Health and Human Service Oversight Committee
Regular Meeting Draft Minutes
Friday, November 21, 2025 at 10:00 a.m.
Granite Place Room 158

Present: Rep. Mark Pearson, Chair, Sen. Gray, Rep. Woods, Rep. Mooney, Rep. Seaworth, Rep. LaMontagne

Absent: Sen. Rosenwald, Sen. Kevin Avard, Rep. Lucy Webber, Rep. Wayne McDonald

Chair Pearson called the meeting to order at 10:03 a.m.

1. Minutes from the October 24, 2025 meeting were approved 5-0, with one abstention (Rep. Mooney, who did not participate in the Oct. meeting)

2. Update from DHHS Commissioner Lori Weaver on the Rural Health Transformation Project (RHTP).
    a. The application was submitted just under the deadline. The application is available on the DHHS website.
    b. The application met all of the onerous requirements and is reflective of the many stakeholders, providers, partners, constituents that we included in our assessment of the best proposal. We captured 99% of these ideas Some ideas were not allowed by the grant parameters.
    c. In the next week we will engage with CMS, have questions and answers about our proposal and engage in budget negotiations. We won't know until Dec. 31 if our proposal is accepted.
    d. The RHTP will be administered out of the governor's office, like GOPHER was. The governor will have direct oversight.
    e. Pearson: Will some of this grant money be used to hire positions? Answer: Yes, hiring will be allowable as long as we don't go over 10% administrative cap.
    f. Gray: How are we doing with back of the budget cuts? Answer: We started July 1 to try to address our back of the budget cuts. It's a slow process and takes a lot of creativity to get there.
    g. Gray: We want the department to be able to speak to any issues at any meeting. Weaver: We stand at the ready to discuss at any time.

3. Ian Watt – Director of the Division of Public Health, was here to share information on the status of vaccines in NH.
    a. We are committed to maintaining access to safe and effective vaccines for NH Residents thru various activities including the state vaccine purchase program.
    b. On Sept 5th we issued our annual guidance on flu, Covid 19 and RSV vaccines. Focus on maintaining access for any individual to have access.
    c. The CDC modified recommendations for the MMR series, which is routinely recommended as a 2 dose at 12-15 months and the second 4-6 years old, to no longer combine these vaccines at the first dose.
        i. Prior to that change was existing preferential recommendation for separating the vaccines. Updated guidance does not recommend the combi increased risk for combined vaccine.
        ii. Only 15% of children were getting the combined first dose. Combined dose is still recommended for the second dose.
        iii. We will continue to monitor CDC recommendations
    d. Pearson: Would you say we (NH) have been on the cautious side of mandating vaccines? A: We take a critical eye and do what is necessary to protect children and communities. We still have nine mandated vaccines for school children and ten for childcare.
    e. Pearson: Some states have higher number? Answer: Yes, some states require more. RSV vaccines are not required. There are allowable exemptions, religious or otherwise.
    f. Pearson: Of mandates in place are they the same for charter schools? Answer: Yes
    g. Woods: Any involvement from the department about funding of vaccines and their availability? Answer: There have not been any changes at the federal level about which vaccines are funded. There has not been an issue about supply.
    h. Associate Commissioner Patricia Tully stepped to microphone: Funding for childhood vaccines through the vaccine association (partnership with private insurers) is still intact today.

4. Nathan White – Chief Financial Officer, NH DHHS CFO Overview of state budget and vacancy rates – handout provided. He reviewed the charts and information in the handout.
    a. HHS is about 44% of the total operating budget, and 56% of the General Funds. (Page 2)
    b. Regarding the lapse projections, he said it is difficult and complicated for DHHS to project the lapse. Only 10% of budget is personnel. Budget affected by utilization, future commitments. (page 5)
    c. Surplus statement which shows total lapse projected: ($39M), we are on par with that figure. It is difficult and complicated to predict the lapse. Each month we look at spending YTD in every accounting unit, future commitments and other factors to make projections.
    d. State law prohibits certain funds (personnel) from lapsing. In the first year of the biennium only 33% of DHHS budget can lapse. Specific statutory funds cannot lapse (e.g. Developmental disabilities (more on page 5). That's why you see a smaller lapse in the first year of the biennium.
    e. Overview of Vacancy Rate (page 6): General trend upwards of the vacancy rate. The department is just shy of 400 positions unfunded. We have 3,200 postions, about 400 over those were unfunded. $30M reduction across the biennium.
    f. Regarding the hiring freeze, DHHS is prioritizing direct care workers (e.g. child protective services, NH Hospital Staff).
    g. Commissioner Weaver commented that the budget is tight at every level. Lapse is on top of 14% cut in the budget to begin with.
    h. Sen. Gray commented that the Back of budget cuts are mandatory. A lapse is not mandatory. He expressed the opinion that DHHS has to work hard to trim the back the back of budget so you can't lapse like you normally would. Gray went on to say the answer should come from the Governor's office. We are not giving you direction on what to do but the Governor's office. They need to understand Back of Budget and how that affects the lapse.

5. Subcommittee of the HHS Oversight Committee on Alzheimer's Disease and other Related Dementia **–** First annual report presented by Jenn Horgan, Senior Policy analyst and Maureen Murtagh of the NH Board of Nursing. Written report provided.

i. The Committee reports being on track with their duties and mission.
ii. The Committee had 6 meetings over the past year (summaries and minutes in the report) with many presentations from different agencies, stakeholders, providers and caregivers.
iii. Recommendations of the committee are specified in the report.
iv. State plan on Alzheimer's was last updated in 2015 and the sub-committee would like to develop a current plan.
v. Will develop a detailed needs assessment survey across the state. Formed a workgroup of subcommittee members. The goal is to present the survey results a year from now with next annual report.
vi. The survey work aligns nicely with Brain Health Awareness campaigns this year.
vii. Recommendations in this year's annual report include integrating Brain Health Awareness Campaign with other public health programs and systems of care. We also want to continue to work closely with Alzheimer's Association, State Commission on Aging and the Alliance for Healthy Aging.
viii. Goal is for the state to incorporate recommendations into our systems of care and update new research findings.
ix. How is a diagnosis of Alzheimer's impacting granite staters?
x. Pearson: Make clear this is subcommittee of the Health and Human Services Oversight Committee (not clear on written report). Also requested page numbers.
xi. Pearson: What are new breakthroughs? Answer: Identify what treatment works, what are the best biomarkers.
xii. Pearson: What is next campaign? Senator Avard filed legislation to require the department to include Alzheimer's and Dementia in existing and relevant public health awareness campaigns. We are always working to create awareness. Ensuring medical professionals are aware of testing and reimbursement.
xiii. Pearson: At least one professional knows all these things (referring to his wife).
xiv. Woods: Given all these recommendations: How do we address workforce shortages? We do touch on that in our

discussions. Will be included in State plan. NH has small number of geriatricians and neurologists. Answer: Will be addressed in State plan.

6. SB 177 (2019) Report Update regarding the Use of Restraint and the Use of Different Modes of Transportation of Patients to New Hampshire Hospital or Other Designated Receiving Facilities – Cynthia Babonus, NH Chief Community Integration Officer of NH Hospital and Kathy Bizarro, NH Hospital Association (Caroline Lavoie who was scheduled no long with the NH Hospital Association)
    a. Detailed report was provided with charts and tables showing the total number of Involuntary Emergency Admission (IEA) transports a year by Designated Receiving Facility (DRF), Mode of Transportation, Restraint Usage by month, type of restraints used. Average of 126 transports a month.
    b. The most frequent method of transportation to a DRF is law enforcement (61.5%) than ambulance (36.4%).
    c. Adults transported by law enforcement are more likely to be restrained than those transported by ambulance or other means.
    d. The metrics are relatively stable apart from the overall number of transports. NH Hospital has brought more beds online, with increased transports resulting. Also new beds at DHMC are available.
    e. Pearson: What are the criteria for making involuntary emergency admission? A: The individual must have to have an identified mental illness that is causing them to be imminently dangerous to themselves or others.
    f. Pearson: Who makes the determination? A: A certifying practitioner in the ER. Follow-up: Family Doc? A: Only if certified. A family doctor could be a witness. In most circumstances they would go by police.
    g. Woods: Many calls start at home with a family member in crisis and call for help. Are these situations counted in these numbers? A: No, only transports from ER to DRFs. Also does not include someone calling 988 and community mental health teams. Woods: Sometimes person might be rambunctious. Has anyone brought a lawsuit because of restraint? A: Not to my knowledge. Some people will have probable cause hearing with legal representation. There are many points in time when people will have their say about

whether they want to be held. There is a lot of team work with law enforcement and providers to de-escalate the situation.

h. Gray: Most of the restraints are when sheriffs are transporting. Higher percentage may lead you to the conclusion that sheriffs need more training. Or there is other restraint employed? A; One of the things that happened with the data requirements of SB 177 is that it allowed clinicians to choose whether the patient goes by ambulance or law enforcement. If clinicians decide the individual can be transported in less restrictive transport, that will be chosen. The ambulance could also then decide whether they are comfortable transporting that individual. Decision making is also dependent on circumstances and availability of ambulances.
i. Pearson: As former firefighter I monitor the reports – in Massachusetts they seem to be able to bypass the ER if the patient is known to them. A: Here that can't be done, and IEA petition has to be completed. Exception on if there is a revocation of a previous discharge.

7. NH State Commission on Aging Annual Report by Laurie Duff, Commission on Aging State Chair, and Lily Wellington, Executive Director
    a. A detailed report was provided reviewing mission, purpose and values and what the commission does day to day and over the course of the year.
    b. We are second oldest state by median age. This is not a subtle or temporary shift but permanent. This requires planning and multisector collaboration.
    c. NH is one of 11 states that has more people over 65 than children.
    d. Of those over 60 years of age the fastest growing segment are people over 85. This is significant because of specific care needs of this older group for which we need to plan.
        i. Pearson: Are fewer people moving to Florida? A: We have more immigration of older people to NH now. Possibly the NH Advantage, lower home costs, moving into second homes, and people working remotely. We are an attractive state and this is an opportunity.
        ii. LaMontagne – Could one reason be that assisted living facilities less expensive in NH compared to Massachusetts? A: Great questions but we don't know. I will look into that.

More often people move to be closer to family. On the other hand we have a finite number of nursing home beds and it can be hard to find LTC in state and we will have people move out of state to find a bed in a nursing home.

e. People over 65 are huge contributors to the workforce. People are retiring later or taking other jobs, paid or volunteer, after retirement. Staying in the workforce has many benefits.
f. Presenters also discussed challenges for older people living alone or in rural areas especially for transportation as people stop driving. Gave recommendations to DHHS on the RHTP.
g. Solo aging: 25% of older people are living alone. This can be a challenge.
h. Priority outline in the Report: Advance AGEWELLNH. Our multisector planning process, currently working on Phase II. (see details in the report). Includes recommendations for public and private sector. Outlined assets to aging well in NH and also the challenges: transportation, lack of housing options, changing health needs.
    i. Three pillars of Aging Well: Independence, Wellness and Care
    ii. Reviewed progress in housing laws.
    iii. Priority 1: Strengthening Systems of Care for Healthy Aging. Much of this involves working with DHHS.
        1. We have a tremendous reliance on family caregivers (one in four adults provides care for an older adult). Best return on investment is supporting people already doing the care.
    iv. Priority II: Growing the Direct Care Workforce.
        1. We need more direct care workers.
        2. Lack of affordable housing is a challenge for workforce.
            a. Pearson: Now many are taking early retirement. A: We are working on this on many levels. We hope the RHTP will help with the workforce problems.
            b. Pearson: Discussed new nursing school at St. Anselm College. Are people waiting for training spots? A: Technical centers offering programs in lower-level care. Some agencies offer free training. People under 26 don't care to get benefits anymore because they can still be under

their parents' insurance so they don't take these entry level jobs. Also competing with more lucrative travel nurse jobs. Small Home Health Care agencies have higher rates of retention than larger companies – a model to encourage?

c. LaMontagne: In my observations over the years, immigrants have filled of these lower paid, hard work jobs. Are we seeing effects from the anti-immigration policies or rhetoric from DC or at the state level? Answer: Yes, there has been a slowdown of immigration for people to take these jobs. Also really affected by the cost of housing.
d. Pearson: if we train them upon graduation often the first question is which was is Mass. Maybe offer incentives – tuition reimbursement? Dartmouth is creating affordable rental units for employees. Pearson commented that this is going back to company housing like in the mill towns. Answer: we may need to change our staffing regulations to be more realistic for what staff you have available. 44% of nursing homes are short-staffed and are having to close units because of this.
e. Great challenge to still have quality work performance while understaffed.
f. A: Lily – we have many people on the waitlist for services. We don't have the staff to meet the demand. Reimbursement does not cover.
g. Wood: We are gradually raising these issues from ground level all the way to the highest level: the corporatization of health care and permeation of private equity in healthcare. This is an underlying problem. Huge problem is that health care is a privilege in this country. In every other country health care is a human right. I have a personal investment as I am 83.
h. Pearson: Commented on how a non-profit health provider has to have fundraising drives to pay

for care. Science of medicine advances but the method of delivery has a long way to go.

i. One of our recommendations is for more in-home care. Community nursing is one of our successes. Finding a visiting nurse is usually not a problem.

i. Also included is the report “Getting There Together: Closing the Gaps in Community Transportation” which is a report of New Hampshires Statewide Community Transportation Needs Assessment.
j. Please reach out of us for any more information for you or your constituents.

8. Next meeting Dec 19th at 10 a.m.

9. Meeting Adjourned @ 11:32 am