Health and Human Services Oversight Committee

Friday, April 17 2026, 9:00 a.m.

Granite Place Room 158

Present: Representatives Pearson, MacDonald, Mooney, Seaworth, Woods, LaMontagne, and Weber and Senator Gray.

Minutes: The minutes were moved, seconded and duly approved. After discussion of the Memorial Day holiday, the next meeting was set for Friday, May 29, 2026 at 9:30 a.m.

Senator Gray noted that New Futures has questions on Medicaid changes, he suggests they should get those questions to the Department so the answers could be posted on the New Futures web site.

Commissioner's Update: Commissioner Lori A. Weaver and Associate Commissioner Patricia Tilley. There is lots going on. There is always something to celebrate. This week it is Public Health Lab Week.

Ms. Tilley noted that the lab preceded the Department. The lab was created in 1881 because of the smallpox outbreak in the mills. It had a huge impact on the young adult population.

There is a 1901 picture of first lab, with a map of Vermont, New Hampshire and Maine. Milk testing was the second issue, because much of the milk in Manchester was rancid. Today, the core functions include preparedness and response for all sorts of issues including bioterrorism. The lab has a series of secure rooms for safety. The lab can deal with most infectious disease control, including Eastern Equine Encephalitis, West Nile virus, Jamestown Canyon virus, and other mosquito testing. More than a quarter of a million mosquitoes were tested last year. These diseases, being rare, can take a long time to diagnose, and knowing that the mosquitoes are infected speeds up process of diagnosis.

This is the only lab in NH that can test for rabies. They partner with many other departments to look at both domestic and wild animals. Rabies is fatal once symptoms start. It is preventable with early prophylaxis.

Bats, raccoons and foxes are indicators. The lab is patched with bubblegum and duct tape for financing, but it is a need not a want. In 2025, there were 614 documented exposures with 28 animals testing positive.

The staff is an extraordinary collection of individuals with deep scientific knowledge.

Rep Weber: Last year there was an $80 million claw back by the federal government of funds used to do testing for waterborne illnesses at swimming areas. Where are we with that? A:

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We are okay, but it is hard. We kept the staff that did not retire by shifting other permissible federal dollars around. We are counting every penny, and with each retirement, not only is institutional knowledge lost, but we are unable to rehire. The water lab has had temporary workers to test swimming areas. These are college interns who might also be a hiring pipeline.

Rep. Woods: Does the discontinuation of the federal CDC rabies testing have a trickle-down effect on us? A: Our lab takes care of our testing, so we can take care of New Hampshire for rabies testing.

Rep. MacDonald: Is Jamestown Canyon virus very common? A: We have had cases of West Nile virus. It impacts the nervous system and can causes swelling in the brain. Megan Heddy, Director of Infectious Disease Control was called to talk more about it. In 2025, there was one individual with Jamestown Canyon, and in 2024, there were three individuals. For EEE, there were no individuals in 2025, but five in 2024. For West Nile, there were zero individuals in 2025 and one in 2024. So, Jamestown is the virus detected the most in individuals.

Testing of the mosquitoes is the early warning that we should be looking for that particular virus in human patients.

Rep. Pearson: What explains the decline in 2025? A: It all depends on the weather. If we have drought, the number of mosquitoes and the number of exposures declines. It also depends on taking protective measures, such as treating clothing, and looking at the environment to reduce opportunities mosquitoes have to breed.

Rep. Mooney: Looking at slide 7, biosafety levels, do the examples given ever move from level to level? Or are they set? A: These are the types of safety precautions we have in each laboratory, and they are pretty set. They have to do with the likelihood of exposure and the impact of exposure, and how virulent some of the conditions are and the protections necessary.

Rep Woods: What about the status of cyanobacteria? We partner with the Department of Environmental Security—we do the testing, but they do the management.

Rep. Pearson: As a result of the COVID vaccine, some in NH have moved away from vaccines and do you see a similar pushback in the work you are doing? A: We continue to do the best public education we can around vaccines and vaccine-preventable illness, but there has been strong support for the lab which is the first line of defense no matter what the outbreak.

Rep. Pearson has been asked to go to Denver to give a lecture in the interface between individual medical personnel, the medical establishment, churches and the political establishment interface on various medical issues facing us today. He researched how in the 1850s the parish priest and a doctor proved that cholera transmission was not miasmic. So please say a few words about cholera. A: You don't want it. Clean water and clean hygiene

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practices and checking on wells means we don't experience cholera here. There are outbreaks in other parts of the world especially when some kind of disaster disrupts the normal sanitation system.

Sen Grey: Is there a Brown Building update? A: We are halfway through the mitigation process. All four floors of the west side of the building were impacted. There was cleanup, then ripping out drywall, etc. We hope by June the west side will be open. Right now, the east side is open only to those who work in the building, not to the public. Commissioner Lavers has allowed the use of his vacant cafeteria to set up a cafeteria there. The staff have been really resilient, and have been moved around to other buildings. Preparedness work helped.

Rep. LaMontagne: At the forum by New Futures and others about the changes coming to Medicaid—are there plans for how participants' premiums will be paid? A: They are in the process of submitting plans which must be pre-approved by CMS, so don't want to speak prematurely. Director Lipman could come in May to explain more. Today at Fiscal they will be presenting requests for the needed changes to prepare for the work requirement. They are working towards getting the system to go live on January 1, with lots of moving parts. The goal is to ensure that those who are eligible are kept on the rolls and do not fall off.

What about those who do volunteer work to satisfy those requirements, and how do those organizations go about making it known that the opportunities exist, and how will they be verified? A: Project Compass is a Department initiative to take all the requirements about Medicaid and SNAP and work with external partners to meet all the requirements, including volunteer work and gig work in developing policies.

Rep. Woods: A data committee was formed some years ago to look at data and privacy and the ability to share data and diminish the error rate—should we hear how that is going? A: We will present on whatever subject you want, but we need to narrow down what is wanted. Rep Woods: Just how that committee is working, so we know.

Therapeutic Cannabis Program 2025 Annual Data Report, Michael Holt, Administrator. The Data Report is as of June 30, 2025. There is also information from the treatment centers. April 30 is the ten-year anniversary of the opening of the first treatment center. The report gives the program growth over the last ten years.

Growth has been steady with some plateaus and growth spurts which correlate with statutory changes. The report shows the statewide distribution of the centers, mostly in high density population areas. The northernmost locations are Lebanon, Conway and Plymouth. The locations are limited and only one authorized location has not been built out, in the Seacoast. Patients from Berlin must drive a significant distance.

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The typical patient is in the mid-50s to mid-70s. There are 8 minor patients, mostly with intractable cancer diagnoses. 87% of patients have pain conditions. 21% report insomnia, and cancer is 8%. In 2024, two new conditions were added. Anxiety has just under 1000 patients. And the new category of "any condition that the provider thinks that the benefits outweigh the risks" is just about 1000.

There has been a small uptick in the number of providers, including mental health providers. Caregivers are important, and over the last five years, have tripled to close to 1500 in 2025. The Department has tried to remove barriers to access. They have maintained the fee waiver, and the criminal background check has been removed as well. They have true life stories about helping with quality of life, but the requirements are still burdensome. They have more than 1500 participating providers, but patients still report challenges finding providers to certify their conditions. The VA is not permitted to certify, nor are the Federally Qualified Health Centers, so those patients must find other providers just for certification.

There are some new provider types so one podiatrist and five naturopathic doctors have applied. Naturopaths must have a DEA license and some don't want them. The biggest change is three-year certifications. Every change to state law has an outsized impact. The tracking is complicated, but there is less paperwork for patients with chronic conditions. $50 now covers three years instead of one. This is a 2/3 reduction in income, but it is also easier for the state as well.

Rep Mooney: do you have statistics for those who use therapeutic cannabis and then go off it, especially those in the under 18 population? Do we have any statistics about the duration of use? A: We have lots of data, but we do not have a data analyst so it is not used to the fullest extent. We know some cards are not renewed, but don't necessarily know the reason.

With respect to the alternative treatment centers, we know that 60% use the NH centers at least once a year. 40% have not, so we have no idea why the card is not utilized. Overall, about 10,000 patients have been using the treatment centers. Costs remain a primary issue for patients. There is regional access because all the states around us have legalized cannabis use. In Maine, cannabis use is not regulated by the state, so the cost is extremely low by comparison. We know that people are going to Maine, and proximity is key.

Rep. MacDonald: Of the four licenses, are two held by one company? A: This goes back to 2014 when one entity was allowed to have two licenses one of which was required to be in the Keene/Monadnock region. This was an incentive to branch into a region of relatively low population.

Rep. LaMontagne: Her mother was a licensee, and she was her caretaker. It would be useful to know why a license was not renewed. A: It is required to notify the Department if the patient is

deceased but that doesn't always happen. Sometimes therapeutic cannabis just doesn't work for a person—it is a very individualized medicine. And it always comes back to cost and access.

Sen. Gray asked about the population distribution and the concentration of use within the population. A: Franklin has patients disproportionate to its population. Last year they had more data but they lost their data analyst. If one Franklin provider is certifying more patients one would like to know why.

Rep Woods: Has there been difficulty with monitoring/enforcement/security? A: Nothing to speak of. There are robust regulatory requirements. The Department has a good working relationship with the three licensed entities, and they have a shared commitment to the quality of the product. There haven't been security issues except for one break-in caught instantly on camera.

Therapeutic Cannabis Medical Oversight Board 2025 Annual Report, Dr. Jerry Knirk, Chair. Dr. Knirk presented the annual report and his personal overview of what the oversight Board has done over the past years. They have reviewed dozens of conditions and heard from patients and developed medical information for patients. They met monthly to begin with, and now meet four times a year. They are busiest when the legislature is in session and they are evaluating qualifying conditions. They take a deep dive into every suggestion. Split recommendations are not always helpful, so they try to come to a consensus. Recommendations are nuanced to protect those who might need special requirements. There were not new conditions this year, so they could review existing qualifying conditions. Hepatitis C and glaucoma were both recommended to be dropped, and they will be having a meeting to discuss this in May.

They work on education for both providers and patients. They have given presentations for various groups. There was a 6 session ECHO program out of Dartmouth Health talking about management of cannabis patients. There were some eye-openers. Some providers did not know what they could do in terms of certification. Some patients are contraindicated, for example, during pregnancy. Sometimes "no" is an appropriate answer, or a trial with close monitoring. Their position is that providers should not just be certifying the condition, but should be treating the patient and ensuring that the decision is right for the patient.

Patients also need information about cannabis interaction with other drugs, especially blood thinners. They must be careful not to change the dosages, or they will either bleed or clot too readily. This information is needed for informed consent. There are also different risks in different populations. The Board had an information table at the State House last year. This is high-functioning Board working very well. They wish legislators would listen even more. There were a number of good bills that died in the Senate last year.

Senator Gray stated he stands by his votes. He would like a list of contraindications. A: some are absolute, such as pregnancy, breastfeeding, psychosis, and unstable cardiac disease. (These are Dr. Knirk's own classifications, based on the literature.) Nearly absolute would be all persons under 25, because of brain development. THC can interfere with the synapses and synaptic connections. There is a very minimal role in opioid use disorder and cannabis use disorder. THC can induce psychosis. In mental health disorders, anxiety may be helped, but it can also be made worse. In the older age group over 65 or medically frail, it is not contraindicated, but must be monitored closely for interactions and side effects.

Sen. Gray: What about the blood thinners? Does THC thin the blood? A: It increases the effect of Warfarin/Coumadin, making it more effective, increasing the risk of a bleed, but the issue is that if you are stable, you should not change any of the dosages.

Rep. Pearson: Might patients who drive across the border and effectively self-medicate be unaware of these side effects and contraindications? A: Yes, that is why they are working so hard on getting this information out. It is required that NH patients be told about the contraindications like pregnancy and breastfeeding etc. it is distressing that some women are advised to take cannabis for their pregnancy nausea. That information should be given in advance of pregnancy. It should be well taught in health classes—not the old "reefer madness" scare tactics but good solid information.

The meeting adjourned at 10:55 a.m. The next meeting will be May 29th at 9:30 a.m.

Respectfully submitted,

Lucy Weber, Clerk

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