programs for the perinatal group. MMRC does not paint broad swaths, but tries to develop actionable items. One example would be clinical standards for pain management during labor for persons with substance use disorder. There is a list on page 11 of contributing factors which is highlighted and included I the recommendations.

Child Fatality Review Committee SFY 24 Annual Report: Marc Clement. MD, and Josephine Porter, Co-Chairs, and Courtney Keane, Interim Bureau Chief, Family Health and Nutrition, reviewed the report and the patterns of child abuse fatalities. A short history of the Committee was given; it was established in 1991, and continued in 1996 by executive order. In 2019 the Committee was moved by legislation from the Department of Justice to DHHS. The Committee consists of qualified professionals from agencies working with children, looking for trends and patterns. The Committee meets every other month, and has an Executive Committee which selects cases for review at those meetings. Confidentiality is paramount, and confidentiality agreements have been signed by all members. The Committee is not an investigative body; it assembles and reviews information already collected. When there is a criminal case, they must wait until all appeals of the criminal prosecution have been completed. This is at the recommendation of the Attorney General's Office. They have presentations by various organizations about various types of death, as for example, fire deaths. Those presentations are public, then closed sessions are held to review specific cases. Recommendations are put in the report. There are few child fatalities in any given year in NH, so five and ten year data points are used for statistical relevance. There is not much change in cases year to year, but they try to be aware of emerging trends. Pages 12-13 give tangible recommendations. One would be seat belt use. Driver safety messaging is needed as motor vehicle deaths are emerging as drivers are being distracted by cell phones. There is a need for mental health treatment for suicide attempts and suicide prevention awareness. Tangible changes include adding the suicide hotline on student IDs. There are also water safety issues. With a breadth of experience at the table, there was a life jacket loaner program established, but only locally. They are always looking for expansion, but need to have folks in the community take ownership for maintenance. There is a higher public risk in public waters. Rep.

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Lamontagne asked about the higher number of suicides in children. The means are not given and why no more recommendations on prevention? Answer: Page 9, figure 3 shows the methods. Childhood trauma underlies the suicide for most cases. This category goes back to the 10 Year Mental Health Plan recommendations. Rep. Pearson asked if it is too soon to look at the 988 suicide call number use and usefulness. Answer: They are encouraged by uptick in line use, but there is no way to assess if deaths were prevented. Rep. MacDonald asked about the role of bullying in the causes of suicide. Answer: Bullying has been a theme in some of the cases reviewed. Some of the kids pulled away from schools, it is a common theme. The suffocation listed under intentional deaths is usually by hanging. Rep. Woods asked about the percentage of safety belts used. Answer: They have law enforcement reports which highlight seat belt usage. Rep. Weber asked about the decision as to which cases are reviewed or unreviewed. That decision is made in consultation with the Medical Examiner.

Marc Clement, who is retiring, was given a round of thanks for his long and outstanding service.

Rare Disease Advisory Council Annual Report: Mary Beth Dinulos, MD, Dartmouth Health, Chair, and Courtney Keane presented the report. There are over 10,000 rare diseases. The Council's charge is to advise both the legislature and the Department. There are 12 appointees, patients and family members, health care professionals, 2 Representatives and 1 Senator, and payers. The RSA was outlined. There is cooperation with other advisory councils and outreach to community. Dr. Dinulos is a geneticist. The Council meets every other month, and maintains a spreadsheet of House and Senate bills to be followed so that they can give for testimony at the legislature as needed. For example, the Marsh telehealth bill of a couple of years ago was very important; both for those who are immunocompromised, but also for access to specialists from out of state who know that particular disease. They have a Sudden Death in the Young Committee. They followed HB 255 on newborn screening for cytomegalovirus and SB 302 about physician licensures. They work with other boards, and attended a large national organization for rare disorders. It was good to hear about other states' set up; other have funding, this Council operates with all volunteers, but still a lot can get done. They meet with legislators to get awareness out there. Rare Disease Awareness Day was Feb. 28th, and was the subject of a Governor's proclamation.

The Sudden Death in the Young Committee looks at deaths that are sudden and unexpected, when it can't be figured out what caused the death. There are extrinsic factors such as co-sleeping, and intrinsic factors, which are genetic and other factors. These cases go unresolved, so we should be instituting broad genetic testing regardless of extrinsic factors. They have been able to get yearly funding for

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comprehensive seizure, epilepsy and arrythmia testing that cannot be seen on an autopsy. They pull together through collaboration. It is useful to find the actual cause, because then they can look out for other family members. Dr. David Nagel is a member of the Council. It is good when a disease can be readily recognized and removed from the rare disease list. A recent issue that has come up with the Council is that there is a two term limit for participation, and that should be extended so they don't lose expertise.

The Council sunsets in September. Currently individuals may serve two 3-year terms. They would like to extend the terms to three 3-year terms. Anyone may attend the meetings even if they are not on the Council. The Governor, the New Hampshire Hospital Association, and the Medical Society all make appointments to the Council. Anyone may attend meetings even if not on the Council. Sen. Avard is on the committee, and Council members will contact him about a non-germane amendment to another bill to fix the issues. Rep. Nagel was delegated to suggest to Sen Avard to draft an amendment. It was suggested it might be better to eliminate term limits entirely. Teamwork is really important in getting things done, and having 5 people cycle off the Council is problematical. Rep. MacDonald suggested that if people want to continue, don't hassle them to get off the Council. Rep. Efstathia Booras was appointed to replace Rep. Nutter-Upham. Rep. Nagel said that the best work we do in these committees is when there is great subject matter expertise. Rep. Weber stated that the results of genetic testing can be life-changing for parents of a child who has died suddenly and without explanation. If a genetic explanation is found, it does not alleviate the pain of the loss of a child, but it can alleviate some of the guilt that parents feel surrounding that death. Another area of sudden deaths with no explanation is drowning, if there is no explanation for the drowning, genetic testing might indicate an unknown underlying condition. Sudden death drivers with no explanation include drowning; if nothing is found to indicate cause, genetic testing might reveal an underlying condition. The CDC has instituted strict standards for these evaluations. Reps. Nagel and Woods will investigate further into the seatbelt statistics.

Committee Discussion on Budget Updates or establishing a Budget Subcommittee: Sen Gray has requested budget updates, but those folks from DHHS are not here today. There are members of both the House and Senate Finance Committees on this Committee. Cost-effectiveness and efficiency are included in the Committee's charge. In addition, there is the question of who is monitoring the lapse. For Sen. Gray, the lapse is the first issue. Mr. Williams suggested that the Department could make a first cut at the next meeting. Rep. Weber asked if we could have a report on the lapse going forward every 2-3 months. The Children and Family Law Committee wants recent updates. One of their issues is supervisory workers versus the number of clinicians. Sen. Rosenwald shares the frustration with lack of information about the lapse. There is a need to start looking at the issue sooner. There is a dashboard from

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DHHS which includes caseworkers, etc. and the front page is financials, but it is often not complete, and sometimes the lapse number is not realistic. It was suggested we may need legislation to compel the information needed. If DHHS understands what specific information is required they could provide it without the need for legislation. Rep. Gray asked about audits and what they found. There is an internal DHHS audit committee—could they report to us? Sen. Gray wants to look at the duties and the process. Rep. MacDonald said he was in the Department for 23 years and they do a great job with the money they have. We could be advocates as well as overseers. The prompt explanation of the $80 million take-back was appreciated. The subject will be revisited at our next meeting.

The meeting was adjourned at 2:59 pm. The next meeting will be held on Friday, April 25, at 1:00 pm.

Respectfully submitted,

Lucy Weber, Clerk

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