

Commission to Study Environmentally-Triggered
Chronic Illness
(RSA 126: A: 73)
February 9, 2018
Minutes of the meeting

IN ATTENDANCE: Mike Dumond-DHHS, Katie Bush-DHHS, Rep Bill Ohm, Julie Bosak, Tom Sherman, Rep. Mindi Messmer, Rep. J.C. Salloway, Rep Mark Pearson, Thomas Wold

- I. Call to Order at 10:04 by Chairman Rep Pearson.
 - A. Rep. Pearson announced that he has been able to place a bill regarding sharing of data between DHHS and DES on the House Consent Calendar.
 1. Today's task is to review and implement the charge to the committee.
 2. Minutes of 1-19-2018 were distributed and reviewed.
- II. Chairman Pearson began to lead the commission in review of charges to the commission.
 - A. Rep. Messmer commented on methods of deliberation-Environmental Public Health Tracking Program.
 1. Rep Ohm suggested addressing broader public health topics.
 2. Rep Salloway commented on the commission's need to focus on policy and procedure rather than specific risks.
 3. Rep Ohm and Rep Messmer and Dr. Wold discussed identifying key agencies to name as policy partners.
 4. Mr. Dumond outlined the relation between DES & DHHS.
 - a. The Institute for Health Policy and Practice at UNH is to be included.
 - b. Rep Messmer noted that entities at DHHS and UNH are often grant funded. Thus they may not be permanent.
 - c. Mr. Bates noted that the Div. of Public Health Services is the overarching organization.
 1. State Medicaid should be included.
 5. Dr. Wold suggested adding NIH, CDC, National Institute of Environmental Health Services.
 6. Dr. Sherman added NH Dept. Of Corrections.
 7. Rep. Salloway asked Dr. Bush to comment of the DHHS Wisdom system.
 8. Rep Ohm asked about data available from Dartmouth.
- III. Rep. Salloway recommended the need for a local public health infrastructure.
 - A. Mr. Dumond described our Regional Public Health Networks and state public health planning councils. We do not have to bash county public health systems.
 1. Rep Salloway asked if the commission ought to recommend the mandate of county public health departments. Mr. Dumond recommended an initial review of current structures.
 - a. Dr. Sherman and Mr. Dumond will cooperate in assessing what structures exist in the state.
 - B. Rep Ohm asked for a definition of higher than expected rates.
 1. This is an epidemiological determination.
- IV. Dr. Sherman described news media outlets.
 - A. Dr. Sherman noted that a state media organization probably exists.
 1. Rep Salloway will contact Howard Altshiller to ask.
 2. Mr. Diemond described the DHHS media system.
 - B. Rep Ohm asked for definitions- is there a threshold for informing citizens?
 1. Dr. Wold noted that information can flow up from local officials and down from the state.
 2. Mr. Dupont explained that DPHS currently does not have its own public relations person, but that the Department does have a Public Information Officer.

3. Dr. Bush suggested that health care providers were important partners in the distribution of health information.
4. Dr. Sherman recalled successes and lapses in efforts to disseminate public health information.
5. Ms. Bosak described what data flows down.
 - a. Mr. Dumond described what data flows down.
 - b. Chairman Pearson decried inflammatory announcements from the media.
 - c. Dr. Sherman and Rep Salloway discussed creation of a public health/media advisory group to assist DHHS in crafting responsible information dissemination.
 - d. Rep Messner noted the Kingston drought and fire station incident re: PFC's.
 1. Fire stations commonly release some fire suppressants with PFC's and thus contaminate wells.

V. No. 4 reproduces item #1.

VI. Dr. Wold suggested using the list of indicators used in the WISDOM database.

A. Dr. Sherman spoke on the example of the Seacoast cancer cluster.

1. Mr. Dumond described DHHS privacy protections.

2. There is a need for data use agreements which are ironclad.

a. Dr. Bush says data is DE identified

b. Amy Costello will be asked to work with Rep Messmer on this.

3. Rep Salloway, Mr. Dumond, Dr. Bush and Dr. Sherman discussed privacy protections.

VII. This is covered in items 1 & 4. To be done

VIII. This is covered under other headings.

A. The gap is with environmental data. To be continued

IX. Follow from items 8 & 9.

X. Discussion followed on using diagnostic tests at the practitioners' level.

A. Dr. Sherman and Dr. Wold and Rep Messmer addressed screening tests and surveillance.

B. It is essential that patient surveillance data from practitioners flow up.

XI. There needs to be a coordinated effort to train practitioners.

Next meeting will be Friday April 13th at 10am

Clerk will list tasks and agents. Mr. Bates will circulate contact information

Meeting adjourned at 12:18p.m.

Respectfully submitted,

Rep. Jeffrey Salloway, Clerk