

## Report of the HB 511 Commission Subgroup

Subgroup Meeting May 8, 2018

Members present included Dr. Thomas Sherman, Julie Bosack, Mike Dumond and Dr. Katie Bush.

The Subgroup focused on the concept of developing maps of disease and contamination. Meetings reviewed available and optimal databases, reporting capacities, and financial and HR constraints within NH DHHS. We developed the concept of pathway for HB 511 demonstration and informed expansion of mapping health outcomes (and diagnostic codes by location) and environmental contaminants. The Subgroup felt there was a need to start with proof of concept by doing a demonstration project, such as is proposed in HB 1356. The relevant language in that bill is, “The report shall include a description and estimate of the cost to perform a 2-way pilot project between the departments on arsenic in drinking water, where both health effects and environmental data exist.”

The Subgroup recommends that this be a first stage of a three-stage approach.

### Stage One

The pilot would include mapping areas with high arsenic levels (already available), along with review of related cancers (bladder) within those areas, to assess possible associations. This study will demonstrate the “how to” of assessing linkages. Components would include selection of appropriate data sources, mapping, epidemiologist analysis, and a write-up of methods and findings (with potential to publish in a public health journal). The DPHS and DES will collaborate and as feasible do as much of the work as possible with existing resources and also advise of any additional resources that may be needed to complete work on the study. The time frame to complete the study will be within SFY 19.

### Stage Two

Building off of the lessons learned from the study, DPHS and DES will work with the HB 511 Commission to propose an expanded review of environmental contaminant and health data sets – perhaps up to 10 top contaminants and/or disease focus areas. A cost/benefit discussion will be included in the proposal, as well as resource, methodology and funding required (via a fiscal note) to support the expansion. It is hoped that demonstration of value in Stage One would suggest possible federal funding options to complement state funding. DPHS and DES will partner with Dartmouth and UNH as well as federal agencies (EAP, CDC) to add academic environmental public health expertise to the design and implementation of the expansion (contingent upon funding and resources – IT and staff/contracted). Time frame for the proposal is within 6 months of completion of Stage One. Once the necessary resources and structures are in place, the informed expansion will commence and results will be reported out to the NH legislature (estimated to be available by July 1, 2020).

### Stage Three

Development of a comprehensive system of automated mapping and analysis, complemented by expert epidemiological investigation where there are indicators of adverse population health effects related to known environmental contaminants for a wide range of contaminants, would be proposed based on the success of Stage Two. State agencies would partner with NH academic institutions to strengthen the blend

or research and surveillance in a robust ongoing and sustainable system. A cost estimate and a benefit assessment would be provided for the SFY 22/23 biennial budget.