Approved with date change on p. 4.

**Health and Human Services Oversight Committee Minutes**

**Friday January 24, 2025 1:00 pm**

Present: Reps. Pearson, Edwards, Woods, Weber: Sens. Gray and Rosenwald.

Election of Chair: The election of Rep. Pearson as Chair was moved by Rep. Edwards, seconded by Rep. Weber, and unanimously approved.

Minutes: The minutes of the November 22, 2024 meeting were moved, seconded and unanimously approved, with Sen. Rosenwald and Rep. Woods abstaining.

The DHHS Commissioner's report was presented by Associate Commissioners Patricia Tilley and Chris Santaniello.

A handout covering the coordination of services for children or young adults with intellectual or developmental disabilities was reviewed. The transition to adulthood for these teens is not smooth, and the teens struggle. Teams from DCYF and the Bureau of Developmental Services and the Bureau of Family Assistance are eager to work together to identify the gaps, identify roles and responsibilities, and remove barriers. A new playbook is being developed. It is not finished yet but there is continuous process improvement towards integration among the departments. (Rep. MacDonald arrived.)

Rep. Edwards asked if the current IT systems were adequate to the work flow. A: All departments use New Heights for eligibility determinations. DCYF is working on an antiquated system and will be going to the Governor and Council soon for a system with appropriate ticklers and reminders. The number of individuals is fairly small but there is opportunity for working better together going forward.

Sen. Rosenwald asked if the process would work as well if DCYF were spun off from DHHS. A: No, it is easier if all the services are in the same Department. Rep. Woods asked if this process has created new problems. A: Any problems will be identified through monthly meetings to monitor youth transitions. This is not setting up a new bureaucracy, just streamlining the process and clarifying the responsibilities of each department. Rep. Pearson said that keeping DCYF and the Developmental Disabilities services under the same roof should be more efficient.

The Health Care Acquired Infections Report Update was given by Darlene Craig, the Manager of the program, who walked committee members through the reports on the numbers of preventable infections patients acquired in various institutions in the course of other procedures. These are public reports. The hospital report showed fewer than predicted acquired infections based on national rates. They also reported an 89.9% flu vaccination rate. The ambulatory surgical centers reported 6 infections which was lower than the national average but still up from zero a year ago. Dialysis center local access sites are statistically significant at 299 blood stream infections, so that will be investigated

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further. Long term care facilities reported 84 antibody resistant incidents. The trend is for more.

The program costs and facility fees were reviewed, and various funding sources discussed. They did not have to assess fees last year. Work is progressing on making the reports more accessible, on training, and on drug diversion reporting. Rep. Pearson asked about intentional actions to reduce the numbers. A: The numbers have mostly decreased over time because many people are working to bring infections down. There is especially heavy involvement in controlling infection by resistant organisms. When a patient infection is identified, they assess nearby patients to identify potential risks and refer for testing and screening, and make follow-up patient calls and contacts.

Rep. Rosenwald asked why the data was 2023, when we are 6 months into the next fiscal year. A: It is done on a calendar year and the reconciliation was done in February. In addition, there were staff transitions in September, and nearly double the number of investigations from last year. A question was asked about how to bring the flu vaccination rate up in the various institutions. A: Hospitals are at around 90%. The vaccine is not required; but institutions must make it available to staff. It is an ongoing challenge, and in addition there are ongoing challenges with reporting. The Department is reaching out to institutions to get them to report. Sen. Gray asked about statistical limitations and whether people in the departments analyses control limits. Mr. Williams said they have staff and will work on it, but staff have to be available to be redirected to outbreaks.

Rep. Edwards said that looking at the data, it was confusing. More infections would be predicted than occurred with vaccination rates so low. Do we have the right correlation between the vaccination rate and a positive effect on the infection rate? A: The influence on vaccination rates is using best practices, but there is no established cause and effect in the numbers in the report. It needs to be looked into more, and not all reports are of influenza. Rep Woods asked if the identified infections for ambulatory centers were in true free-standing centers, or were some centers in hospitals. A: It would depend on the type of license. Most are freestanding. They are not included separately in this report if they are included in the hospital reporting under the hospital license. If an infection materializes 6 months after a total hip replacement how would that be reported? A: Hip replacements are not tracked this far out, just documented if closer to the surgery.

Sen Rosenwald noted that 10% of deaths in the veterans' home are from influenza annually. Not all flu cases are tracked. Outbreaks and clusters are tracked, but we do not have overall numbers, and not everyone is either tested or symptomatic.

The State Health Assessment and State Health Improvement Plan (SHA/SHIP) Annual Report was presented by Deputy Director, Division of Public Health Services Whitney Hammond, and Rep./Dr. David Nagel. There are 40 appointed members with broad perspectives. Community engagement was used for information gathering and mapping

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of health care services. The State Health Assessment was completed in 2020 and in online with live data. The State Health Improvement Plan is the roadmap for, improvement across four domains and was finalized in 2023. The Department priorities under SHIP are in the five areas of heart disease; maternal and child health; childhood mental health; sexually transmitted infections; and environmental health. There is an annual review for continued relevance, with presentations on the five areas. Rep. Nagel said they are in a time of transition, evaluating where they are now and where they are headed, the challenge being how to unify to remove barriers to ensure public health.

The report of the Tuition Waiver for Children in State Foster Care or Guardianship was presented by Elizabeth Nee, Youth Engagement Specialist, DCYF. Waivers have been increased from 15 to 35. In addition, the age limit has been raised from age 23 to age 25. All 35 slots were filled with 14 being returning students. Mr. Fred Coelho spoke about the impact of the program for his family as he and his wife were guardians of their grandson James. As retirees, it would have been impossible for them, as retirees, to afford an education for James, but because of this program James has graduated from NHTI with honors, and will study architecture at Keene State in the fall. Rep Edwards wanted to know if there was a way to explicitly give back to the program. A: There are no specific requirements, but participants give back in so many ways.

The New Hampshire Health Officers Association Annual Report was presented by Wayne Whitford, President of the New Hampshire Health Officers Association and Sophia Johanson, Administrator, Bureau of Prevention Services, Division of Public Health Services DHHS. There are 325 Health Officers statewide who work on coordination with each other and with other town officials. They are heavily involved with training and continuing education. The Association and Department work together to ensure readiness for whatever may arise. Many of the Health Officers are either volunteers or stretched with other duties. Training is offered in environmental and other threats. Situations range from failed septic tanks to hoarding situations. The report was generated by a community health officer survey. There is a list of issues where more support is needed at the end of the report. There is a concern about inadequate levels of state and federal support.

Rep Weber asked if bedbug infestations would be one of the issues covered. A: Yes. Sen Gray asked about the 19 reported vacancies. These are communities which do not currently have designated Health Officers. Staff reaches out and can bring in an adjacent Health Officer in an emergency situation. They are only allowed to share a Health Officer for 30 days. Some officers are appointed separately to serve several different towns. Rep. MacDonald asked about infectious diseases. There are HIPAA confidentiality issues. Training is offered about the sensitivity of these situations. In the event of above normal activity, as for a rabies outbreak, the Health Officer communicates the risk and prevention measures, then asks to waive HIPAA requirements to notify contacts.

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Rep. Edwards asked about enforcement powers. Mostly what they do is messaging, but the Public Health Nuisance statute allows Health Officers to require a failed septic system to be brought back into compliance. Sen. Gray asked if 8-10% of communities have no Health Officers, would it be advantageous to have Health Officers on a county level? A: There are some regional health networks asking about a regional Health Office for the network, but that would require a statutory change to authorize it.

Rep. Edwards nominated Rep. MacDonald to serve as Vice Chair of the Committee, seconded by Rep. Weber. The nomination was supported unanimously.

Rep. Edwards raised the issue of a procedure for legislators to direct constituent requests for follow-up to the Department. Ms. Tilley said they could be routed to Kathie Capron for forwarding to the relevant department. Rep. Edwards said the bigger question would be how to capture the inquiries in a database similar to the constituent inquiry database maintained by Governor Sununu. Ms. Tilley noted that constituent services are in various divisions, and there is an independent ombudsman available. In addition, there are administrative appeals available for those who have been denied services. Rep. Pearson asked about a flow chart for inquiries.

Rep. Weber disagreed, saying that the list the Department currently provides for constituent referrals works well when questions go directly to the relevant contact and her experience is that questions and issues are addressed quickly and professionally. Her opinion was that the system is currently working well using the existing Department contact list, and that establishing a reporting database would be unnecessary extra work. Rep. Edwards wants there to be a point of contact for new legislators who may not be familiar with the department. He would like to see an annual report with the number of reports and resolutions. Rep. MacDonald said most of the calls he receives are from those who have been turned down for benefits. The notice of decision triggers a 30-day appeals period to go to the Appeals Unit.

Committee meetings are on the fourth Friday of the month unless a holiday disrupts the schedule. The next meeting will be on Friday, February ~~28~~ 21 at 1:00 pm.

Respectfully submitted,

Lucy Weber, Clerk

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