

**JOINT LEGISLATIVE FISCAL COMMITTEE**

Legislative Office Building, Rooms 210-211

Concord, NH

Friday, October 14, 2022

**MEMBERS PRESENT:**

Representative Karen Umberger, Chair

Representative Tracy Emerick

Representative Jess Edwards

Representative Keith Erf

Representative Peter Leishman

Representative Bob Lynn (Alt.)

Senator Gary Daniels

Senator Jeb Bradley

Senator James Gray

Senator Donna Soucy

Senator Cindy Rosenwald

**(1) Acceptance of Minutes of the September 6, 2022 and September 9, 2022 meetings**

KAREN UMBERGER, State Representative, Coos County, District #02: Call the Fiscal Committee meeting to order. Lousy drive today. I don't know about anyone else that was out there on 93 or 89, but it was not fun. So, anyhow, but this will be lots of fun. So I'm really, really glad that I made it here safely.

So the first item on the agenda is acceptance of minutes of the September 6th and September 9th meetings. Could I have a motion, please?

**\*\*** JEB BRADLEY, State Senator, Senate District #03: So move.

CHAIRWOMAN UMBERGER: Thank you.

GARY DANIELS, State Senator, Senate District #11: Second.

CHAIRWOMAN UMBERGER: Motion made by Senator Bradley, seconded by Senator -- my mind went blank -- Daniels. All those in favor, please raise your hand?

TRACY EMERICK, State Representative, Rockingham County, District #21: (Inaudible.)

CHAIRWOMAN UMBERGER: Oh. Okay. All right. Uh -- motion passes.

**\*\*\* {MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: Okay. Is there anyone that desires to take FIS --

REP. EMERICK: Still have the 9th, got to do the 9th.

CHAIRWOMAN UMBERGER: Oh, I thought I did both at the same time.

REP. EMERICK: Oh, both at the same time.

CHAIRWOMAN UMBERGER: Yeah.

REP. EMERICK: Sorry.

CHAIRWOMAN UMBERGER: Yeah. That's quite all right. (Inaudible.)

**(2) Old Business:**

CHAIRWOMAN UMBERGER: Is there anyone who desires to take FIS 22-023 off the table? Seeing none. Okay.

**CONSENT CALENDAR**

**(3) RSA 9:16-a, I, Transfers Authorized:**

**(4) RSA 14:30-a, VI Fiscal Committee Approval Required For Acceptance and Expenditure of Funds Over \$100,000 From any Non-State Source:**

**(5) RSA 14:30-a, VI Fiscal Committee Approval Required**

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**For Acceptance and Expenditure of Funds Over \$100,000**  
**From any Non-State Source:**

- (6) **RSA 124:15, Positions Authorized:**

**AMERICAN RESCUE PLAN 2021**  
**CONSENT CALENDAR**

- (7) **RSA 9:16-c, I, Transfer of Federal Grant Funds:**

- (8) **RSA 14:30-a, VI Fiscal Committee Approval Required**  
**For Acceptance and Expenditure of Funds Over \$100,000**  
**From any Non-State Source:**

CHAIRWOMAN UMBERGER: The items that will be taken off the Consent Calendar are under Tab 5, FIS 339. Under Tab 7, FIS 22-2 -- 326. FIS --

JESS EDWARDS, State Representative, Rockingham County, District #04: Would you say the last three numbers again. I'm sorry.

CHAIRWOMAN UMBERGER: Hm-hum. 326.

REP. EDWARDS: Thank you.

CHAIRWOMAN UMBERGER: FIS 22-351, FIS 359, FIS 22- 361, FIS 22-362, FIS 22-363. Uh -- the Department of Health and Human Services and the Department of Administrative Services have requested that FIS 22-365 be taken off the calendar and withdrawn. FIS 22-366, and I believe that is it. So could I have a motion to accept the remaining items?

SEN. BRADLEY: (Inaudible).

CHAIRWOMAN UMBERGER: Thank you. Senator Bradley moves and Senator Rosenwald seconds.

REP. EDWARDS: Madam Chair (Inaudible).

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CHAIRWOMAN UMBERGER: Your mic is not on.

REP. EDWARDS: Clarification. So on Tab 12 we haven't talked about whether or not the ones that deep into the agenda are pulled? They're not on Consent?

CHAIRWOMAN UMBERGER: They're not on Consent.

REP. EDWARDS: Good. Thank you.

CHAIRWOMAN UMBERGER: Are you --

REP. EMERICK: Ready.

CHAIRWOMAN UMBERGER: Okay. All those in favor, please raise your hand. Senator Rosenwald. Senator Soucy. Okay. Thank you. The vote is unanimous.

**\*\*\* {MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: Thank you all for coming. I can't believe you're leaving. This is so much fun. What a day. We'll wait. FIS 22-326, Department of Health and Human Services, authorization to re-allocate Federal funds in the amount of \$550,000. 326, Tab 7.

NATHAN WHITE, Chief Financial Officer, Department of Health and Human Services: Good morning. Nathan White.

CHAIRWOMAN UMBERGER: Oh, I'm sorry. We did. I did. Excuse me. I'll go back. It's still Health and Human Services. It's FIS 22-339, which is to accept and expend \$1.35567 in Federal funds. So Representative Erf, I believe that you had questions on this.

KEITH ERF, State Representative, Hillsborough County, District #02: Yeah. Thank you, Madam Chair. There you are. So as I understand it, this grant is to administer an ongoing demonstration program. Can you provide an overview of what new is being demonstrated and how the development will play out

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through the September 2026 time frame? And when the program can be expected to impact the General Fund in the budget cycle?

CHRISTINE SANTANIELLO, Associate Commissioner, Department of Health and Human Services: Sure. Chris Santaniello, Associate Commissioner. So for the first 16 months. So we just were awarded the funds the end of August. So for the first 16 months we're really working on an operational -- to develop an operational protocol so that that we can determine what we want to do for services after the first 16 months. What do we want to enhance? And so any people that we transition from institutions would not really impact the General Funds until after this grant award -- um -- because we get an enhanced match for those folks through Medicaid. That's later on in the -- um -- proposal.

REP. ERF: When you say through the grant award, the grant award goes through 2026; correct?

MS. SANTANIELLO: Correct, yes.

REP. ERF: So there'll be no impact till after that?

MS. SANTANIELLO: Until after that, correct.

REP. ERF: And what -- what new might be demonstrated?

MS. SANTANIELLO: So one of the things we're really looking at in the first year is to really understand the home and community-based service system so that we can enhance that, right, for the seniors that we serve in the state. So we really want to do some GAP analysis as to where there are pockets within the state that maybe we need to enhance home and community-based services so more people access that. We want to look at some quality measures. We also want to really understand and study what is needed for nursing facility beds within the state. So it's really a lot of research and understanding the current service delivery system.

REP. ERF: Thank you.

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MS. SANTANIELLO: You're welcome.

CHAIRWOMAN UMBERGER: Senator Rosenwald.

CINDY ROSENWALD, State Senator, Senate District #13: Thank you, Madam Chair. So we've been -- we've been running this program since 2007, five?

MS. SANTANIELLO: We had it originally in 2007 and our program ended in 2019. And then additional Federal funds were made available -- um -- to states and so New Hampshire qualified. And -- and really what we want to look at this round and in the previous -- in the previous round we really looked at, okay, transitioning people from institutions into the community, and really our focus this time around is how do we divert people and keep them in the community for as long as possible.

SEN. ROSENWALD: Thank you. So over the 12 years we ran the program we transitioned a total of 41 --

MS. SANTANIELLO: Correct.

SEN. ROSENWALD: -- individuals or between three and four per year?

MS. SANTANIELLO: Correct.

SEN. ROSENWALD: Are we expecting that this new iteration will be cost neutral? I mean, because we've spent a lot of money on three or four people a year.

MS. SANTANIELLO: Yeah, definitely. Because we're really looking at how do we strengthen our home and community-based service system so people don't end up in nursing facilities.

SEN. ROSENWALD: And final question.

CHAIRWOMAN UMBERGER: Sure.

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SEN. ROSENWALD: Do -- do we actually have the workforce that we need to be able to keep people in the CFI Program?

MS. SANTANIELLO: So workforce is always a challenge. And really what we're hoping to do is through our assessments and developing the operational protocol we'll really understand that better.

SEN. ROSENWALD: Thank you.

MS. SANTANIELLO: You're welcome.

CHAIRWOMAN UMBERGER: Are there any further questions?  
Representative Edwards.

REP. EDWARDS: Thank you, Madam Chair. So -- so this has very much a system of care feel to it. And whenever we talk about system of care and the obvious desirability of building up community-based care supports, I -- I -- I'm always left with the question are these community-based supports going to be sustainable. We've been pumping a lot of federal money into these programs and so -- so I just want us to start to get our head around the future when it's -- it's New Hampshire taxpayers again and these programs. And so it's a very general sort of comment or concern. Can -- do you want to talk to that?

MS. SANTANIELLO: I mean, I think what we really want to try to do is understand how do we strengthen those systems. Because we're spending the money for this population regardless, whether it's in a nursing facility, whether it's in the home in their own community. And we know the longer people can remain at home, it does bring down the cost of institutional care. And so how do we shift in that direction and really develop what we need to do to keep people for as long as they want to be and are able to be safely at home.

REP. EDWARDS: Follow-up.

CHAIRWOMAN UMBERGER: Follow-up.

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REP. EDWARDS: All right. So this is what I think I want to hear you just said. I want to hear that you just said that we are -- we are going to change the optimization of the services so that we reduce our overall cost mix and, hopefully, at the end of the -- the programs, we will be left with a financially sustainable model.

MS. SANTANIELLO: We want to work towards that and work together in partnership with all of our partners to make sure that happens, that people can remain at home for as long as they can.

CHAIRWOMAN UMBERGER: Senator Daniels.

SEN. DANIELS: Thank you. I'd like to follow-up on some questions from the Senator from Nashua. If this program started in 20 -- 2007, and I think -- I think he talked about 2019. Why did we not do any monitoring, you know, in that 12 years to determine what changes needed to be made to a system if you're only helping four people a year?

MS. SANTANIELLO: Um -- we did do some monitoring. The system last time was really broad-based across all of the disability communities. Um -- and this is really focused on our elderly and adult service system. Because we know with the aging number of people aging in the state that we really want to focus on this opportunity. And -- and if there's been more flexibilities, actually, with this next round of funding that actually includes people -- um -- a shorter period of time to be institutionalized. And so hospital transfers and all of those pieces will be super important.

SEN. DANIELS: Do you expect the population that you're going to be dealing with is the same population as before or is it going to be expanded and where do you expect that the health is going to be given?

MS. SANTANIELLO: Sure. This focus of this round is really on our elderly and adult service system. So those individuals

who are eligible for the Choices for Independence Waiver but really focused on our older seniors in the state.

SEN. DANIELS: Thank you.

CHAIRWOMAN UMBERGER: Are there further questions? Could I have a motion to accept?

\*\* SEN. BRADLEY: So move.

CHAIRWOMAN UMBERGER: Thank you, Senator Bradley. Second. Second by Senator Gray. Will the Clerk please call the roll.

REP. EMERICK: This is on 339. Representative Edwards.

REP. EDWARDS: On 339 yes.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

PETER LEISHMAN, State Representative, Hillsborough County, District #24: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

JAMES GRAY, State Senator, Senate District #06: Yes.

REP. EMERICK: Senator Rosenwald.

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SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

DONNA SOUCY, State Senator, Senate District #18: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is ten yea.

CHAIRWOMAN UMBERGER: Motion passes, 10-zero.

**\*\*\* {MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: We now move to the one I was messed up on, FIS 22-326, which is in Tab 7. Representative Erf, did you have questions?

REP. ERF: I did. Thank you, Madam Chair. Here we go. So I'm -- and I've really tried hard at this. I'm trying to understand where these Federal funds are coming from and what they were for. The explanation indicates that SABG funds cannot be used to address alcohol and related misuse. It also states that Governor's Commission made a presumably previous appropriation to address this. A response to a question trying to clarify where the funds are coming from referred to two Fiscal notes from last year, FIS 21-232 and 21-251, both of which, as I read them, are SABG and thus presumably not allowed for alcohol abuse. So I have two questions.

The first is a compound question. What is the source of the funds being transferred in this note and what were these funds being transferred originally intended to do beyond, quote, two IT related infrastructure projects? And the second question I have relates to the note itself. Are the payments actually to clients or to their service providers?

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KATJA FOX, Director, Division for Behavioral Health, Department of Health and Human Services: All right. I didn't take notes, but I will try to address all of those questions with Nathan's help. So, for the record, I'm Katja Fox. I'm the Director of the Division for Behavioral Health. And -- um -- for this particular item there's Substance Abuse Block Grant, which we receive from the Federal Government on an annual basis is a certain amount. We received a supplemental block grant as a result of federal action to add funds to address the Pandemic. And so they are restricted, but the funds that are restricted for -- it's a little confusing.

So we always get this block grant dollars. They have restrictions. We, in addition to the block grant dollars, we also receive State Opioid Response Funds. Those are the ones that are restricted from using to address the needs of individuals who have perhaps an alcohol use disorder versus an opioid use disorder. And so the reference there it's a little confusing. We probably didn't do a good job in that explanation. SOR Funds are not at play. We're talking about the Block Grant Funds in this particular action.

With the reference to the Fiscal item, that was something that you accepted with the supplemental. And the other fund, so that's the 250 that's referenced here, and I'll explain what we had intended to use those funds for. And then the 300,000 that is from the budget. So those were Block Grant Funds that were in the budget. Do you want me to go on?

REP. ERF: Okay. So \$300,000 was in the budget and you're going explain to me where in the budget. And the other was where?

MS. FOX: So it was accepted. That's the reference to the dollars that were accepted last year by Fiscal Committee.

REP. ERF: Which note?

MS. FOX: Go ahead.

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MR. WHITE: Sure. So on -- on Page 1 of the item that you have in front of you, you'll see account the last string of numbers there 1981. The \$250,000, that's what was previously accepted by the Fiscal Committee outside of the Operating Budget.

REP. ERF: Can you tell me what Fiscal Note?

MR. WHITE: Oh, what Fiscal item?

REP. ERF: Yes.

MR. WHITE: Yes. So that was Fiscal item approved on September 17th, 2021, FIS 21-232.

REP. ERF: Okay. Hang on. So I got that.

MR. WHITE: Yep.

REP. ERF: Maybe I'm just misinterpreting what is written here, but I thought it wrote here in this particular note that SABG funds can't be used to address alcohol unrelated misuse. Did I misinterpret that?

MS. FOX: I don't have that right in front of me, but that's not the case. So SABG funds can be used to address all substances that someone maybe have an addiction to.

REP. ERF: Okay.

MS. FOX: So the reference was that because of the one-time funds we receive from the Governor's Commission, were used to address the needs of individuals at the Doorways for non-opioid related issues, we are -- um -- picking up where the Governor's Commission Funds left off and using these funds which have been identified. And I'll get to that part of your question if you'd like me to.

REP. ERF: Yes. Thank you.

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MS. FOX: So the 250 had been set aside, and when we developed these proposals we have a short amount of time. We have brainstorming sessions within the Department to address what gaps are there. And so the original intent of that 250 was to invest in what is known as Prescription Digital Therapeutics. And that boils down to it is an adjunct to treatment services, and it's really an app and it provides at the individual level a physician the ability to see how a patient is doing. And so that project never got off the ground. So that probably would -- it would have required a RFP, a Request for Proposals and gone through that process. So those funds didn't move forward for that purpose and we're asking that they be repurposed for the Doorway unmet needs.

REP. ERF: Thank you.

CHAIRWOMAN UMBERGER: Are there further questions? Seeing none. Could I have a motion.

**\*\*** REP. ERF: Move the item.

CHAIRWOMAN UMBERGER: Representative Erf, seconded by Senator Bradley. Will the Clerk please call the roll.

REP. EMERICK: Roll call on 326. Representative Edwards.

REP. EDWARDS: Yes on 326.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

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REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is 10 to zero.

CHAIRWOMAN UMBERGER: The vote being 10 to zero, FIS 22-326 is approved.

**\*\*\* {MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: We now turn to FIS 22-351. Uh -- I do not need Safety up yet. What I need is -- um -- Commissioner Caswell or whomever to come up and talk to us about this new program called SWEEP. Uh -- since -- um -- this came to Fiscal and there had not been any previous discussion about what the object of this program was -- uh -- some of the Committee wanted to know what we were trying to do.

TAYLOR CASWELL, Commissioner, Department of Business and Economic Affairs: Sure.

CHAIRWOMAN UMBERGER: So. If you could.

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MR. CASWELL: Sure. Thank you, Madam Chair, for the opportunity. So SWEEP, and admittedly, we're running out of acronyms. So I apologize for that. SWEEP is designed as an initiative within the Executive Branch some time ago, really, to identify technology and other equipment investments that might be made in order to address efficient -- system efficiencies and workforce efficiencies within State Agencies. For that reason, it was never really sort of a single item like we bring typically. It says this is, you know, one big item with a whole bunch of -- uh -- awards that are going to be made underneath it.

This is an initiative that we have been involved with from -- to the extent of reviewing -- um -- requests from different State Agencies, looking at them from the standpoint of eligibility under ARPA, and then, you know, determining which within those sort of fit the -- the loose categorization we set up for this initiative. And then if there are other funding sources that might be more adequate for some of these, they were urged to pursue those.

So what you have today is a series of individual items from individual agencies, each with their own individual benefits that are not necessarily part of a huge program, but are connected in that one sort of concept of improving efficiency and addressing potential workforce challenges in different agencies by using technology and equipment. I hope -- does that help, I hope?

CHAIRWOMAN UMBERGER: Are there questions? Representative Edwards.

REP. EDWARDS: Thank you -- thank you, Madam Chair. Okay. So -- uh -- first of all, everything that you said just now makes perfect sense. I -- I think it's a good initiative. I want to get to a layer or two deeper, though. And because there are so many separate projects taking place under this SWEEP umbrella, and they all generally have a similar objective of leveraging the technology to save manpower.

MR. CASWELL: Hm-hum.

REP. EDWARDS: It seems to me that there may be a need or -- or -- or benefit to having an identified program manager who crosswalks the Executive Branch to make sure that these -- these projects are being done in an appropriate way. That there's metrics being established, that we're going to capture the manpower savings from anything we do. That somebody who really understands business process re-engineering, the threat of applying technology to fix manpower problems is that somebody's going to -- may try to just substitute technology for people instead of redesigning the underlying workflow.

So -- so my concerns are kind of at the tactical level to make sure that we have a competent program manager identified who can crosswalk all of this and ensure the best practices of business process re-engineering are being used.

MR. CASWELL: Thank you, Representative. I would say, you know, GOFERR has not relinquished any of the role that it plays for any of these ARPA SRF funds in terms of making sure that there is compliance with the federal requirements that we are tasked with making for all of these programs. And as such, you know, these are categorized within expenditure categories that each have with -- within those, their own requirements. So on that level, we are absolutely continuing to be engaged as we are with all programs that come before you that are funded for SRF and work with those agencies to make sure that they are meeting those requirements.

In terms of specific outcomes, I will say that, you know, as it relates to this initiative called SWEEP, we don't have anything in place right now that would capture that sort of thing across the different agencies just exclusively because, you know, there are some significant differences in the types and in the goals of these types of programs. I'm not saying it's not a good idea. I'm just saying at this point, we are -- we don't have that plan in place necessarily to capture it.

Now, individual agencies as they get these resources would, you know, should be able to determine what those outcomes are along the lines of what you're -- of what you're describing as individual agencies.

CHAIRWOMAN UMBERGER: Follow-up.

REP. EDWARDS: So I have absolutely no concern about us being able to spend federal money so that we're checking the right box. Okay. I'm -- I'm all about the second part of your response, which is how do we ensure the outcomes are really good. Because this is a huge investment, and it's at least a significant investment, and we really would like to see those positive outcomes. I'm just concerned that the decentralized nature of this non-existent organizational structure, we're not making sure that we have the right subject matter expertise spread across all the departments. And -- and if we want in the future to be able to say, okay, we just spent \$14 million or whatever the total is. Would you please explain to us how that impacted our manpower requirements. I don't know that there would be a unified reporting structure under the currently centralized approach.

So -- so it's the outcomes and the subject matter expertise to ensure that we invest this money really smartly. So -- so -- but I -- I think I've heard you. You don't have a centralized program management function at this point, but maybe it's an idea that you'll think about?

MR. CASWELL: Absolutely. And, you know, to the extent that we can work with the agencies to identify at least a key -- a couple of key indicators along the lines of what you're referring to, we would -- we would endeavor to do that.

REP. EDWARDS: Well, thank you for that. And so if you want to have informal ongoing conversations, it's a topic that I -- I did a little bit of at Phillips Medical Systems. I'd be happy to --

MR. CASWELL: I'd welcome that, Representative.

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REP. EDWARDS: Yeah, all right.

MR. CASWELL: To follow-up with you. Thank you.

CHAIRWOMAN UMBERGER: Are there any further questions? Yes, Senator Daniels.

SEN. DANIELS: Thank you. I would have thought and I would have hoped that in the job description of our employees the pursuit of efficiency would have been an ongoing thing. So I question -- I understand your statement about that we don't have a centralized one, but are we not trying to find efficiencies within a normal job description as opposed to spending this money?

MR. CASWELL: Um -- well, I can speak to the extent around the different initiatives under SWEEP, which are the goal of the program really as -- as we said is for agencies to have identified where they feel that they could make some substantial improvements in the sufficiencies for it -- for any given system with an investment of technology or equipment. It's not -- it's not designed to displace any existing employees. It's not designed to, you know, displace any existing workforce. It's designed to improve efficiencies. So -- um -- to, you know, as it relates to individual job descriptions and how those are constructed, I don't really have a lot of say over that in different agencies; but your point is well-taken.

SEN. DANIELS: Thank you.

CHAIRWOMAN UMBERGER: Senator Rosenwald.

SEN. ROSENWALD: Thank you, Madam Chair. On a different but GOFERR issue, if I could.

The Department of Health and Human Services has done a fantastic job planning for the end of the Public Health emergency when automatic continuous enrollment in Medicaid will -- will end and people will have to be redetermined

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or -- um -- lose Medicaid. What are we doing to plan for the end of the Emergency Rental Assistance Program in advance of -- I don't even know when that's going to be. But my concern is about the clients and the local welfare budgets, which might be overwhelmed at the end of it, if there is not thoughtful, planful, wind down action. What are we doing?

MR. CASWELL: Yes, ma'am. Well, we're, obviously, very close contact with HHS and with New Hampshire Housing and others as we go through this. We have a number of outstanding requests from United States Treasury for additional funds under ERA-1 and ERA-2. We received information from Treasury just I guess it was earlier this week indicating that they would let us know in a few days whether there was going to be additional resources available under the program. So we're continuing, obviously, to monitor the amount of funding that's available and how quickly that's being expended with our partners at New Hampshire Housing. But, yeah, I mean, we're all, obviously, very tuned into that issue right now.

CHAIRWOMAN UMBERGER: Follow-up.

SEN. ROSENWALD: Thank you. So would some of that additional funding be used to create -- um -- a wind down process, or is it --

MR. CASWELL: It would be additional -- funding -- if we got additional funding, we would -- we would absolutely be able to put some of that into extending the services that are available for people as we come towards the -- the end of the program. So that would be part of our plan.

SEN. ROSENWALD: Okay. Thank you.

MR. CASWELL: Yes.

CHAIRWOMAN UMBERGER: Hm-hum. Senator Daniels.

SEN. DANIELS: Thank you. Uh -- there are three programs that have been outlined here -- uh -- with a statement that no

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Federal funds will be sought for that. Uh -- as far as the ongoing cost, after those systems put in place there's always an ongoing cost, whether it's maintenance for software or whatever. So what can we expect to see in the budget to support these systems that you're putting in place going forward?

MR. CASWELL: It would be really hard for me to say, Senator, you know, because these are individual agency items. Uh -- the language that you're referring to we would hold to that. There would be no more resource made available under ARPA for these types of programs. I think they're designed and submitted in such a fashion that the resources that they've requested under each of these individual items would be sufficient to complete the program. I mean, these are in most cases capital investments, infrastructure type investments, not operational. So I think that that question probably would be best asked of the individual agencies given those are the submitters of those items.

CHAIRWOMAN UMBERGER: Are there any -- Representative Leishman.

REP. LEISHMAN: Thank you, Madam Chair. Thanks for what you've given us already for information. But I guess in a follow-up to Senator Rosenwald's question, the LBA has prepared a document for us that they give us every month showing how much federal money we've received over the last biennium. And as you know, it's over \$2 billion. Have you -- you talk about, well, we're looking to get more Federal funds into the program, but have you prepared something for the Governor or anybody that what if none of this money is forthcoming? The State's going to have a huge hole to fill because this money's going to stop.

MR. CASWELL: Hm-hum.

REP. LEISHMAN: As we all know. So have you prepared anything to warn us or give us the information we need going forward with the loss of these Federal funds?

MR. CASWELL: Well, I mean, I would say first off, I mean, with regard to the 2 billion, I think probably in the end that number is actually higher than that if you include CARES Act. It's a substantial amount of money obviously. It's all been pretty heavily bucketed, particularly under ARPA funds, into many different types of buckets. So even within the ERA program and in the Housing Assistance program we have ERA-1, ERA-2, and the Housing Assistance Fund, each of which have their own set of rules as to how you can spend that money.

So the challenge that we have, continuously had, and I've tried to, you know, illustrate is that due to the fact that each of these have their own rules and each of them have different funding timelines, each of them have outstanding requests of differing amounts of money and we're not able to know from the Federal Government when they're going to provide any additional resources.

While we do monitor, obviously, all of the funds that are available, it's difficult to say, you know, this is -- these are the specific deadlines that we're facing right now. So, yeah, we've done a good deal of work with New Hampshire Housing at trying to predict when this outcome is coming, but again, because we don't have really solid numbers and timelines, it's hard for us to say, yeah, it's going to be on this date. And when we get that, we'll be able to do that, I would imagine, pretty quickly based on what we have available to us.

REP. LEISHMAN: So I guess I'm concerned. You say you don't have the availability because you don't know when these timelines are going to end. So you're saying the Federal Government has not been forthcoming whether these programs will be extended or, like I think we saw recently, \$40 million for rental assistance. If that ends, they are going to be a lot of people out on the streets or landlords not getting paid. I guess I'm concerned that we should have something more to prepare us for what I think may be difficult times ahead because this money is going to end.

MR. CASWELL: Right. And so there are deadlines on when we can spend the money. So ERA-1, if we get additional funding under that, we're going to have to spend that by December 30th. If we get additional funding on under ERA-2, we have a longer time horizon. I believe out until 2023 or five for that -- for that funding. And, in addition, as I mentioned to Senator Rosenwald, we're going to add more funding under those programs, assuming that we to get some to continue the support services that have been ongoing already with people that are receiving funds under this program. It's not like they're just getting this money and they're sitting in their -- in their rooms. We're working with them to be able to continue to transition them off of the need for the assistance. And New Hampshire Housing and the CAPS have been doing a great job at maintaining that constant sort of churn.

So I know we certainly would love to be able to say that there is a definitive point at which we're going to need to start thinking about how are we going to transition people. We are -- the fact is that we're constantly transitioning people and that as soon as we're able to have some sort of sense to when we're going to see any additional funding or not, then we'll make plans, obviously, based on that information.

REP. LEISHMAN: Thanks. Thanks, Madam Chair.

CHAIRWOMAN UMBERGER: Representative Edwards.

REP. EDWARDS: Thank you, Madam Chair. I just want to weave together my earlier comments with what Senator Daniels added. That on all of these IT systems many places it says this is a one-time investment. And I think we should know that whenever you invest in IT in the olden days you had to budget like 18% of the acquisition cost every year for -- for maintenance. So it's not a one-time expense. It's a commitment to a forever stream of expenses, maybe as much as 18% of the acquisition cost, and then some day you got to replace it.

So -- so -- so because there's real money going out as far as the eye can see on these -- on these IT investments, in

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particular, I just really think it's important for us to go into this initiative ensuring that we are influencing and reducing our demands on manpower. Otherwise, the money to pay for this 18% is going to have to become incremental and that's -- and that's where the bad budget outcome gets to be. So I want to -- I just wanted to make that point that it's really important that we do these programs right, because we're going -- we're going to need to find the money to sustain them.

MR. CASWELL: Yeah. No, I agree. And that is the intent of the program is to make these as close to one-time investments as we can. In fact, as you've heard me say before, in almost every one of the programs that we bring under SFRF that's sort of one of the main -- one of the main points that we're trying to stick to in the types of items that we're bringing, is that these are one-time investments for the most part.

CHAIRWOMAN UMBERGER: Are there further questions? Thank you very much.

MR. CASWELL: Okay. Thank you.

CHAIRWOMAN UMBERGER: Um -- we conveniently took FIS 22-351 off the Consent Calendar in order to hear what the GOFERR office had to say about these programs. So could I have a motion to acc -- thank you, Senator Bradley. Do I have a second? Second Senator Soucy.

SEN. DANIELS: Madam Chair, can you please explain what the motion is?

CHAIRWOMAN UMBERGER: Oh, we're going to accept FIS 22-351.

SEN. DANIELS: Okay. Thank you.

CHAIRWOMAN UMBERGER: Sorry.

REP. EMERICK: Roll call on 351. Representative Edwards.

REP. EDWARDS: On 351 yes.

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REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is ten to nothing.

CHAIRWOMAN UMBERGER: The vote being ten to nothing, FIS 22-351 is approved.

**\*\*\* {MOTION ADOPTED}**

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CHAIRWOMAN UMBERGER: We now go to -- um -- FIS 22- 359, Governor's -- authorization to accept and expend \$20,022,503 in SRF funds. I believe that someone in the Senate had questions about this item. Is there any -- pardon.

(Inaudible).

CHAIRWOMAN UMBERGER: Oh, okay. All right. So no questions. All right. I thought there were questions dealing with how the community centers were going to -- uh -- get word of this. But okay. So Senator Rosenwald moves 22-359, seconded by -- uh -- Representative Leishman.

REP. EMERICK: Roll call on 359. Representative Edwards.

REP. EDWARDS: Yes to 359.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

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REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is 10 to zero.

CHAIRWOMAN UMBERGER: The vote being 10 to zero, FIS 22-359 is approved.

**\*\*\* {MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: We now go to FIS 22-361, which is a request for \$8,883,875.

REP. EDWARDS: Madam Chair.

CHAIRWOMAN UMBERGER: Yes.

REP. EDWARDS: Somewhere in here I think we agreed to bring forward the information item on vaccines. And -- uh -- if we're talking about 361 now, then I think we maybe want to consider Dr. Chan and Ballard's paper.

CHAIRWOMAN UMBERGER: Hm-hum.

REP. EDWARDS: Okay.

PATRICIA TILLEY, Director, Division of Public Health, Department of Health and Human Services: I think we're confused. What would you like to hear first, 361 or the informational item?

CHAIRWOMAN UMBERGER: The informational item.

MS. TILLEY: Thank you.

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CHAIRWOMAN UMBERGER: Changing chairs is always fun. It's okay.

MS. TILLEY: This is a great time. Thank you. Go ahead.

DR. BENJAMIN CHAN, State Epidemiologist, Department of Health and Human Services: Apologies. A little musical chairs there. Madam Chair, Members of the Committee, thank you for the opportunity to come before you this morning to talk about -- uh -- I think the important issue of COVID-19 vaccinations. Uh -- for the record. My name is Ben Chan. I am the State Epidemiologist at the New Hampshire Department of Health and Human Services.

CHAIRWOMAN UMBERGER: Could you -- could you pull your microphone closer, please.

DR. CHAN: Oh, I apologize.

CHAIRWOMAN UMBERGER: That's okay.

DR. CHAN: Just saying I am the State Epidemiologist at the New Hampshire Department of Health and Human Services. Also on infectious disease, internal medicine, and preventative medicine physician.

Several weeks ago I got a request, I believe, from some members of this Committee wanting to know more about the science and specifically the scientific studies that have been used to back up COVID-19 vaccine recommendations. Uh -- and so over the ensuing couple of weeks I developed this three and a half, four page New Hampshire Science Brief about the safety and effectiveness of COVID-19 mRNA vaccines. I understand that the request was primarily focused on data for children, but I did include in the Science Brief -- uh -- all data that we have been reviewing over the course of the Pandemic for children, adolescents, and adults. Probably because that data is important for informing also what, you know, for the seeing the

consistent trends in vaccine safety and effectiveness and all data has been used to inform COVID-19 vaccine recommendations.

And so while this looks like a long report, the actual text, the actual Science Brief of it is only about three and a half pages. The rest are scientific references pointing to peer-reviewed journal publications in reputable scientific journals. I did not include any preprint publications which are studies that have been written but have not yet gone through the scientific review process by peer reviewers and editors.

And so this Scientific Brief really focuses on those reputable scientific journal publications that have come out around vaccine safety and effectiveness over the last couple of years of the Pandemic since we've had COVID-19 vaccines available. So I believe this has been circulated ahead of time, but I wanted to be available to answer questions you may have about this Science Brief that we developed or questions about COVID-19 vaccines in general. Thank you.

CHAIRWOMAN UMBERGER: Uh -- thank you. Your paper was very good. Probably some folks didn't agree with your conclusions, but that's the way it's been with COVID-19 and -- uh -- science or whatever. So don't --

DR. CHAN: Thank you.

CHAIRWOMAN UMBERGER: It's okay. We all in this case there are many different opinions. But I believe, Representative Edwards, you had some questions for Dr. Chan?

REP. EDWARDS: I do, Madam Chair. And I'm not, just to clarify, my questions are related to, you know, the processes that we use within the Public Health Department. I'm not challenging the conclusions of Dr. Chan. I -- I just want to make sure that the public confidence is inspired by the outstanding clinical research capabilities we have in the Department. And so in order to highlight them, I have maybe -- maybe about five questions or so.

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Um -- I -- I think what people heard when they heard the saying that we should be following the science, what they thought that meant was that there would be good clinical research done before a policy -- governmental policy mandate was imposed. And I think a lot of people got concerned because of the perception that we weren't following the science. We were sort of reacting to the instincts of a select number of scientific people.

So -- so -- so I really am very glad that you've come out with this paper because I think this is a sort of the first time we've put a stake in the ground saying here's the science and this is -- this is -- and, therefore, this is our policy. Would you agree or disagree? Would you say it differently?

DR. CHAN: Yeah. Um -- thank you for that question, Representative Edwards, because I think it's an important point to make is that we never and have never throughout this Pandemic just accepted recommendations coming from the Federal Government, and particularly around when it comes to medical recommendations.

One of the key roles of myself and several other clinicians in the -- in the Department is to do the science ourselves, and so that's what we've done. So the compilation of the science memo actually is from studies that we have collected and reviewed in New Hampshire studying and looking at and reviewing the studies that have come out around vaccine science and the safety and the effectiveness of the COVID-19 vaccines. So that's where these 120 plus references came from. These are all studies that we have reviewed over the course of this Pandemic and have been used to inform our, you know, adoption and support for a lot of the COVID-19 vaccine recommendations that are out there. But, you know, this -- this applies to other areas of COVID-19 response as well, not just COVID-19 vaccines. We've always reviewed the science and have -- which has informed our approach that has sometimes deviated from, you know, federal guidance on a number of matters.

But when it comes to COVID-19 vaccines, I think the data and the science is overwhelmingly clear in multiple studies as I highlighted in this report that the vaccines are safe, even for children, and maintain high effectiveness, particularly against more severe disease, and also long-term complications of COVID-19, which I also highlight in the Science Brief.

The only other point I wanted to make is that at a federal level, I think people need to be aware that it's not just the federal politicians or bureaucrats, so to speak, or federal employees, I should say, that are coming out with these guidelines and recommendations, particularly when it comes to vaccine recommendations. And this is one of the key roles of the -- what we call ACIP, the Advisory Committee on Immunization Practices, which helps to create all of the recommendations for all childhood vaccinations series. These are not federal employees. These are a group of medical professionals, people with expertise in vaccines, who come together to review the science and to make determinations and make recommendations about vaccine recommendations. You know, it's a medical group.

So the ACIP supports the federal guidance that comes out, helps to develop that federal guidance. So it's not just federal employees or federal politicians that are coming out with the guidance at a federal level; but certainly at a local level, we -- we take our responsibility for similarly reviewing the guidance seriously similar to what the ACIP does at a federal level.

REP. EDWARDS: So -- so -- so would you agree that any of these studies should be subject to a scientific method? And what I consider the scientific method, and you could educate me if I'm wrong, is that a hypothesis gets identified, a research trial is put together, the data is gathered and analyzed, and -- and the key to good scientific inquiry is repeat -- repeatability and -- and with repeatability comes the power or the opportunity to refute and disagree with the results, to -- to challenge the scientific inquiry process. Would you -- would you agree or say it different about the scientific method?

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DR. CHAN: Yeah, I think the scientific method has been proven over and over again to be important and reliable and part of that is defining -- defining what you're studying, and then the study outcomes and that does need to be repeatable. And so I think what we have seen with the COVID-19 vaccine literature, the scientific publications is, you know, and I tried to highlight this in the Science Brief over and over again multiple studies have found consistent findings, both between adults and children and across multiple studies of repeatable findings that these vaccines are safe and effective.

I will also say that there are differences in quality of studies. So it's not just about any one particular study. It's about the type of study. Is it a randomized, double-blinded placebo controlled clinical trial or is it what we call a higher level ecological study that has -- usually we have lower confidence in findings of studies that are not well-designed or not as rigorous. So -- so this highlights, I think, the importance not only of the study and study design, but also to what you say is the repeatability of those findings.

REP. EDWARDS: Um -- well, thank you for that. So -- um -- so that takes me to the Florida question, which is -- evidently, I'm a layman. I've worked around, you know, academics, so I kind of understand what they've done; but I've only been a support role. But -- but as I've taken a look at what Florida's coming up with and the kind of guidelines they're coming up with, with the demographics of kids six months and older, the demographics between, I don't know if it's 5 to 11 or 5 to 17, I forget the end point, and then even recently they said men ages 18 to 39 that none of those three demographic groups really ought to be thrown into the category of default taking of the -- the COVID shot. And because their conclusion is so much different than our own, in 361 we -- we make a very categorical statement on -- on Page 3 that the Department recommends that all persons six months of age or older complete the COVID-19 primary series and booster vaccination when eligible.

So -- so our conclusion is very strong, very strong and very different than Florida. And so can you -- can you explain, you know, the extent to which you -- you look at contrary opinions and you use it to, you know, second guess yourself so people like me aren't second guessing you, but that you've got your own process.

DR. CHAN: Yeah, Representative, thanks for that question. And I think it's an important point and an important question to make because there has been a lot of confusion, you know. And I think there's been multiple instances where I think the public -- uh -- in general, even providers have been confused because of differing recommendations coming out from different states throughout the Pandemic, not -- not related necessarily to COVID-19 vaccines.

I will say that when it comes to COVID-19 vaccine recommendations, you know, I am aware of Florida's guidance. It was sent to me ahead of this meeting. So I did have a chance to review it, particularly for other guidance for pediatric COVID-19 vaccines, which I have in front of me here. I printed it out. They're in the minority. I -- I am not -- I -- my understanding is that the vast majority of other Public Health jurisdictions across the state, across the country, are in alignment and in agreement with the guidance, the recommendations that have come out from the CDC and ACIP, the Advisory Committee on Immunization Practices. And it's not just adopting these guidelines from the Feds by default, there's -- there's science to back it up.

When I looked at Florida's guidance, you know, my concern is that this is not appropriate guidance. Uh -- it's not appropriate medical guidance because it's not evidence-based guidance. You know, they -- they reference several studies in their guidance. But if you actually click on those studies and go into review and see what those studies are actually saying, those studies are not actually supporting their conclusions.

So this guidance is, in my opinion, not evidence-based and it's not backed up by the vast majority of the science out

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there, which has shown vaccines repeatedly to be safe and effective. And the conclusions that they're drawing from some of the studies that are linked in their guidance are not actually -- is just simply not appropriate.

And so just as an example, one of their points in which they sort of come out less strongly, if I can put it that way, against COVID-19 vaccines and kids, they talk one of their bullet points here is limited risk of severe illness due to COVID-19 in children. And they reference a study, but that's not actually what the study is studying. If you click on the link, the study that they reference is about the evaluation of the Pfizer vaccine in children five to 11 years of age. So you can't actually draw that conclusion from the study that is referenced.

In order to look at severe illness from COVID-19 in children, you need a study that's designed to look at severe illness in children and not studying vaccine effectiveness in children. And, actually, that study's conclusions are that the Pfizer vaccine in children is found to be safe, immunogenetic -- immunogenic, and efficacious in children five to 11 years of age. So that's just one example where I don't think Florida's guidance is evidence-based or appropriate based on what they're referencing here for studies.

REP. EDWARDS: So just to clarify. Somebody may misinterpret your initial couple of sentences to imply that it's majority rules on science, and I don't think you meant to say that at all.

DR. CHAN: No, correct.

REP. EDWARDS: You just gave us an extremely long explanation of the body of the evidence and the number, you know, repeat examples. So I just -- I just didn't want you misunderstood about majority rules on scientific issues.

Now, earlier today I had a chance to chat with Dr. Ballard and Miss Tilley, and they pointed out multiple instances where the Department has differed in its opinions from what the CDC

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was promulgating. And -- and I think that's kind of an interesting topic because it may help demonstrate sort of the independence of thought and the thoroughness of -- of what we're investing into the process.

Can you -- can you maybe give us an example and -- and talk about, you know, sort of New Hampshire as -- as an independent thought leader in this area?

DR. CHAN: Yeah. Thanks for that question. Would you like examples just related to COVID-19 vaccines or other examples?

REP. EDWARDS: Let's stay on topic.

DR. CHAN: Okay.

REP. EDWARDS: And if you've got a six-month old example, that would be really great; but you probably don't.

DR. CHAN: Yeah. You know, thank you for that question. And I think there have been multiple examples throughout the Pandemic where we've differed or come out with our own guidance all throughout the Pandemic, either because the guidance wasn't there at a federal level, or it wasn't there on time or we disagreed with it.

You know, relative to vaccines, you know, I think there are a number of instances throughout the last, you know, two years of the Pandemic. Maybe the first example I'll point to is going back to January of 2021, if I can go back that far in my memory when vaccines had just started to roll out, and we had focused vaccines for those at highest risk for severe disease and older adults who -- excuse me -- and health care -- health care workers who were on the front lines. And just one example of applying vaccine science to our guidance, there was an intense discussion come January about whether we were going to still require people who were fully vaccinated who had gotten the primary series to quarantine after an exposure. And we in New Hampshire were pushing hard for that -- for the Federal Government to take the step of not, you know, recommending

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quarantine for people who are fully vaccinated to quarantine for a few reasons.

One, because the data at that time was showing that the vaccines were highly effective at preventing disease. Like 94, 95% effective at preventing disease. And with a vaccine that effective, we didn't see a need to still, you know, require people to quarantine. We were actually one of the first states in the country to come out and make the recommendation that people who are fully vaccinated were not required to quarantine after an exposure, and it took the Federal Government, the CDC, one to two months longer to come out with that recommendation, for whatever reason. I can't speak to exact -- you know, but we were having discussions with CDC about the time around -- about this around the time, but that was one of the earliest examples of, you know, we were looking at the vaccine science and the vaccine data and using it to inform our approach and recommendations, one of the earliest of which was not requiring people to quarantine after an exposure.

Right around the time of vaccine roll-out, the Federal Government was coming out with guidance about who should get vaccinated first, particularly with limited vaccine. New Hampshire, as with many other states, you know, came up with their own strategy. We had a whole team working on that vaccine allocation strategy.

Um -- more -- more recently with the roll-out of the Omicron boosters, we have -- we have -- so the recommendation now is that as long as somebody is two months, and this is a little bit of a detail that maybe is not that important, but highlights the example, the recommendation has been that people who are at least two months out since their last dose of the vaccine, the older version of the vaccine are eligible for one of these updated Omicron boosters.

That's a detail in the recommendation that I generally don't agree with. I think that's too short of a time frame. I don't think there's a safety concern with somebody getting vaccinated two months after their last dose. I just think it's

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unnecessary and it doesn't optimize the effectiveness of the vaccine. So we have put out guidance in some of our Health Alert Network messages and publicly suggesting that people wait, you know, a longer period of time between infection or prior vaccination and getting one of the updated Omicron boosters in order to optimize the protective effect of these updated booster doses. So those are just a few examples. Um -- you know, some -- some more pertinent and relevant than others.

REP. EDWARDS: All right. So -- so we're spending a lot of time in a Fiscal Committee on this. But I think -- I think it's worthwhile 'cause we're coming out at two and a half years of the Pandemic, and this is really the first example that I can recall where we've -- we've published the science to the public and said our policy is supported by the science we're sharing with you, which I hope in the after action review is annotated as something for the future that we -- we are more proactive in getting the science put in front of the public so they can understand any of the policies we're implementing.

So -- so with all -- everything you've said, I -- my concern is still on Page 3 of 361 and there's a particular sentence in there that I just want to make sure that you -- you agree and support it. And I think Miss Tilley can stick her finger on it.

The -- the -- the New Hampshire Department of Health and Human Services recommends that all persons six months of age or older complete the COVID-19 primary series and booster vaccination when eligible. A reformulated booster which is currently available to individuals 12 years of age or older will offer enhanced protection against COVID-19. Is this -- is this possibly an over promise, too strong a recommendation, or do you stand by this literally?

DR. CHAN: Can I -- can I see the wording again, since you're asking about literal. What -- is there a specific section there that you are concerned about?

REP. EDWARDS: Well, it's -- I -- I -- I just read it. It's from Page 3 --

DR. CHAN: Yeah.

REP. EDWARDS: -- of 361 down underneath the table, underneath the term vaccination and testing services. There's a two sentence paragraph.

DR. CHAN: Yeah. So -- so -- so yes. I think we -- we stand by that recommendation. You know, certainly there are some minority of people that may not be eligible to get the vaccine because of a medical contraindication. Certainly, those people shouldn't be vaccinated and there's -- there's guidance for who shouldn't get vaccinated. But everybody else, you know, it continues to be our recommendation that everybody else six months of age and older be vaccinated.

Now, I do want to acknowledge that certainly children are at lower risk for severe disease, severe outcomes from COVID-19, but it's not true that they're at no risk. And so I think that the data, even in children, consistently shows that vaccine, even in otherwise healthy children, vaccine offers important protection against COVID-19 -- against COVID-19 in the short-term. We're talking over several months. Protection against severe disease in the longer term, and then potentially, you know, protection against some of the longer term complications that -- that can arise from COVID-19. I mean, we're seeing more and more studies come out, for example, showing an association between COVID-19 disease, COVID-19 infection, and diabetes, right? I mean, diabetes is a life-long medical complication.

Now, we can't predict who's going to come down with complications of COVID-19, right? Some people will get COVID-19 and have very mild illness and get over it, have no problems. Other people can have COVID-19, children included, develop multisystem inflammatory syndrome, end up in the hospital, die, get long COVID, develop diabetes. Certainly, that the risk of that happening in children is lower, but we can't predict who's

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going to develop those complications and who isn't. And the data in adults and adolescents and children has been clear that the vaccines are safe, the vaccines are effective, and that any -- any, you know, potential side effects from the vaccines are usually short-lived due to the body's reaction to the vaccine. Uh -- and that the -- the benefits of vaccination, even in children, outweigh potential side effects.

REP. EDWARDS: Thank you, Madam Chair. And -- uh -- thank you, Dr. Chan, and your colleagues for your service to the state. I appreciate you working on this so hard and sharing it with us. Thanks.

DR. CHAN: My pleasure. Thank you for your questions.

CHAIRWOMAN UMBERGER: Are there any further questions?  
Senator Bradley.

SEN. BRADLEY: Uh -- thank you very much. So going back to what you told the Health and Human Services Committee several months ago, Miss Tilley, obviously the Department recommends, but there is no initiative on the Department's part to go forward with the JLCAR application to require a vaccine for school age children or children attending day care; is that still correct?

MS. TILLEY: Thank you, Senator Bradley. That is correct. We are not moving forward with any recommendation for mandatory vaccine for COVID-19 for school or child care entry.

SEN. BRADLEY: Thank you.

DR. CHAN: Can I -- I'm sorry, Madam Chair. If I can also comment. There -- there was a -- I forget the Committee that this question has come up at about school -- school requirements for vaccines that I think we had a similar discussion at. I just wanted to add to what Director Tilley said that -- that the COVID-19 -- it's looking like the COVID-19 vaccine will turn into probably an annual booster. I mean, the science, the data is still out on that. But it's not the type of vaccine which we

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would require or add to the required list for childhood vaccinations series for entry into school or child care because -- partly because we're expecting it to turn into an annual vaccine. Just like we don't require the flu vaccine every year. There's no plans at this point to add the COVID-19 vaccine, which is looking like it's going to be an annual vaccine, to the required list. Both because of, you know, the properties of that vaccine and just the logistical hurdles of trying to, you know, have a school verify a child -- a student is vaccinated every year is just not -- not possible.

CHAIRWOMAN UMBERGER: Senator Daniels.

SEN. DANIELS: Thank you. Dr. Chan, on the references that you provide of the 125 references, are they all supportive of your position or are there some in there that are contrary to your position?

DR. CHEN: Well, so the references are linked to specific statements throughout the document. And so those -- those references are supportive of the statements that are made throughout the document that the references are -- are linked to. You know, I think the overall conclusion, also, of those studies is -- uh -- is supportive of what I've already said.

SEN. DANIELS: Okay. I'm not sure you answered the question. So in the references that you provided here, they are supportive of your statement saying vaccines are safe and effective. My question is are there studies that you looked at that you have included in this list that say they don't believe that statement?

DR. CHEN: Um -- I -- I would have to pull up specific studies. But -- um -- I'm trying to think back through the studies. No, I think -- I think the studies are all, particularly around vaccine safety, are all supportive of that statement.

SEN. DANIELS: Okay. Thank you. And --

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DR. CHEN: If you have a specific example that you find, I'm happy to sort of review or talk through that study. But, you know, again, it's -- it's pulling from my memory here.

SEN. DANIELS: Well, I think the Chair started out by saying that people have very -- various opinions on vaccines. So, you know, I wondered if, you know, we're looking at a paper that's got 125 references that are basically going to be lopsided versus there may be other studies in there that have an opinion that is contrary to the statement that they are safe and effective. For instance, you know, how do you explain to someone whose child has had adverse effects by having a vaccine, even to the point of dying, by telling them that it's safe and effective?

DR. CHEN: Yeah, and thanks for asking that question because I think it is important to separate science and studies from opinion. And so I certainly recognize the fact that different people have different opinions. But, again, I think the -- the data here supports vaccines being safe. You know, I know that the question of -- uh -- well, I think partly this comes back to some of the Florida guidance that was out in the news recently where they did a very high level, crude analysis of some of their death data, which I think inappropriately suggested that there was a higher rate of death after vaccination. And, again, this is -- this is where it's important to sort of look at the study and look at the science behind it. Because that -- that report is not the kind of data that would, I think, ever get published or make its way into a scientific journal just because of all the problems behind that analysis. When it comes to -- when it comes to questions of COVID-19 vaccines and safety, what -- what I will say and what we have said all along is that there are not -- there's not evidence of some excess number of deaths related to vaccines that -- that I -- that I've seen.

Now, there are people suggesting that, but I don't think that that's backed by science or data. And, in fact, any death that occurs after vaccination, for whatever the cause, is required to be reported into VAERS, which then gets investigated

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further. And so it's not just about doing, you know, high level, you know, medical record system analysis. It's really about diving in to understand the cause of death. And what's been found in reviewing that data is that, you know, people that are reportedly dying after vaccination are not dying from, you know, the vaccine themselves. A vast majority of them are getting vaccinated and then dying from other causes or even COVID-19 itself. So a lot of those -- a lot of the wrong information that's out there about all these deaths from vaccine are not actually deaths from vaccines themselves. That's data that is -- that is poor quality data or data that's being misrepresented or misinterpreted to back someone's opinion or concern.

SEN. DANIELS: How are we supposed to believe in scientific data, and I'll use your point because it was right on, where particularly we saw individuals in nursing homes that had co-morbidities -- uh -- came down with COVID there. The death certificate revealed that the death was COVID, not the other. So, you know, I think there's a certain number of people who believe that those numbers were skewed to make it seem like COVID was worse than it was, versus having the co-morbidity. So how are we as legislators supposed to understand and believe what is actually the truth?

DR. CHEN: Yeah, another great question. I think your concern gets at the question of how we conduct -- how we conduct death surveillance, particularly around COVID-19. And this is, I think, another area of confusion because different states have done it different ways all throughout the Pandemic. And you've heard reports coming out from other states.

You know, I will say that in New Hampshire, I can speak for New Hampshire, we rely on the death certificate. The -- the death certificate is a formal, objective way of assessing deaths from any disease. It also relies on the health care provider who's pronouncing the person as having died, a health care provider assessment, as to the cause of death. And so we're not -- the Public Health agency, the New Hampshire Department of Health and Human Services, is not the agency that's, you know,

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vetting and assessing whether somebody died or not from disease A or disease X or COVID-19. We're relying on that health care provider assessment to help make that determination. And not only that assessment, but that assessment as documented in the death record. And so, if anything, at least in New Hampshire, our -- our assessment of COVID-19 related deaths is likely an under assessment.

Now, other states have done it different ways, which has been in the media over the course of the Pandemic with people voicing concerns about over estimating COVID-19 related deaths, but that's not the case in New Hampshire. We've always taken a much more conservative approach to classifying COVID-19 related deaths. It's very similar to how we track other -- other -- deaths from other diseases, like, influenza.

And so, again, I think we have tried to come up with a process that is -- relies on the existing systems we have in place. Similar to how we track other, you know, infectious disease related deaths and relies, ultimately, on that health care provider's assessment as to the cause of death.

SEN. DANIELS: Madam Chair.

CHAIRWOMAN UMBERGER: Senator Rosenwald.

SEN. ROSENWALD: Thank you. My questions are about the Telehealth part of this item. I'm trying to understand the process of how this works. So if I do a home test --

MS. TILLEY: Hm-hum, yes.

SEN. ROSENWALD: -- and it's positive, am I able to then access this Telehealth program and is my insurance going to cover the cost of the Paxlovid --

MS. TILLEY: Sure.

SEN. ROSENWALD: -- if I'm eligible or is the money we're appropriating today going to pay for that and my insurance

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company won't be billed? Or do I have to go somewhere and get a PCR test?

MS. TILLEY: Great. Thank you very much for that question, Senator Rosenwald. So we are envisioning this program similar to a program that was done in Massachusetts. So, again, I'm home. I'm sick. I have a rapid antigen test. I test positive. I may be at-risk for poor outcomes. So you can call this entity. We will put a contract through that will go through Governor and Council for a health care entity who will be available 24 -- maybe not 24/7, but certainly seven days a week to be able to take you in and do a medical evaluation and look at your test, that you tested positive. They may ask you to take another test. But I think they will document. You know, you show up. Yep, I tested positive. And they'll go through and ask several questions and assess whether or not Paxlovid or another therapeutic is right for you.

Assuming it is, they will have two options. One, they could send that directly into your pharmacy. So if I go to my Colonial Pharmacy in New London, New Hampshire, they can send that script in, and I can have someone go and pick it up for me. If that won't work for me because I'm homebound, or I don't have anyone to go out to the pharmacy for me, we can arrange for it to be overnight shipped directly to your home.

The question around insurance is an interesting one because at the federal level currently Paxlovid is covered. It is by the Federal Government. So it is free at this moment. That may change in the future, and we want to build in flexibility within the contract to ensure that we can cover that for an uninsured person. We want to make sure that these -- the Telehealth visits are available to anyone appropriate 18 and over and have it to be free and no cost to them. Is there anything you'd like to add, Dr. Ballard?

DR. JONATHAN BALLARD, Chief Medical Officer, Department of Health and Human Services: No, that's very accurate. And so Jonathan Ballard, Chief Medical Officer for the Department. So, currently, the Paxlovid is being directly provided to pharmacies

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from the Federal Government. And so when you get it, the pharmacy may charge a dispensing fee potentially. They're allowed to, but there's no charge for the drug itself. Also, the Federal Government has provided the Department of Health and Human Services in New Hampshire a supply of Paxlovid that we will provide to the contracted vendor for the medication that would be directly shipped or overnighted to those that are homebound.

SEN. ROSENWALD: So this sounds like it's a money saver. Because if I do a home test, I don't have to go to one of those for-profit urgent care centers that are going to do a whole workup and charge me a big co-pay and a co-insurance to make sure I don't have anything else going on, right?

MS. TILLEY: Absolutely.

SEN. ROSENWALD: No charge for using that Telehealth.

MS. TILLEY: No charge for using the Telehealth. And I think that's one of the benefits of this program. Again, as we get through this winter surge.

I have shared my personal story. I had COVID recently and when I called my primary care physician they said go to the emergency room. I was actually feeling so poorly I did not want to go to the emergency room. And, again, urgent care said come on in. I didn't feel like that was the right path for me. I waited until I could go to a pharmacy that also has a federal program called Test to Treat; but, really, not many people know about that and it's really complicated. So we want to make this easier for people, especially in rural areas, especially people who may not have a strong relationship with a primary care provider, who test positive on a Saturday morning and don't want to wait several days.

SEN. ROSENWALD: And, finally, I mean, I think this sounds like one of the best ideas I've heard in a long time. Thank you for doing it. Um -- when will this program be up and running and

how -- how are the 1.4 million people in New Hampshire supposed to know about it?

DR. BALLARD: A couple of components to that. So we will identify. We're in procurement process with a potential vendor. It will go to Governor and Council very soon. Whenever it is performed with Governor and Council, we fully expect this type of a program with a potential vendor would be implemented very fast.

Now, some programs, like staffing surges, and that those take time to implement, but this is not something that will take an enormous amount of time to implement. It would be within weeks or days of the Governor and Council meeting.

And if I just may add. The investments that this Committee has made over the last couple of years, these very targeted projects like this I think is what distinguished New Hampshire as well and so much -- so much of our good response. There was -- Senator Daniels has asked in the past for us to bring data back when we bring programs forth like this to say, you know, to justify what we've done in the past and these types of programs. There was a recent report from the Commonwealth Fund in June of 2022 that looked at throughout 2021 and 20 -- up until March of 2022 all the states and the amount of excess deaths that each state encountered from all causes, including COVID, and there's only one state that had less excess deaths than New Hampshire, and it was Hawaii. But we had the second least excess deaths from COVID, from opioid overdoses, from chronic disease deaths, compared to any other state. And I brought that along with you just so you know that these types of targeted investments that we've done and going forward, not positive, but suggestive have made a difference.

MS. TILLEY: And to follow-up the last part of how will people know. It is built into the contract that they will have to do some advertising and maximize -- that the vendor itself will do advertising, and we'll certainly amplify that through the Department with through our communications means as well.

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CHAIRWOMAN UMBERGER: Representative Emerick, do you have a question?

REP. EMERICK: Thank you, Madam Chair. My question is more of curiosity rather than this specific discussion about the vaccine. I was an early adopter and got COVID in 2020. Took me out of Commission for about three weeks and thankfully I lost 20 pounds, which I've gained back, but that's a different story. The problem I've had -- the issue I've had is there's been no recognition of actually contracting the disease and your -- uh -- protection. You know, it's -- it's like devoid of any value that you actually had COVID. And I'm just curious why isn't there anything that says, well, if you already had it, maybe you only need one booster instead of two, or anything. Just some kind of recognition.

DR. BALLARD: Thank you, Representative Emerick. So that actually is something we do have in our guidance and there's a time period after having contracted COVID-19 that we actually say, and Dr. Chan referenced this earlier, that we would recommend delay getting the booster vaccine until a time period passed by -- Dr. Chan says 90 days?

MS. TILLEY: It's 90 days.

DR. BALLARD: Ninety days. And so after that time period we actually do recommend that, to wait that time period, and then get the vaccinations because you're at less risk of contracting COVID for those first 90 days than afterwards.

REP. EMERICK: I probably (Inaudible).

CHAIRWOMAN UMBERGER: Yeah, okay. Are there any further questions?

**\*\*** SEN. BRADLEY: Move the item.

CHAIRWOMAN UMBERGER: Okay. Senator Bradley moves. Seconded by Senator Rosenwald. Will the Clerk please call the roll.

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REP. EMERICK: On 361. Representative Edwards.

REP. EDWARDS: Yes to 361.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: No.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Representative Daniels.

SEN. DANIELS: No.

REP. EMERICK: Representative Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Representative Gray.

SEN. GRAY: Yes.

CHAIRWOMAN UMBERGER: Senator.

REP. EMERICK: Representative Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: I'm sorry. Senators, my apologies. I was on a roll with Representative. Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

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CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is eight yes and two no.

CHAIRWOMAN UMBERGER: Okay. The vote being eight in favor and two opposed, FIS 22-361 passes.

**\*\*\* {MOTION ADOPTED} .**

CHAIRWOMAN UMBERGER: Okay. We now turn to -- oh, by the way, Dr. Chan, thank you so much for your -- your presentation. And I believe that it has provided a lot of really good information to the Committee, as well as to anyone that might be watching it on YouTube. So thank you so much for that.

Okay. We now turn to FIS 22-362, authorization to expend \$228,228. Oh, wow! So that's pretty interesting. Okay. Representative Edwards.

REP. EDWARDS: Thank you, Madam Chair. Hopefully, this is more in the lines of yes or no. We're -- we're -- this looks like it's a request to buy a particular form of test and -- um -- it's specifically written up for COVID. And I'm just curious if there are tests that would fall under this sort of funding authority that would be more robust in its testing. I mean, people used to die of flu. Are we going -- are we going to use this -- is there anything we can buy that will test for more than one thing?

DR. BALLARD: Thank you, Representative Edwards, for that question. So as the Pandemic has progressed, new technology, new therapeutics has emerged to allow us to mitigate the effects of it. And this is one development that we want to implement for those persons that we serve at our 24/7 facilities. So a PCR test is a test that is a, you know, a gold standard type of test that -- that -- um -- is for both symptomatic and asymptomatic persons.

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Now we have those tests that are rapid on-site that can be done at the -- at the actual facility, not having to be sent off to a lab. Also, now the tests are available to be done through saliva samples and not a nose -- nasal sample. So this is sort of the latest, you know, latest thing that is FDA, you know, emergency authorized approved. And what it can do for us is very unique situations.

I was speaking with the Commandant of the New Hampshire Veterans Home for when one of our veterans may contract COVID-19, and they have a roommate who's asymptomatic. This will be a particular test that that roommate can have that will be highly accurate and immediately allow her to make -- the Commandant to make those decisions of whether or not that we need to move the patient to another room. And so there is no other flu vaccine or any -- or -- excuse me -- flu test that is like this yet. All of those tests have to be done in a commercial laboratory. So this is for the latest technology that's available, but is not able to be combined with other types of tests, such as testing for flu.

REP. EDWARDS: Okay. That last sentence was what I was looking for. Thank you.

CHAIRWOMAN UMBERGER: Okay. Senator Daniels.

SEN. DANIELS: Thank you. Over the past few months or years we've spent a lot of money putting it into testing stuff. What do we have for current reserves on those things?

DR. BALLARD: Zero for this type of technology. This is a -- this is a new type of technology, allows us to make better decisions for our veterans and other persons that it will benefit. So we don't have any -- any -- we have rapid antigen tests, but those take some time to -- to develop -- uh -- positive results or negative results after exposure to the virus. So this will be -- allow us to make decisions sooner and we have zero supply of this.

SEN. DANIELS: Okay. Thank you.

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CHAIRWOMAN UMBERGER: Are there any further questions? Thank you. Representative Leishman moves item -- yeah -- FIS 22-362. Do I have a second?

SEN. SOUCY: Second.

CHAIRWOMAN UMBERGER: Second by Senator Soucy. Will the Clerk please call the roll.

REP. EMERICK: Roll call on 362. Representative Edwards.

REP. EDWARDS: Yes to 362.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: He's absent He stepped out.

REP. EMERICK: Oh, I'm sorry.

SEN. GRAY: He'll be back in just a minute.

CHAIRWOMAN UMBERGER: He'll be back.

REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

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REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is 9 to zero.

CHAIRWOMAN UMBERGER: The vote being 9 to zero, FIS 22- 262 passes or three -- 362.

Okay. Next. FIS 22-363, which is authorization to accept \$750,000 in ARPA money. Welcome. Could you identify yourselves, please.

DAVID WIETERS, Information Services Director, Department of Health and Human Services: David Wieters, Information Services Director, DHHS.

KAREN HEBERT, Director, Division of Economic and Housing Stability, Department of Health and Human Services: Good morning. Karen Hebert. Director of the Division of Economic and Housing Stability.

CHAIRWOMAN UMBERGER: Thank you. Does anyone have any questions on this? Because I do -- I do. Okay. If no one else does, I'll just ask my questions. Um -- my concern is when do we anticipate Medicaid Enhancement ending?

MS. HEBERT: That is a great question. So just yesterday the Secretary of the U.S. Department of Health and Human Services just renewed the declaration of the federal public health emergency for another 90 days. So we are anticipating that it could certainly end January 12th would be that

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particular date. We expect that we would get notification of that from the White House 60 days in advance of that date. So we're looking at, hopefully, knowing more information by November 12th. Um -- the continuous enrollment, if it were to end January 11th, the continuous enrollment would end January 31st.

CHAIRWOMAN UMBERGER: Okay.

MS. HEBERT: February 1st would be the first date that coverage could be terminated, and then the enhanced F-MAP of 6.2% would end March 31st.

CHAIRWOMAN UMBERGER: So if I understand what you just said, we have no clue.

MS. HEBERT: That's correct.

CHAIRWOMAN UMBERGER: Okay. Well, I just thought I'd ask. And -- uh -- and how many people are currently on this program?

MS. HEBERT: So, currently, there's 243,238 individuals -- I need my glasses -- who are enrolled in Medicaid. That's individuals. The protected status, the protected number of individuals currently is just over 96,000, and those are the individuals who are at-risk currently of losing their coverage.

CHAIRWOMAN UMBERGER: Okay. That's -- does anyone else have any question? Representative Edwards.

REP. EDWARDS: Thank you, Madam Chair. So -- um -- this is actually a good example of the conversation I was having earlier with Mr. Caswell, that we're looking to use technology to make us more efficient and do with fewer manpower, less manpower. So do we have the skill sets to go in and make sure that we're not just substituting technology? That we're actually looking at a redesign of workflow to leverage the technical capacities or, in other words, are -- are -- are we -- are we really going to take advantage of the opportunity to fundamentally improve the system? And by that I mean more than the IT system.

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MR. WIETERS: Certainly. That's a good question, Representative Edwards. So in preparing for this item, the Department in conjunction with the incumbent vendor looked at the solution that we're looking at for NewHeights and the goal is to use that funds to do that business process management or re-engineering to allow for the manual processes to be replaced with the automation.

This will allow those people that would be otherwise impacted pretty heavily by 95,000 people potentially being losing their eligibility to focus on providing the services and providing the continuous operations of the system. If we don't implement this solution, the staff would be overwhelmed with potential eligibility appeals.

So this is really, to answer your question, is part of that business process management. We identified this as the only way we can really address the potential Public Health emergency unwind effectively. Did that answer your question?

REP. EDWARDS: I -- I think you brushed up against it. I -- I'm -- I'm more concerned at this point in the quality of the business process re-engineering and whether or not we have access to the skill sets, if we think we're going to actually do a redesign of the workflow and then support that new workflow with the technology or if we're just more going to try to substitute technology for people.

MS. HEBERT: Thank you for the clarification. So we are looking at simplifying that workflow with the use of this technology. So there really -- the additional skill sets that really isn't necessary, we really have the skill sets already. So the enhancements would automate some of the process. It would also assist staff to manage it much more simplified.

Currently, it's entirely manual. So when requests are received for an appeal, there is a great deal of manual pulling of information and putting together notifications for the Administrative Appeals Unit, making sure all that is done in a

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timely manner. So this is to basically increase the capacity of staff and reduce that workload with each of the types of tracking methods that we're looking at implementing.

CHAIRWOMAN UMBERGER: I do have one further question. Of the 93,000 or 96,000 folks you're talking about, what's the percent of children versus adults?

MS. HEBERT: Currently, the number of children or this is as of earlier in the month, was 33,227.

CHAIRWOMAN UMBERGER: So the majority of these are adults. Yeah, two-thirds. Okay. All right.

Okay. Could I have a motion to accept on FIS 22-363? Senator Rosenwald. Second? Second by Representative Erf. Will the Clerk please call the roll.

REP. EMERICK: Roll call on 363. Representative Edwards.

REP. EDWARDS: No on 363.

REP. EMERICK: Representative Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

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SEN. GRAY: Yes.

REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is nine to one.

CHAIRWOMAN UMBERGER: The vote being 9 to 1, FIS 22-363 passes.

**\*\*\* {MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: Okay. Turn now to FIS 22-366. We're still in Tab 8. There were -- someone had some questions on this? Yes, Senator Rosenwald.

SEN. ROSENWALD: Thank you. Um -- we had asked the Department to respond, and I think you have. But I wanted it to be said publicly. There is not a claw back if somebody loses Medicaid eligibility after the end of the Public Health emergency, but there have been claims submitted. They would not be responsible for repayment to the State or the Federal Government?

HENRY LIPMAN, Medicaid Director, Department of Health and Human Services: For the record, Henry Lipman, Medicaid Director for the State. Thank you for the question, Senator. We are protected as long as we made the eligibility determination correctly, and we have a high degree of that.

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CHAIRWOMAN UMBERGER: Did you -- could you repeat that? It didn't sound like a complete sentence to me. I'm sorry.

MR. LIPMAN: Thank you, Representative. Um -- Madam Chairman.

CHAIRWOMAN UMBERGER: I got that.

MR. LIPMAN: What I was explaining that is if -- um -- we incur costs for someone -- uh -- during the continuous eligibility period, we're protected against a claw back as long as we made the original determination of eligibility correctly.

CHAIRWOMAN UMBERGER: Okay. Thank you. I guess my ears weren't listening well.

MR. LIPMAN: I probably need to speak up.

CHAIRWOMAN UMBERGER: No, that's fine. That's fine. Are there any other questions? Representative.

REP. LYNN: Yes. You know what, I think you may not have completely answered Senator Rosenwald's question. I think she was also asking about beneficiaries. In other words, if a beneficiary, is there any provision for a claw back that the beneficiary who improperly, and I'm not saying fraudulently or anything like that, but if they applied for benefits, they were awarded and it's determined that they shouldn't have -- that for some reason they shouldn't received them, is there a claw back provision that they have to pay back?

MR. LIPMAN: My understanding on that would be no.

REP. LYNN: Thank you.

CHAIRWOMAN UMBERGER: Are there any further questions? Seeing none. Senator Rosenwald moves. Do I have a second? Second by Senator Soucy.

REP. EMERICK: Roll call on 366. Representative Edwards.

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REP. EDWARDS: Yes on 366.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is 10 to zero.

CHAIRWOMAN UMBERGER: Vote being 10 to zero, FIS 22-366 passes.

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\*\*\* {MOTION ADOPTED}

(10) RSA 106-H:9, I, (e) Funding; Fund Established:

CHAIRWOMAN UMBERGER: We now turn to Tab 10, the Regular Calendar. The first item on the agenda is FIS 22-341 from the Department of Safety, which is requesting expending \$638 -- \$638,600 in Other Funds from prior year carryover. Did Safety run away?

STEVE LAVOIE, Director of Administration, Department of Safety: Good morning, Madam Chair, Members of the Committee. Steve Lavoie, Director of Administration for the Department of Safety.

CHAIRWOMAN UMBERGER: Okay. Are there any questions on the request for prior year carryover spending? Seeing none. Representative Leishman moves FIS 22-341. Do -- second by Senator Soucy.

REP. EMERICK: Roll call on 341. Representative Edwards.

REP. EDWARDS: Yes on 341.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

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REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is 10 to zero.

CHAIRWOMAN UMBERGER: Vote being 10 to zero, FIS 22-341 passes. Thank you.

\*\*\* {MOTION ADOPTED}

**(11) RSA 216-A:3-g, Fees for Park System:**

CHAIRWOMAN UMBERGER: We now turn to Tab 11, which is FIS 22-348. And this is the Department of Natural and Cultural Resources requesting -- uh -- fee increases. Okay. Good morning.

SARAH STEWART, Commissioner, Department of Natural and Cultural Resources: Good morning. Sarah Stewart, Commissioner of the Department of Natural and Cultural Resources. And with me is John DeVivo who oversees Cannon Mountain at Franconia Notch State Park.

CHAIRWOMAN UMBERGER: Okay. Thank you. Are there questions. Senator Rosenwald.

SEN. ROSENWALD: Thank you, Madam Chair. Good morning. It's still morning. Um -- it's like an eye test reading this chart.

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But -- um -- I did notice that most of the fees are staying the same. However, you've raised fees in three groups versus the previous winter. One is seniors where the fees go up by about a third from last year to this year, and then we have New Hampshire residents going up 10%, and State Employees going up 10%. So given this is a State resource, I'm wondering how you've decided to put the fee increases on New Hampshire residents or State Employees that are hard enough to retain and seniors.

MS. STEWART: Thank you.

JOHN DEVIVO, General Manager, Franconia Notch State Park and Cannon Mountain Ski Area, Department of Natural and Cultural Resources: Thank you for the question. For the record, my name is John DeVivo, General Manager at Franconia Notch State Park and Cannon Mountain Ski Area.

So in every year we do market studies. We try to test and see where the ceilings are and what the market will bear, in addition to taking a look at what we've been charging for several years in any specific category, and in those specific areas we actually felt like we had room to do minimal increases. The percentages may appear to be higher, but the dollar figures are not that high.

SEN. ROSENWALD: Thank you. So you're balancing what the market will bear versus how we could deploy the State resource to benefit the people of the State?

MR. DEVIVO: Yeah, whenever possible we try to defer to our State status and protect those specific price areas for New Hampshire residents. For example, we're happy to do our New Hampshire resident Wednesday. We've brought that back. We're happy to do all of our New Hampshire resident discounting, which we enjoy doing but is also part of an RSA. In specific areas we will look and see where there is room so that we can remain viable and make some moderate increases.

SEN. ROSENWALD: Thank you.

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CHAIRWOMAN UMBERGER: Senator Daniels.

SEN. DANIELS: Thank you. This last budget we -- we added significantly more to tourism to try to get people to come to New Hampshire. I feel that by raising the fees on them it sounds like we're now fighting against tourism, you know, get up here but we'll charge you more. So convince me differently.

MR. DEVIVO: Well, sir, we do have specific costs that we need to cover. We do -- we do have a requirement that we are essentially at market value. We do our very best to be more of a value than our five major competitors, and it really any competitors and we feel like we are the very best at hitting value for price paid in all those categories. But like with all other aspects of life, our costs have increased, and we do have a fiduciary responsibility to remain viable as a State Agency.

SEN. DANIELS: Thank you.

CHAIRWOMAN UMBERGER: Are there further questions? I do have a couple. And this deals with the \$10 for parking. Um -- I know we implemented a bus program and the object was to get people to take the bus. And I -- if I remember, the parking fee was \$5.; is that correct?

MR. DEVIVO: Actually -- I'm sorry.

CHAIRWOMAN UMBERGER: Go ahead.

MR. DEVIVO: Actually, the fee base shuttle system is for ridership rather than parking.

CHAIRWOMAN UMBERGER: Right.

MR. DEVIVO: So most people at this point are dropping off at those trail heads and sending the driver north in order to spend less money, frankly.

CHAIRWOMAN UMBERGER: Okay. So the buses you pay to ride the bus.

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MR. DEVIVO: Yes.

CHAIRWOMAN UMBERGER: Okay. And how many parking spaces do you have?

MR. DEVIVO: Within the Notch we're approaching 2,000 in total. The item that we've put before you would be the ability to charge for 202 spaces right at the two very primary trail heads. One is the epicenter for Franconia Ridge, the other is the epicenter for Kinsman Ridge over on the Cannon side.

All other parking spaces are free within the Notch and it's really dependent upon which venue or which trailhead you would want to go and hike. But that influx of potentially \$80,000 would go a long way toward having a direct impact upon our ability to continue to run the hiker shuttle which costs approximately 90,000 between fuel, rentals of the vehicles themselves, and wages.

MS. STEWART: And if I could add. The shuttle system was implemented as a pilot program a couple years ago. We worked really closely with DOT, Safety, local authorities to try to solve the problem of 700 vehicles on a beautiful Saturday parked along the highway with dogs getting out and kids running around. That was really scary for all of us. So we -- we agreed as the Park operations to put together this shuttle system and it worked really well. It's worked really well, and DOT continues to support this with their signage and their barriers along the way.

So we just want to make sure it's a sustainable operation, and we're looking for ways to cover the expenses. And we feel like these 200 plus parking spots are really the primo spots that people would be willing to pay \$10 for. And, in contrast, or to show -- to show that this isn't a novel idea in our park system, if you want to hike at Mount Monadnock you pay \$15 to park at Mount Monadnock. So it's -- it's a similar situation there. We -- we -- you cannot hike Mount Monadnock without paying \$15 to park. So it's -- it's an accepted fee.

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CHAIRWOMAN UMBERGER: Are there any other questions? Seeing none. Could I have a motion on FIS 22-348?

\*\* SEN. BRADLEY: Move to table.

CHAIRWOMAN UMBERGER: Rep -- Senator Bradley moves to table, seconded by Representative Leishman.

REP. EDWARDS: (Inaudible).

CHAIRWOMAN UMBERGER: No, you had your chance. (Inaudible.) Okay. Will the Clerk call the roll.

REP. EMERICK: Okay. Motion to table for 348. Representative Edwards.

REP. EDWARDS: Yes.

REP. EMERICK: Representative Emerick votes no. Representative Erf.

REP. ERF: No.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

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REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is 8 to 2 to table.

CHAIRWOMAN UMBERGER: The vote being 8 to 2, FIS 22-348 is laid on the table. Thank you very much.

**\*\*\* {MOTION TO TABLE ADOPTED}**

**(12) Chapter 272:9, VI, Laws of 2022, Department of Health And Human Services; Developmental Services; Pilot Program:**

CHAIRWOMAN UMBERGER: Uh -- we will now turn to Tab 12 and FIS 22-366 for the Department of Health and Human Services, requesting -- requesting that we review an approval of a plan for implementation of a pilot program for individuals with developmental disabilities between the ages of 18 and 21. So, would you please introduce yourselves?

CHRISTINE SANTANIELLO, Associate Commissioner, Department of Health and Human Services: Oh, sure. Chris Santaniello, Associate Commissioner.

MELISSA ST. CYR, Chief Legal Officer, Department of Health and Human Services: Melissa St. Cyr, the Chief Legal Officer.

MR. WHITE: Nathan White, CFO.

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CHAIRWOMAN UMBERGER: Thank you very much.  
Uh -- Representative Edwards, you have --

REP. EDWARDS: Yes, ma'am. I think I have two questions.

CHAIRWOMAN UMBERGER: Okay.

REP. EDWARDS: One, if we approve this, will the Department consider this the Fiscal Committee approval of your plan? Is this -- is this meant to be a plan or is this meant to be something other than the plan that we're supposed to approve before you go forward?

MR. WHITE: Sure. So HB 1661 from this past legislative session, it required that the Department come forward once the -- all necessary coordination for the program had been sufficiently completed. And we need to request from the Fiscal Committee that we may begin implementation of the pilot program. There's also a secondary requirement that on or before February 1, 2023, the Department will provide a detailed report of the pilot program plan. That is -- is to come in the future. But this specific action is to comply with the -- the aforementioned provision from 1661 that I mentioned.

REP. EDWARDS: Thank you. Uh -- to what extent have you already or will you be coordinating this item after presumably it's approved with the Area Agencies? Have the Area Agencies already been in this loop or not?

MS. SANTANIELLO: Yes, the Area Agencies have been in this loop. They were part of the whole process during the legislative process. And then -- um -- we will be meeting with a group of Area Agency designated people to really walk through every time, you know, we work on a child being found eligible and -- and all of those instances. So yes, there's a lot of engagement.

REP. EDWARDS: So would you be surprised if I heard from an Area Agency saying that they had not been included in what they were hoping you'd say in answer to that question was not yet but they will be?

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MS. SANTANIELLO: Not always surprised because when we work with agencies, lots of times we take representatives that represent multiple agencies or the entire system. But any time these children -- young adults would be coming through the Area Agency system, so they would be involved prior to having funding.

CHAIRWOMAN UMBERGER: Are there further questions? I have a couple. Um -- first of all, I don't believe this is a plan. Okay. I mean, you list three items of what you -- what the priority order is. When will you bring back a plan? I mean, an actual plan that says, you know, here -- here's what we are planning to do. Under emergency room, A, B, C, D or whatever it is. I mean, I don't -- I don't consider this to be a plan. I consider this to be a high level of here's what we're looking to accomplish, but I don't see anything beyond that.

MS. SANTANIELLO: So this really is looking at filling a gap that exists; and based on the legislation it is really targeting those children, young adults, who are -- have not exited the school system and are in need of residential services. And so those are prioritized here, and then throughout what happens is then you go through the individual planning process that you do with any individual and family to determine what is the next step to serve them.

The detailed report that we are to provide in February, which is just a few months away, will really get into the details as to who accessed the services, what types of services they needed so we can really work on planning for the future, if that's warranted.

CHAIRWOMAN UMBERGER: Thank you. So you're telling me February is when I'll get a more detailed plan.

MS. SANTANIELLO: You'll get a report in February. This is the plan just to get us started to accept the funds so that we can begin to assist those individuals who fall in this gap that exists in our state to figure out how to best serve them.

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CHAIRWOMAN UMBERGER: Senator Daniels.

SEN. DANIELS: Thank you. I want to share the Chair's concerns, particularly in the area of funding. You're talking about this is going to cost 140,000 per person. But I would expect the plan to breakdown where that 140,000 is expected to go. So, you know, I saw this, I was actually kind of looking through it to find out where's the plan. This seemed more like an outline to me.

MR. WHITE: So I just want to call to attention -- um -- the purpose of this item is to comply with -- with the aforementioned provision of HB 1661.

CHAIRWOMAN UMBERGER: Excuse me, Nathan. Bring your mic closer.

MR. WHITE: Oh, thank you. There we go. What I wanted just to clarify is the purpose of this item, the section that we're citing is -- it reads that if -- if the Department determines that all necessary coordination for the pilot program has been sufficiently completed, we may make a request of the Fiscal Committee of the General Court to begin implementation of the program on an appropriate effective date. And -- and Chris -- Chris had cited the February 1 date and that's the date at which we would bring that report. So this -- this isn't necessarily the comprehensive plan. What you'll see in February is a lot more detail of that. This is more a compliance request to comply with that specific provision of the State Law that was put into place, and this is the request for authorization to move forward with the program.

SEN. DANIELS: So I guess my question would be why would we -- why would we authorize you to spend money to start a program that we may not agree with in February?

MS. SANTANIELLO: The Legislature approved this pilot as part of the last legislative session. So according to State Law, we are required to do this pilot, and this is one of the steps

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that we have to take. And I'm going to ask Senator Bradley to please weigh in.

SEN. DANIELS: I would also state that -- that the bill that you just read -- read from also had the thing coming to the Fiscal Committee which we look at the monetary aspects of it, too. And right now, I just see a clump of money and I have no idea where it's going.

MS. SANTANIELLO: It's going to go to serve those young adults that need the services, and then the report that we do in February will give detailed information as outlined in the legislation as to the types of services, the number of young adults served, utilization.

SEN. DANIELS: Senator Bradley.

CHAIRWOMAN UMBERGER: Yes. Well, I'm just -- Senator Bradley, please.

SEN. BRADLEY: Thank you very much, Madam Chair. So a little history.

Um -- the Department brought forward a bill that I sponsored for the Department two years ago that was wide open that anybody 18 to 21 that potentially needed services was going to be able to obtain services in this way.

The Area Agencies objected to that because of the -- some of the unknowns that I think have been discussed here today. And, as I recall, we in the Senate stripped that piece out of that bill. I think it was Senate Bill 160 -- um -- in 2021. When the Department again came to me to file another omnibus type bill, that provision was in the bill again, and I worked with the Department and the Area Agencies and came up with the number of up to 20 kids to try to answer some of the questions that have been raised by both the Department and other Members here of the Fiscal Committee today.

It would be my recommendation that we go forward with it. Um -- these are individuals that are potentially in need of services. We will learn a lot more from it and be able to, I would hope, figure out what the demand could potentially be. Is it 20 kids or is it a thousand kids? We don't know the answer to that. I don't think you know the answer to that either.

MS. SANTANIELLO: Right.

SEN. BRADLEY: But at the same time, there are families with disabled children that have left the school system that until they're 21 there's an obligation to serve. So it seemed -- and both bodies passed it, although there was, as you remember, Madam Chair, we had to move this bill into the parking garage. We parked it right there in 1661; but it was never -- this piece was never really discussed, as I recall, in any kind of -- um -- controversial way in all of the Senate hearings and I think all of the House hearings on the underlying bill. That's my recollection of the process.

CHAIRWOMAN UMBERGER: Uh -- I will not argue at all that there's a problem in the 18 to 21 age group. Okay. I -- I have no problem with that. Because I -- I certainly recognize that that is an area of underserved I think is maybe the right term that I should use. But your -- your pilot program as it stands says it's basically looking at -- your first -- first two items are homeless for -- basically for homeless people. And your third item is individuals already receiving the maximum amount of services through in-home support. So --

MS. SANTANIELLO: So --

CHAIRWOMAN UMBERGER: Unless the legislation said that you were to focus the homeless that, you know, I -- I question whether those should be number one and number two.

MS. SANTANIELLO: Well, it's a young adult who meets the eligibility criteria under RSA-171-A, so they're already found eligible for Developmental Services System, and they do not have a place to live. Oftentimes, these young adults show up in the

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emergency room and they can't go home. And so when we say homeless that is the term. It is not individuals who would be homeless under the homeless services system. These are individuals through the Area Agency system who are eligible under RSA 171-A. That threshold has to be met first and have no home to go to and are in need of residential services.

CHAIRWOMAN UMBERGER: Okay. Are there any further questions?

MR. KANE: Madam Chair, if I may?

CHAIRWOMAN UMBERGER: Hm-hum.

MR. KANE: To go back to the -- what HHS is asking, I think more specifically, even though it says to -- in the item itself it's -- um -- I should have taken a closer look at this request, review and approval of its plan. The Chapter Law itself, and I'm going to read it verbatim, is that if the Department determines that all necessary coordination for the pilot program has been sufficiently completed, the Department may make request to the Fiscal Committee of the General Court to begin implementation of the pilot program on the appropriation effective date.

And, basically, what happened, Senator Bradley had mentioned this, the Legislature did appropriate \$2.8 million for these individuals for a pilot program. I think there's a cap of about 20 individuals. But before HHS can even spend dollar one, they need Fiscal to say, yep, are you sure you've done all the coordination for the pilot program and you're ready to go? And then Fiscal will say yes and you can begin to spend it.

The paragraph before, and it could be a little out of order in that -- in that Chapter Law, that's where the requirement that on February 1st, 2023, the Department shall provide a detailed report of the pilot program plan. That's the first and only use of the word plan. To the Senate Health and Human Services Committee, Senate Finance, House Children and Family Law, House HHS Committee, House Finance, as well as Fiscal. Not for approval but to provide that to them. And then what the

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Chapter Law does is specifically outline what the Committee should expect to see relative to what Christine was mentioning the data on utilization number of individuals, et cetera.

So I think maybe the wording of the request is causing some of the confusion. What the Department needs before they can even begin to spend that is the approval of Fiscal to begin the implementation of the pilot program. The plan to be coming at a later date. That is not something that needs approval of Fiscal, if that helps to confuse or clarify the situation.

CHAIRWOMAN UMBERGER: I think the comment that the explanation wasn't really very good, it's probably the most appropriate thing you said. Okay. Uh -- are there any further questions? Seeing none. Could I have a motion to approve --

**\*\*** SEN. BRADLEY: Move the item.

CHAIRWOMAN UMBERGER: -- 22-336. Moved by Senator Bradley. Seconded by Senator Gray. Will the Clerk please call the roll.

REP. EMERICK: Roll call on 336. Representative Edwards.

REP. EDWARDS: I have conflict of interest and abstain on 336.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

SEN. DANIELS: No.

REP. EMERICK: Senator Bradley.

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SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

SEN. GRAY: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is 8 to 1.

CHAIRWOMAN UMBERGER: Okay. The vote being eight in favor, one opposed, and one abstained, the motion passes.

**\*\*\* {MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: Okay. Thank you very much. So we will look forward to seeing a plan in February.

**(13) Miscellaneous:**

CHAIRWOMAN UMBERGER: All right. We now turn to late item 22-371, which is in Tab 13. Department of Health and Human Services is asking for dollars to develop a Sununu Youth Center -- Services Center Critical Staffing Incentive Program.

MR. WHITE: Hello. Nathan White, CFO.

JOSEPH RIBSAM, Director, Division of Children, Youth and Families, Department of Health and Human Services: Good morning or good afternoon. Joe Ribsam, Director of DCYF.

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CHAIRWOMAN UMBERGER: You want to say something?

MR. RIBSAM: Sure. You want me to just describe the item? I'm sorry, I was expecting a question. Um -- so what we're seeking to do here with support -- the letter actually comes from DAS, with support from DAS through their recently authorized retention and recruitment authority is to be able to provide a retention and recruitment enhancement for staff who work overtime shifts at SYSC.

We've gotten into a very, very difficult staffing situation in that building. We are now down to -- we need about 45 full-time youth counselors to run that building appropriately. We're now down to 20 full-time youth counselors to run that building. We do have a handful of temporary staff which were approved at a prior Fiscal Committee here. That contract is to be able to have up to 18 at a time. At this current time, I believe we have nine of those filled.

Um -- it's been very, very difficult to hire, recruit, and retain staff. In addition, there has already been an enhancement approved by G&C on their salaries. Despite that, it still has been incredibly difficult to hire, retain, and recruit staff. That's put us in a position where we are having to rely even more greatly on overtime than in the past, and staff are really struggling to keep up with that overtime.

The Department has since put out a request for any Department staff who are qualified to be able to be trained and working as a YC there, and to receive overtime compensation for working there. In order to have enough overtime hours filled, we believe it's necessary to have an additional enhancement for folks to entice them to come in and work for the overtime shifts. So that's where this comes in. The idea to try to entice more people to come in to being voluntarily working overtime shifts at SYSC, or to provide additional compensation for folks who might be newly hired attracted by the opportunity to earn additional overtime while working in the facility. The plan sets

forth that anybody who works more than 24 hours of overtime in a pay period would be eligible for a \$300 bonus in their paycheck.

CHAIRWOMAN UMBERGER: Okay. Thank you. Are there any questions? Representative Edwards.

REP. EDWARDS: Thank you, Madam Chair. Thank you, Mr. Ribsam. So I -- the fundamental problem that you're trying to cope with, as I understand it, is that we have on the books in the RSAs a closure date of 30 March, and there is no replacement plan in law at this point and that's the -- that's the 800-pound gorilla making it difficult to recruit and retain; is that correct?

MR. RIBSAM: That is a huge contributing factor. I believe there are probably other contributing factors, right, such as, you know, underlying salary which we've tried to address, such as the general cloud over the facility given the horrible things that have happened in the past there. But yes, we saw, actually, once we were unable to have resolution on that issue in the last legislative session, an additional third of our current working YCs had resigned, because they had seen that, you know, there was not necessarily a future for them, and it's incredibly difficult to operate a facility when you have that type of ambiguity over the future state.

CHAIRWOMAN UMBERGER: Yes, please.

REP. EDWARDS: Okay. So -- so it seems like it may be necessary but not sufficient to extend the closure dates so that at least the retention problem is minimized. I don't see how recruiting can really benefit until we have a replacement plan. Until we know what the future looks like, I think we can keep people around but recruiting them will be tough without a replacement plan. That's my theory. What do you think?

MR. RIBSAM: I believe that's true, but not necessarily the entirety of it. I do think that, you know, if there is, you know, public signaling and support that this is going to be resolved that too will help, right? I think a lot of this is

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that folks really aren't quite sure what's going to happen and, you know, even if it takes time for the Legislature to come up with that replacement plan and to extend out the dates into the next session, which I don't believe there's any alternative to that, right? I don't believe there's a possibility to do anything sooner than the beginning of the next session. The fact that even this conversation has started and there's been public reports about the extension of all of this has already helped us in these conversations with staff and trying to say, look, there is a future. People are working towards this. But it's incredibly important that progress continue to be made so that people continue to see that they do have a future.

CHAIRWOMAN UMBERGER: Excuse me.

REP. EDWARDS: May I?

CHAIRWOMAN UMBERGER: You may.

REP. EDWARDS: So I think -- I think I've heard you describe a three-legged stool here. That the issues that's causing your recruiting and retention problems, you could summarize maybe in three legs. One, that we have a closure date on record. That you have salary issues just to bring people in, and that you have sort of a -- a goodwill messaging component of it that if -- if people in the Department are hearing that the Legislature and the public is interested in working on that first problem, which is the closure date, that -- that -- that those three things in combination could help address your concerns.

MR. RIBSAM: Yes, I believe that's accurate.

REP. EDWARDS: Is there a fourth thing?

MR. RIBSAM: I think that's -- I mean, I think that's accurate. That's what's coming to mind.

CHAIRWOMAN UMBERGER: I mean, I don't think there's anyone in the Legislature that believes that the Sununu Center is going to close on 31 March. You know, I don't know how -- I don't

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know how you reassure people that they'll have jobs on 1 April; but -- um -- it's, you know, it's not going to close. It can't. So I don't know if that helps or not; but we'll do our level best to get legislation through quickly -- uh -- in -- in January that will, hopefully, help with, you know, with people understanding that there is a future, although it may not, you know, 45 people is what you were talking. You would probably require 45 for any new act -- building or whatever. So I know it's a problem and -- but we'll get there.

MR. RIBSAM: I appreciate it. Thank you.

CHAIRWOMAN UMBERGER: All right. Are there any further questions? Senator Soucy.

SEN. SOUCY: Yes, I may. I certainly recognize closure date and messaging being significant issues, but I wonder if you could just update us. I believe with respect to the salary issue, collective bargaining negotiations play a huge part in this and the role the State has played vis-à-vis the employees, I think, has also exacerbated your problem. I wonder if you could speak to any specific issues that might be addressed soon in that bargaining agreement?

MR. RIBSAM: Yeah. So the -- the immediate -- the immediate or short-term attempt to try to address that was through salary enhancements which were approved by G & C a little bit less than a year ago. That pushed the SYSC front line staff salaries to really be in the range of like 15 to \$20 an hour, which if you go and look at what folks are paying at grocery stores and such, right, in the current environment that's not incredibly competitive and that was after the salary enhancements, right. So I think this is all happening in the context of a few other things, right, that I -- that I don't think we have direct control over in the immediate term; but that I do think in the long-term should be or in the intermediate term should be thought about, right.

One, you know, we do have an overall workforce issue in the state in general and specifically in areas of direct care,

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right. So direct care in all different settings, but particularly in my -- in my wheelhouse, and where I'm concerned is around people who provide direct care in residential settings. That's true for private residential programs, it's true for SYSC, and it's not just a New Hampshire issue. Every state in the country is facing the same thing. I get clips sent to my e-mail every morning from around the country for Juvenile Justice and child welfare related issues. And you'll see a story that sounds just like this all over the place.

So I think there's a big issue there and that the workforce, the compensation for that type of work hasn't really come to pace with the rest of the economy. So I do think there's an opportunity to think about what is an intermediate or long-term solution to that problem. What we're really proposing at this moment is just a Band-Aid to try to get us -- get us through the immediate term.

CHAIRWOMAN UMBERGER: Thank you. Are there further questions? Seeing none. Could I have a motion to accept?

\*\* REP. EDWARDS: Move (Inaudible).

CHAIRWOMAN UMBERGER: Representative Edwards moves FIS 22-371, seconded by Representative Erf. Will the Clerk please call the roll.

REP. EMERICK: Roll call for 371. Representative Edwards.

REP. EDWARDS: Yes to 371.

REP. EMERICK: Emerick votes yes. Representative Erf.

REP. ERF: Yes.

REP. EMERICK: Representative Leishman.

REP. LEISHMAN: Yes.

REP. EMERICK: Senator Daniels.

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SEN. DANIELS: Yes.

REP. EMERICK: Senator Bradley.

SEN. BRADLEY: Yes.

REP. EMERICK: Senator Gray.

SEN. GRAY: Yes.

REP. EMERICK: Senator Rosenwald.

SEN. ROSENWALD: Yes.

REP. EMERICK: Senator Soucy.

SEN. SOUCY: Yes.

REP. EMERICK: Representative Umberger.

CHAIRWOMAN UMBERGER: Yes.

REP. EMERICK: Madam Chair, the vote is 10 to zero.

CHAIRWOMAN UMBERGER: Vote being 10 to zero, FIS 22-371 passes.

**\*\*\* {MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: So, Mr. Kane, I understand you have something for us.

MR. KANE: Yes, thank you, Madam Chair. The administrative procedures of the Committee adopted at the beginning a couple years ago requires that our office request authority to fill a position when found a candidate and have a vacancy. We do have a vacancy which is funded. We have identified a candidate who has accepted our job offer pending approval from Fiscal. So I would just ask the Committee's approval to fill an auditor position.

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\*\* CHAIRWOMAN UMBERGER: Senator Soucy moves. Senator Rosenwald seconds. Do I need a roll call?

MR. KANE: Show of hands, roll call, whatever you're comfortable with.

CHAIRWOMAN UMBERGER: Okay. A show of hands on whatever. Mr. Kane hiring somebody.

MR. KANE: Yes.

\*\*\* **{MOTION ADOPTED}**

CHAIRWOMAN UMBERGER: What's really exciting is you actually have someone to fill the position.

MR. KANE: We do, we do. We kind of cheated. She worked for us before a few years ago. So we have a little leg up on that.

CHAIRWOMAN UMBERGER: It doesn't matter how it happened. It's good that it happened.

**(14) Informational Materials:**

CHAIRWOMAN UMBERGER: Okay. We have several information items. And -- um -- we have a briefing on PFAS in our landfills. So are there any questions on any of the other information items? Yes.

REP. LEISHMAN: Lottery.

CHAIRWOMAN UMBERGER: Okay. Someone here from Lottery?

JAMES DURIS, Chief Financial Officer, New Hampshire Lottery Commission: Hi. Jim Duris, CFO, New Hampshire Lottery Commission.

REP. LEISHMAN: Thanks for taking my question. So I think I noted a decline of about 6.7 million in sales. Could you just tell us why we're seeing a decline?

MR. DURIS: Yes. There's really two factors in there. Uh -- during the COVID period our sales increased greatly -- uh -- with sharp, sharp increases that were unexpected at the time. So we're having the combination of that coming back a little more to reality, what I would call reality as the finance person, but coming back more in line. Still, over prior years, if you go back to '22 and '20, we're still above those numbers. Just not going where '21 was.

Secondarily, we also see the rising prices of food, gas prices, things like that, which, obviously, especially gas have a direct -- direct effect of when you buy gas and go into that store you don't have as much free money to spend on tickets.

REP. LEISHMAN: All right. Uh -- thanks. Thanks, Madam Chair.

CHAIRWOMAN UMBERGER: You know, it's interesting. I got the same answer from Charlie McIntyre. So they're talking to each other, which is -- which is good to know. Thank you very much.

MR. DURIS: You're welcome.

CHAIRWOMAN UMBERGER: So, DHA -- yeah, right. Environmental folks, if you would. I think all of you received a copy of the briefing. So this kind of -- um -- there was something that came about that said this is -- this is a problem that we're going to be facing probably in the -- in the next budget. And I -- I don't know where we're going to get all this money from. So if you would, Commissioner, please.

MICHAEL WIMSATT, Director, Division of Waste Management, Department of Environmental Services: Thank you, Madam Chair. For the record, my name is Mike Wimsatt. I serve as Director of the Waste Management Division for New Hampshire DES. And with me today is Jamie O'Rourke, who is a hydrogeologist in our

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Hazardous Waste Remediation Bureau, and much of his work focuses on landfills and landfill monitoring.

As the Chair indicated, there's a question that came up at a prior meeting about PFAS, particularly as it relates to our landfills in the state and as it relates specifically to its presence in leachate, which you'll as you'll learn from Jamie is a significant management issue for landfills that do collect it.

Um -- so -- uh -- with that, I'm just gonna -- I know we are running late here today. I'm going to turn it right over to Jamie. He's got a presentation that I believe has been shared with the Committee Members. Probably runs about 15 minutes or so in length and -- and we'll be happy to answer any questions, either along the way, or after Jamie's completed.

JAMES O'ROURKE, Hydrogeologist IV, Hazardous Waste Division, Department of Environmental Services: Good afternoon. We do have copies of the presentation if someone doesn't have one with them, if they'd like. I've got 25 more here if you -- if you really need them.

MR. KANE: Thank you.

CHAIRWOMAN UMBERGER: Please go ahead.

MR. O'ROURKE: Thank you very much. Good afternoon, everyone. We were invited over to give a quick little discussion on PFAS occurrence in leachate at New Hampshire landfills. On the interest of time, I'll be moving rather quickly on some of these slides. They're more high level.

Within the first several pages -- these are numbered as well, if you'll note in the bottom right hand corner. We have the first page here is a listing of the active lined municipal solid waste landfills here in New Hampshire, along with their locations.

The next page is simply a listing of the various waste that can be found or disposed of in New Hampshire landfills. Not all

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landfills can take all of these waste, but a majority of them and all of them for certain will be taking municipal solid waste and wastewater treatment plant sludge which we'll be discussing in a few minutes.

As we move along here, landfill leachate management in New Hampshire, leachate is actually defined in the solid waste rules. Means a liquid, including any suspended components in the liquid, which has contacted or passed through -- passed through solid waste.

As that liquid passes through a landfill's waste mass, it leeches or extracts chemicals or constituents from the waste as those waste breakdown. Along with PFAS, this can include numerous different chemicals and compounds, as well as the PFAS. Organic compounds, heavy metals, chlorides, nitrates, so on and so forth, the material ends up being quite a -- quite a noxious fluid, very thick, viscous, almost like a brine or a thick soup, if you will. Very challenging to manage and deal with.

Following the discovery of the extent of PFAS impacts to the southern part of New Hampshire, DES started becoming concerned about the potential for PFAS within the landfills and specifically the landfill leachate. In 2018, DES conducted an initial sampling survey of leachate from nine landfills in New Hampshire. That includes the six active landfills, as well as three closed landfills that also generate leachate. The results were rather interesting and very wide-ranging. A wide variety of PFAS were detected at varying concentrations across the board. All nine landfills had PFAS. It wasn't -- there wasn't necessarily a theme or a rhyme or reason as to the scale or size or even age of the landfill, whether it be closed or still active.

The next study that kind of came to our attention was actually our neighboring State of Vermont. In 2019, they required their -- their only operating landfill to conduct a study of potential PFAS sources in waste stream. So essentially what they did is they had their landfills sample the waste as it was coming into the facility trying to determine where are we

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seeing this PFAS in our leachate coming from. Well, the answer was it's pretty much across the board. There's a snippet of a slide at the bottom of the page that I've included and you can see there's PFAS detections across the board, from sludge to bulky items, textiles, carpeting, mattresses, couches, so on and so forth. So there is, as we all know now, which we didn't necessarily know as much in 2019 is PFAS is rather prevalent across our society.

So in New Hampshire the current management of leachate is rather universal. Leachate is captured in landfills' liner system below the waste that's there and it's either shipped or piped to wastewater treatment plant. It's about 50/50 versus trucked versus shipped with our active landfills.

At the wastewater treatment plant and within the process itself, there's a negligible destruction of PFAS. In fact, it partitions off to the water effluent as well as the biosolid sludge material. As a result, there's relative impacts on the back end. The receiving water quality has -- will show impacts from PFAS, and the sludge itself shows impacts as well, potentially limiting its management options. Instead of being able to possibly be used in land spreading or composting, one of the other options is that it goes to landfills. In fact, a majority of it does.

There is one active landfill in New Hampshire that actually pre-treats its leachate, which we'll be talking about in a little bit. It wasn't necessarily designed to be simple -- to be pre-treating for PFAS as the Turnkey Landfill in Rochester. They've actually been pre-treating their leachate since the 1990s. So well before our knowledge of PFAS came around. I'll talk about it in a little bit more detail. They've been doing some interesting work that we have been discussing with them.

But as I outlined above, there's essentially this cyclical relationship between landfills and wastewater treatment plants. A landfill generates leachate. It's get shipped to a wastewater treatment plant. The wastewater treatment plant generates a biosolid and in most cases it gets shipped back to a -- shipped

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to a landfill. There's, obviously, a couple of offshoots off of that relationship with the water effluent, which may come off and impact streams and rivers, and then also that biosolids component in some cases. There are some beneficial uses that are there in which they have been used for.

On the next page we have a table of the various volumes of leachate that have been generated at the six municipal solid waste landfills across New Hampshire. These are the last three years of numbers that we have. As you can see, the numbers vary greatly from location to location, but also from within facility -- uh -- from year to year as well.

Now the numbers, obviously, will relate to the landfill size and scale of operations, but there are some operational steps that a landfill can take to limit the amount of water that infiltrates into the waste mass. If you use a tighter cover on a daily basis, you can shed some of that water instead of generating as much. So there are some potential steps you can take to limit landfill leachate generation.

At the bottom of the page there are six closed landfills that also generate leachate. They generate leachate at a much, much smaller rate given that they are closed. They are capped with an impervious material to prevent liquid and water and rain water from migrating through the waste mass and generating more leachate. Essentially with a -- with a liner underneath and a cap on the top we've created somewhat of a closed system. So the leachate is coming out and those numbers drop off precipitously after closure almost exponentially within three years.

We wanted to take the time today to discuss, at least very briefly, the occurrence of PFAS and groundwater at New Hampshire landfills. We, obviously, have these occurrences in leachate, and we have been aware of and sampling around landfills consistently. DES required groundwater sampling for PFAS at all lined and unlined landfills that have groundwater release detection or groundwater management permits. So groundwater

monitoring permits that run in perpetuity, essentially, for the landfill's existence and beyond.

As of March of 2022, 90% of landfills have been sampled for PFAS. This includes all the lined landfills and all the active landfills as well. Ninety-one percent of those have had PFAS detections. Seventy-seven percent have had PFAS detected over ambient groundwater quality standard or AGQS standards for one or more of the four PFAS that we regulate. A not insignificant number is 22½% on that last line. We've had that number of landfills that have either had PFAS detected below standard or not detected at all in groundwater sampling around them.

At the bottom of the page, there's a table where those numbers and percentages were derived from. Just a -- just a little reference point for you when you look at the lined landfills. Some of the line landfills in New Hampshire have unlined landfills associated with them, either abutting up against them or right next-door. So when we calculate those numbers, when you look at that monitoring data, those might be representative more of the unlined landfills as opposed to some kind of operational challenge with the line system.

The next page is essentially the same numbers presented in a slightly different way. Just a simple pie chart for us. You can see that three-quarters of the landfills have detections over AGQS and the other 22% and how they're divided. We have had 174 landfills in New Hampshire screened for PFAS at this time. We're hoping and anticipating being able to get the rest on board as well.

One note here, the data from this groundwater information was submitted previously in our status report on the occurrence of PFAS contamination in New Hampshire dated June of 2022, much bigger report that I believe was submitted directly to this Committee.

Obviously, with groundwater impacts at landfills, DES is always concerned about drinking water 'cause groundwater is such an essential source of drinking water in New Hampshire. As a

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result, there has been extensive drinking water sampling around landfills conducted by the responsible parties, municipalities and such.

PFAS has been detected in drinking water supply wells exceeding AGQS at six closed landfills sites totaling 24 water supplies that have been impacted. Each of those impacted water supplies has been provided a permanent potable water solution. So either some kind of treatment system on their water supply well or a connection to a water utility. Or they're being provided bottled water until such a permanent solution can be provided by the responsible party.

In approximately half of these cases, contaminants other than PFAS were previously detected at the water supply wells above their respected AGQS. So about 12 of these were already being monitored for other impacts from a landfill; and as a result of PFAS coming onto our radar screen, we decided that they needed to sample for PFAS as well, and it was found as part of the process. Those residents were probably already on treatment systems already.

At the bottom to note -- to note to date there have been no detections of PFAS over AGQS in water supply wells that have been sampled near active landfills. So we framed the challenge -- framed the issue a little bit and what are some potential steps we can take in the future to deal with this -- deal with leachate. We could continue on with the current practice where wastewater treatment plants are required to just meet their applicable standards. So if -- if there were and will be surface water standards for PFAS enacted, the wastewater treatment plant would end up needing to be able to comply with those. That would also relate to possibly the sludge disposal, whether there be limitations on their ability to be used in some fashion for beneficial use.

One of the things we could do if we wanted to consider requirement to pre-treat the leachate before it's in place into the wastewater treatment plants process. You could have on-site pre-treatment infrastructure at the landfills. You could develop

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a pre-treatment infrastructure at the wastewater treatment plant so that it's not getting under the system.

One of the other ideas that has been thrown around a little bit and has received some positive -- positive feedback is the idea of a regional pre-treatment facility where these landfills bring their leachate so that it can be treated appropriately by a state-of-the-art type facility, and then have it disposed at a wastewater treatment plant. You could co-locate this with a wastewater treatment plant possibly.

Um -- one of the other things we need to consider as we go through this process and evaluation is -- is what's the significance of the benefit by removing the PFAS that leachate brings into a wastewater treatment plant? How much PFAS are we removing from the total that may be coming out of the pipe as we talked about potential waste -- waste that go into landfills? We know that PFAS is prevalent throughout our society.

It was raining this morning. If we had Gore-Tex or some kind of other waterproofing on we might have had PFAS on part of our clothing, cosmetics, so on and so forth. So there will be significant PFAS in wastewater treatment plant already. How much -- how much help are we giving by removing this PFAS from the leachate? There is significant sampling that's been being done by DES in the Water Division to be able to make some informed decisions on this as we move forward.

So there are treatment technologies that would be available for us to be able to treatment leachate. The first three may look rather familiar to you. They have been used extensively across New Hampshire to treat drinking water supplies that have been impacted by PFAS. Granulated activated carbon, ion exchange resin, and reverse osmosis.

As I indicated earlier, one of the challenges that at this stage with dealing with leachate is its viscosity, is its components, is it suspended solids. If were you to apply PFAS to one of these technologies directly, you would end up fouling the system almost instantaneous on a daily basis. So what you end up

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needing to do is have what's called a treatment trainer, sequence of treatments, that can get leachate to the point of being able to use this technology. It's not impossible. In fact, it is done. It just adds a great deal of complexity and maintenance related to these locations.

There are new and emerging contaminants or new and emerging technologies for these emerging contaminants. Foam fractionation, which is the generation of a PFAS foam off the top of the leachate that could be skimmed off and disposed of. Stabilization or encapsulation which is the creation of essentially a solid or a concrete that can then be disposed of back into the landfill.

One of the ones we're most interested in is super critical water oxidation. It is a relatively new technology that's being tested out there, but it actually applies heat and pressure to be able to destroy the PFAS compound. Obviously, very ideal, very much on the front-end. There are some pilot studies out there that we are aware of. In fact, the Wastewater Engineering Bureau has received an infrastructure grant to be able to run a pilot treatment -- a pilot study on treatment of leachate from a wastewater treatment or from a landfill prior to its being delivered to a wastewater treatment plant. They're hoping to get numbers out of that within -- in 2023, in the summer of 2023.

The Turnkey Landfill of Rochester landfill -- excuse me -- they've also been running their own pilot studies as a commercial entity. They've been doing this, and we became aware of some rather interesting information that they provided to us and that they've had successful runs of running a pilot study on a full scale basis. Uh -- they're hoping to be able to take the next steps into the future. So we hope to be able to learn a lot from them as they move on with actual operational tendencies when it comes to the treatment of leachate.

In summary, there are six active municipal solid waste landfills in New Hampshire that are generating approximately 96 million gallons of leachate per year. Leachate quantities generated -- generated vary widely by landfill, generally based

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on landfill size but not exclusively. There are some operational steps you can take to limit that generation.

Operational time frames and landfill sizes do not always correlate with the concentrations of PFAS and leachate. PFAS is found in a wide-ranging number of waste types. There is this cyclical relationship we discussed between landfills and wastewater treatment plants where the landfill generates leachate, gets sent to wastewater treatment plant. Wastewater treatment plant generates biosolid that gets sent back to the landfill itself.

There are potentially leachate treatment options as we discussed. They haven't been fully vetted necessarily at an operational level at New Hampshire landfills. And as I discussed, on the last slide there are some pilot studies that we're going to get some information from over the next year or so.

On the last page I included my contact information, as well as Director Wimsatt's. We are available for questions if there's time now or if you have questions at another time, you can feel free to reach out to us, please.

CHAIRWOMAN UMBERGER: Oh, go ahead, Senator Gray. Sorry.

SEN. GRAY: Since I'm also a City Councilman in Rochester, the history of why they pre-treat in Rochester has to do with nitrogen and nitrate because of the discharges in the Cochecho River which is impaired for and so it didn't have anything to do with PF compounds. Just want to make sure that that's clear. And Waste Management, I didn't even know that they were running a pilot on P-F-A-S.

MR O'ROURKE: Yeah, I had a conversation with them just very recently where I mentioned that we were going to have this discussion, and I wanted a bit of an update as to what they were doing, and they dropped this on us in a favorable way. There's no requirement from us for them to be -- they're pre-treating their leachate. As you discussed, it's a local -- local matter.

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And the PFAS component, I think, is a matter of disposal. For an economic standpoint, at one point they were shipping their leachate all the way down to, I think, New Jersey at some point. That's not sustainable for them. So they, I think, invested in monies into trying to take the next steps into keeping it local, if you will.

CHAIRWOMAN UMBERGER: It's rather scary when your landfill says to your wastewater treatment plant you cannot bring your leachate to me anymore. Because then you're kind of looking around going I don't want it in my backyard. But it's -- it's the kind of thing that I'm -- I'm really, really concerned that this is going to blow-up in our faces. And that's -- that, I think, is a real problem. I mean, everybody that has a, you know, doesn't have a -- has to have their tanks pumped, all that goes to some wastewater treatment plant. And it's my understanding that the concentration of PFAS in your thing that you have at home is higher than what comes into the wastewater treatment plant through the sewer systems. So it's -- I don't know.

MR. WIMSATT: Thank you, Madam Chair. If I may? You raise a really good point. So it -- as with many topics, it's very -- sometimes very location and facility specific. A landfill that sends its leachate to a fairly large scale wastewater treatment plant that has many millions of gallons a day of flow that it's treating, that daily shipment may not represent a significant portion of the influent to that plant. And, in fact, as Jamie indicated it may not represent a significant proportion of the PFAS that comes to that plant in any given day, and therefore doesn't necessarily influence the final concentration in the receiving stream. Most of those large volume wastewater plants discharge to a relatively large river, you know, receiving body.

On the other hand, there may be other small wastewater plants as we have a few of them in New Hampshire that don't have the luxury of discharging to a receiving stream, a river. They may do a direct groundwater discharge through rapid infiltration basins or some other such technology, and in those cases the

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impact to that effluent discharge has an immediate impact on groundwater quality. And so for those types of facilities, it's a much more difficult question. So, as with most things, the -- the -- the best solution or even the need for a solution may be dependent on the particular wastes involved, the particular facility, and the circumstances they're operating under. So we're looking at all those.

We're working -- we have very close working relationships with all of our wastewater plants. And when they run into problems like that, we're working to help them. And, actually, the pilot study that Jamie mentioned is actually focused on one of those plants that has a rapid infiltration basin to try to help them kind of get their arms around the problem.

CHAIRWOMAN UMBERGER: Are there any further -- yes, Representative Leishman.

REP. EDWARDS: Thank you, Madam Chair.

CHAIRWOMAN UMBERGER: Is your name Representative Leishman?

REP. EDWARDS: Oh, I'm sorry. It could be.

REP. LEISHMAN: He would like it to be.

CHAIRWOMAN UMBERGER: Oh.

REP. EDWARDS: I pass his cards out at the bar.

CHAIRWOMAN UMBERGER: Go ahead, Representative Edwards.

REP. EDWARDS: Oh, I'm -- I'm so sorry. Okay. So on Page 15 you have several treatments in health care. Prior to worrying about treatments, we built in a whole preventive medicine prevention program, and I'm just curious if -- if there's also a prevention aspect of this that -- that you guys are including in your thinking but is not in this report?

MR. WIMSATT: Thank you, Representative. That's a great question. And, yes, the answer to that is yes on both a state scale and a national scale. So on a state scale when, as I said, we have close working relationships. So between a water division and these wastewater plants. When they start and we've been doing at the state level and to assist them, a lot of testing to understand what they're getting in for influent concentrations of PFAS, as well as what they're discharging out, you know, for treated effluent. And when they find a problem that seems anomalous, when they see concentrations that are particularly high, some plants have even gone to the trouble of going, and it helps you understand things better, going to different locations in their collection system to try to find out if we are getting increased PFAS, where is it coming from, and can they tie it to a particular commercial or industrial facility that may be using PFAS containing materials in their manufacturing processes, and then ending up discharging them in their wastewater. So there's a lot of work that's been done to identify that, and then that's when you get to the prevention piece.

If there's a problem, if that facility can use another material that doesn't use PFAS to get it out, that's a great solution. If they have to use it for their particular manufacturing, then they can look at removing that PFAS prior to just it getting into their wastewater and discharging to the wastewater system. So that's sort of the state level and local level prevention that we work on.

Also, there's a lot of discussion nationally that at the end of the day, if we're going to solve this PFAS problem, we kind of have to significantly -- we absolutely have to significantly reduce the presence of PFAS in commerce. That means that there's probably a lot of uses for these materials while -- while helpful and convenient, may not be entirely necessary. And when you run, you know, a cost benefit analysis of, you know, the benefit that that product gives you by using PFAS versus the cost associated with managing waste or the waste itself when you throw away that product, those -- there's a lot of work going on there trying to really reduce the amount of PFAS that's used and industry is already making steps there.

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They have lots of reasons not to be famous for having PFAS in their products. So there's a lot of work going on to try to reduce or eliminate the use of PFAS in certain manufacturing.

REP. EDWARDS: Thank you. So as I'm looking at the alternatives, I assume that one of the big factors is not only just the efficiency, the effectiveness of these techniques, but -- but also the energy consumption.

MR. WIMSATT: Yes.

REP. EDWARDS: I would assume that some of these are energy hogs more than others. And so -- so that's all part of your analysis, I presume.

MR. WIMSATT: That is correct. There's, as with most things, there's never a perfect sort of silver bullet. Everything has pros and cons. And, again, the -- the answer for one facility may be very different than another. You know, if you're treating drinking water and you're a small facility or even a large facility, granulated activated carbon turns out to be a very time-tested, effective, and cost -- and though expensive, still a cost effective means of treating drinking water.

As Jamie mentioned, when you start talking about treating leachate, it gets more difficult. You got to do a lot more pre-treatment. And, in fact, Senator Gray mentioned the Turnkey Landfill in Rochester. The work that they did to remove nitrate that goes back to the nineties, the treatment train they developed there for many years has had a series of steps which is -- which is -- which ends with a reverse osmosis step, which you couldn't do on untreated leachate, but -- but they, once they pre-treated it sufficiently, they can do that. They had no way of necessarily knowing it. But even when we weren't paying attention, we didn't know much about PFAS, their treatment through the reverse osmosis process was removing PFAS. So the effluent that they were sending or the pre-treated leachate that they were sending to the Rochester City Wastewater Plant had largely had the PFAS removed for many years.

CHAIRWOMAN UMBERGER: Representative -- Representative Leishman.

REP. LEISHMAN: Thanks, Madam Chair. Mike, I'm sure the Chairman is correct as far as this is becoming an explosive situation. But is the Department looking at additional sources of funding to help correct or do you plan to ask for additional funding in the next budget to address this issue?

MR. WIMSATT: Well, as you can imagine, we have -- we have a lot of things going on with PFAS and over time funding has been provided to the -- to the Agency through some General Fund appropriations to help particularly drinking water plants put on treatment. There's been a fair amount of -- significant amount of federal money that's been made available for that. We also have access to the Drinking Water and Groundwater Trust Fund which is provided.

REP. LEISHMAN: That's true.

MR. WIMSATT: In a number of cases, some funding for a variety of both research and treatment processes or projects. We've done some research. We need to really understand where we have PFAS in soils, where we have PFAS, where does it occur in groundwater and drinking water in the state. So we've used some funding to do those studies, and we've also -- our primary focus is to make sure that people aren't drinking contaminated water. So much of the work we've done and the monies that we've spent have been on a combination of testing to understand where we have it occurring in drinking water, and then making sure we get funding to both community and -- and municipal water systems to get treatment on so that they can serve clean, safe water. So the short answer to that is yes. We continue to seek funding and -- and work.

With this specific issue, you know, I think as you may have surmised from Jamie's presentation, in some respects this issue is -- is that the market is sort of driving a lot of it. We're doing a lot of the work that we've described here to work with our wastewater plants, understand where the problem is and how

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to solve it. But, in fact, the -- the landfills and the wastewater plants together have a lot of incentive to try to get this out of their systems. So as you -- as was presented by Jamie, you know, the Turnkey Landfill, which is the biggest operating landfill in the state, has already been doing work to really develop pretty advanced procedures for pre-treating leachate. And the wastewater plants help to drive that because if at some point a wastewater plant decides we don't want to take your leachate anymore, because we don't think we want to have to worry about it in our treated effluent, that comes back to the landfill to find a solution.

So one of the things that I think we may look to do is have further discussions with the landfills and with the wastewater community to understand whether a, and Jamie touched on this, whether a regional pre-treatment facility would be an effective and cost-effective means of improving the quality of leachate that eventually gets delivered to these wastewater plants for treatment and disposal. So there's a -- there's a lot going on there. And -- and we still have yet a lot of work to do and a lot to learn.

REP. LEISHMAN: Thank you. Thanks, Madam Chair.

CHAIRWOMAN UMBERGER: Senator Bradley reminded us that they were just given 25 million in PFAS remediation money. Whether or not -- whether or not any of that will go to the wastewater side, I don't know. But -- uh -- it is -- it's a -- it's an issue that needs -- needs a lot of thought, and I truly appreciate it, Mr. Wimsatt, for your presentation and -- and your concern.

MR. WIMSATT: It's our pleasure. Thank you. And if there are follow-up questions, both Jamie and I are happy to field them. Just feel free to reach out to us using the contact information in the slide show.

CHAIRWOMAN UMBERGER: Okay. Thank you. If no one cares, adjourned.

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(Meeting adjourned.)

**C E R T I F I C A T E**

I, Cecelia A. Trask, a Licensed Court Reporter, do hereby certify that the foregoing is a correct transcript from the official electronic sound recording of the proceeding in the above-entitled matter to the best of my professional skill and ability.

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Cecelia A. Trask, RMR, CRR  
NH Licensed Court Reporter #00047

**JOINT LEGISLATIVE FISCAL COMMITTEE**

**October 14, 2023**