

AN ACT reestablishing the commission to study environmentally-triggered chronic illness.

SB 85, Chapter 229:2, Laws of 2019

**Regular Meeting (Remote via Zoom) of the
New Hampshire SB85**

Commission to Study Environmentally-Triggered Chronic Illness

February 19, 2021 12-2 PM Remote mtg. via Zoom

Available via NH Senate Livestream on YouTube @
<https://www.youtube.com/watch?v=4f6dTzIPnjk>

-Mtg opened @ 12 Noon by SB85 Commission Chair, Sen. Tom Sherman, District 24 who welcomed the panel and public prior to reading the Right to Know Law compliance statement

-Sen. Sherman/ Calls the mtg. to order and is about to begin the Roll Call...

-Ms. Jenny Horgan (Sen. Admin. Staff)/ Notifies Sen. Sherman that "late last evening Sen. Denise Ricciardi was appointed to the commission to replace Sen. Jeb Bradley." Confirms that "d/t the late appointment, Sen. Ricciardi has a conflict for today's meeting and is not able to be present today."

-Sen. Sherman/ Roll Call:

-Sen. Denise Ricciardi- absent

-Rep. Jeff Salloway- present/ home office in Lee/ alone

-Rep. Gary Woods- present/ home in Bow/ alone in room

-Rep. Bill Nelson- present/ home in Brookfield/ alone

-Rep. Charles McMahon- present/ home in Windham/ alone in room (wife @ home)

-Katie Bush, Ph.D., NH DHHS, DPH- present/ Concord office/alone in rm.

-Mike Wimsatt, NH DES, Dir. Waste Management Division- present/ home office in Concord/ alone

-Robert "Abe" Timmons, DO, MPH, FACEOM, Medical Director, Center for Occupational & Employee Health, Exeter Health Resources; Chair, Department of Occupational & Environmental Medicine, Dartmouth-Hitchcock Nashua- present/ Exeter, NH office/ absent

-Amy Costello, MPH, Dir. Center Health Analytics, UNH-present/ home office in Dover/ alone in room (family in the house)

-Dan Tzizik, MPAS, PA-C, Concord Hospital; Associate Director of Didactic Education for the Physician Assistant Program, BU; - absent (*d/t military commitment*)

-Hon. Mindi Messmer- present/ home office in Rye/ alone in room (other people @ home)

- Margaret DiTulio, APRN- present/ office in Jackson/ alone
- Hon. Nancy Murphy- present/ home in Merrimack/ alone in room Sen. Tom
- Sen. Tom Sherman- present/ home in Rye/ alone in room

*Roll Call: 11 present/ 3 absent

-Sen. Sherman/ Informs members that after reviewing the January 19, 2021 meeting minutes, he "will have to leave asap d/t an emergency meeting of the Crisis Standards of Care Committee" which he serves on; states that "Hon. Murphy has agreed to run the meeting as acting chair"; seeks motion to accept prior commission meeting (1/19/21) minutes.

-Rep. Salloway/ "So moved."

-Rep. Woods/ "Second"

-Sen. Sherman/ "Is there any discussion of the minutes?" seeing none... Calls the roll to accept the January 19, 2021 meeting minutes

- Sen. Sherman- votes yes
- Rep. Salloway- yes
- Rep. Woods-yes
- Rep. Nelson- yes
- Rep. McMahon- yes
- Dr. Bush- yes
- Mr. Wimsatt- yes
- Ms. Costello- yes
- Hon. Mesmer- yes
- Ms. DiTulio- yes
- Hon. Murphy- yes

*January 19, 2021 Meeting Minutes Approved 11 yea/ 0 nay

-Sen. Sherman/ "Typically these meetings have been on the third Friday of the month at noon so that would like to schedule the next meeting time before leaving... March 19th? March 19th at noon?" "Okay. So let the record show that we'll be meeting 12-2 on March 19th and with that, I'm going to turn this over to the capable hands of Nancy Murphy and thank you all for your understanding."

-Hon. Murphy/ "Thank you, Senator Sherman. (Sen. Sherman exits the meeting.) Mr. Wimsatt?"

-Mr. Wimsatt/ Has "a conflict for the first hour of the meeting on that date (3/19) but" is willing to "join late."

-Hon. Murphy/ "Okay. Does anybody else have a conflict? I'm thinking that's the meeting where we're probably going to have the presentation from the Department of Education. I think that was next up on the agenda and hopefully it will be taped. Is that all right with you, Mike?" (Mr. Wimsatt nods in the affirmative.) Suggests that it may be possible to have the presentation a bit later in the meeting. Raises the need to meet as subcommittee's and whether that is something that should be talked about now. Notes that Sen. Sherman had requested that members review the last six meetings or so to come up with some recommendations to determine where we want to move forward. Wonders if it makes sense to have subcommittee meetings before the next full commission meeting on 3/19. Any thoughts?

-Rep. Salloway/ "We ought to do that."

-Hon. Murphy/ "Education...Data...any other subcommittees? Yes, Mindi?"

-Hon. Messmer/ "Are we able to meet using some sort of Zoom platform? There was a question about whether we could physically meet or if there was an opportunity to use Zoom."

-Hon. Murphy/ Acknowledged the scheduling challenges that exist and as the need for subcommittees to meet was raised at the last full commission meeting, wonders where things stand currently in terms of making that happen. Asked Ms. Horgan if she had any further update/answers as to if this was possible.

-Ms. Horgan/ "Yes. It is absolutely possible. The only constraint that we really have in terms of the Senate Zoom is that we only have three Senate Zoom accounts and we are pushing our luck getting one to use for this commission meeting." We have in the past, allowed other Zoom accounts to be used to host meetings. Aware that Senator Sherman was talking about upgrading his account to potentially use to solve the issue re: access to a Senate Zoom account. "I think that's definitely something that we can figure out."

-Hon. Murphy/ "Ms. DiTulio?"

-Ms. DiTulio/ Doesn't know "if it would apply but she uses HIPAA compliant 'Go To Meeting' for telemedicine" and offers to "make that available to the education subcommittee if that would be acceptable from a confidentiality standpoint."

-Hon. Murphy/ Unsure if that is an option.

-Hon. Messmer/ Believes "the issue is that these subcommittee meetings have to be public." Questions "whether or not personal accounts can be used for public meetings." Offers her personal account as well but is not confident that is a viable option.

-Ms. Horgan/ "If we were to use Senator Sherman's account it would be posted and there would be a link in the Senate Calendar. If there were to be any subcommittee meetings, the link would be posted and the public would have to have access.

We've had a number of commissions- the SHASHIP Advisory Council ([STATE HEALTH ASSESSMENT AND STATE HEALTH IMPROVEMENT PLAN ADVISORY COUNCIL](#)) has a link through the UNH platform, so there are other options for us to use. It's just a question of figuring out that. So, if the subcommittees want to determine a date and time and then we can go from there and figure out what Zoom platform would be used. They absolutely would have to be accessible by the public and posted in the calendars appropriately."

-Hon. Murphy/ So... Asks if members want to "come up with some potential dates" so that Jenny might be able to assist with scheduling/arranging these meetings. "I think if we don't we're likely to get further behind (re: scheduling). We only have a month to the next full commission meeting. Any consideration for potential dates for the Education Subcommittee to meet?"

-Rep. Salloway/ Hasn't "thought about it but will try to get that done this week."

-Hon. Murphy/ "Any ideas for the Data Subcommittee?"

-Hon. Messmer/ "I would suggest a similar time frame to this meeting possibly if it works for people. On a Friday at noon- any of the Friday's between now and then."

-Hon. Murphy/ "I know on the 12th (3/12) we have the HB 737 commission meeting from 10AM to 12. So would we want to meet after that? Or we have also have the 5th maybe? Dr. Bush?"

-Dr. Bush/ "Yes. Either of those work for me."

-Ms. Costello/ "Is the 12th (3/12) a possibility?"

-Hon. Murphy/ "The 12th is a possibility, it's just that we have an HB737 commission meeting from 10AM to 12."

-Ms. Costello/ Asks if the Data Subcommittee could "meet at 1PM on 3/12"....

-Dr. Bush/ "So maybe we can meet from just 1-2 PM. Do you think that would be sufficient?"

-Hon. Murphy/ "That works for me."

-Dr. Bush nods in agreement.

-Hon. Messmer/ "Yes."

-Hon. Murphy/ Asks who else is on the Data Subcommittee.

-Ms. Costello/ "Dan Tzick is on the subcommittee but not sure if he is still participating/returning at some point."

-Rep. Nelson/ Asks for a reminder as to which subcommittee he is on.

-Hon. Murphy/ "Not sure." Doesn't think either the Data nor Education subcommittees. Asks if there are "other subcommittees or just the two."

-Rep. Salloway and Dr. Bush/ Both confirm that at present, "there are just the two"- the Education and Data subcommittees.

-Hon. Murphy/ Asks Ms. Horgan to look into scheduling a Data Subcommittee meeting for 3/12/21 from 1-2 PM.

-Ms. Horgan/ Agrees to do so. Reviews (lists each subcommittee and its members) to confirm Senate Admin. Services has the correct appointees for both the Data and Education Subcommittees.

Education Subcommittee:

Representative Salloway
Ms. Margaret DiTulio
~~Mr. Mooney~~ (no longer a commission appointee)
Representative Woods
Hon. Mindy Messmer
Hon. Nancy Murphy

Data Subcommittee:

Hon. Nancy Murphy
Mr. Dan Tzizk
Ms. Amy Costello
Dr. Bush
Hon. Mindy Messmer

-Hon. Messmer/ Suggests "maybe it's a good idea to review those subcommittee groups again as we have new commission members who may want to join particular subcommittees."

-Dr. Bush/ Suggests that this "could be an agenda item for the next meeting after the subcommittees meet and report back to the full commission. That might be a good time for new members to choose where they'd like to participate as the subcommittee report would provide some info re: the work of the particular subcommittees and new members would have a better sense of what they're joining."

-Ms. Costello/ Suggests another option for "Go to Meeting" to Ms. Horgan. "If you want to use a UNH Zoom account like I think you have from Joe Porter for SHASHIP, I'm happy to volunteer that."

-Ms. Horgan/ Thanks Ms. Costello. "I'll for sure let you know."

-Ms. Costello/ "It's really easy for me to set that up."

-Hon. Murphy/ Notes Dr. Bush's hand raised "Dr. Bush?"

-Dr. Bush/ Acknowledges that we have some guests on the line to give our presentation and she'd asked them to just hold the first hour of our meeting. Acknowledging their time asks if we can plan to move to that portion of the agenda and come back to additional housekeeping items thereafter.

-Hon. Murphy/ "Absolutely. Thank you, Dr. Bush. Maybe you could introduce them. Thank you so much for arranging this presentation. I know both our commission and the 737 commission members, and members of the public are really interested in hearing from them today so, thank you.

-Dr. Bush/ "Sure, sure. We're very happy to have some guests here from the Division of Public Health Services, specifically within the Maternal Child Health section. So, Suzann is here. She's a public health nurse and also the Birth Conditions Program Coordinator. And Dr. David Laflamme is here. He's an epidemiologist with the program but also serves as a research assistant professor at the University of New Hampshire in health management and policy and the Institute for Health Policy and Practice. I'm sorry, Sue, I didn't want to mess up your name so please feel free to introduce yourself with your full name. I figured rather than mispronounce it I would let you do that yourself. Here they are now- we can see their faces even. So, thank you for promoting them to be panelists. So, again, they're here from the DPHS Maternal and Child Health (MCH) Program and are going to talk to us about some of the data and surveillance work that they do related to birth outcomes/ birth conditions and specifically some details around the Birth Defects Registry that they work on. So thank you all, thank you both for being here today and I will pass it over. You should have the ability to share your screen and unmute yourselves. Now to present."

*Presentation Begins: NH DHHS, Division of Public Health Services (DPHS), Maternal Child Health section.



Birth Defects Registry Presentation SB85 Commission Meeting 2.19.21.pdf

-Suzann Beauregard, RN, Birth Conditions Program Coordinator.

-David Laflamme, PhD, MPH, State Maternal & Child Health Epidemiologist, NH, DPHS; UNH Institute for Health Policy & Practice

-Ms. Beauregard/ "Hi everyone. My name is Suzann Beauregard. You can call me, Sue. I am the Coordinator for the Birth Defects Program."

-Dr. David Laflamme/ "Hi, I'm David Laflamme, the state Maternal and Child Health epidemiologist. I see a few familiar faces here. Nice to see some of you again." (Rep. Salloway and Ms. Costello waving) "Jeff, it's been way too long! Amy. I look forward to talking with you today. I think Sue's gonna' lead us off with some of the slides."

-Ms. Beauregard/ "I'm gonna' go ahead and try to share my screen here." (Begins screen sharing)

-Dr. Bush/ "There we go, great. Perfect."

-Ms. Beauregard/ "Can everybody see that okay?"

-Dr. Bush/ "Yep. Wonderful."

-Ms. Beauregard/ "So we're going to talk a little bit about the Birth Conditions Program and kind of give you an overview... also the Maternal and Child Health Section. I have two screens here so if you see me looking away from you I'm looking at the presentation."

-Hon. Messmer/ "I'm sorry to interrupt you. Is it possible to speak up a little bit as it's hard to hear you."

-Ms. Beauregard/ "Oh, sure. (Speaks louder and asks) Is that better?"

-Shares "Outline" screen

-Ms. Beauregard/ "So this is just an overview of what we're going to talk about today. Birth outcomes versus birth effects, history of the program, registry data, and just some final points at the end."

-Changes screen to "Birth Outcomes vs. Birth Defects" "Birth Outcomes"

-Ms. Beauregard/ "Sorry about that"...

-Changes screen to "Maternal & Child Health Surveillance Activities"

-Ms. Beauregard/ "So this is just an overview of what the Maternal and Child Health Surveillance Activities are. So Maternal and Child Health- that section sits within the Bureau of Population Health and Community Services, and the Division of Public Health Services. And surveillance programs or activities within Maternal and Child Health- just an overview, is what you see here. The Birth Defects or Birth Conditions Program falls under the Newborn Screening Programs activities.

So we wanted to just kind of give a brief overview of the difference between birth outcomes and birth defects. You may be thinking that they're both the same thing- but not necessarily. And I'll let David jump in here also to explain birth outcomes a little bit better. But as you see, birth outcomes refer to measures like gestational age or birth weight and infants born preterm or at low birth weight at term. Do you want to expand on that, David?"

-Dr. Laflamme/ "Sure. So birth defects or birth conditions, you might hear them called, are essentially a subset of birth outcomes... and then the birth outcomes that most people are the most familiar with are just gestational age and birth

weight based outcomes. Of course there are some others but those are the two primary ones that you see.”

-Ms. Beauregard changes the slide to “Birth Defects”

-Ms. Beauregard/ “Oops! Sorry about that. So the birth defects portion of that are usually structural changes- you can either see them or not see them. You know things that you could see are like club feet or spina bifida. Some you can't see... heart defects, which are fairly common. And all of the birth defects can be mild or severe.

So... Things about birth defects... How common are they? I think in general, you know David and I have talked about... these are somewhat rare events if you look at the information... even though every four and a half minutes a baby is born with a birth defect in the United States- affecting one in 33 infants. When you think about annually, that's only 120,000 babies born with a birth defect. However they are very costly. Particularly the ones that need surgical corrections. And then over the lifespan, what it takes to help these children is very expensive. Birth defects are also the ‘cousin’ of one in every five deaths during the first year of life. So in the first year of life I think it's the leading cause of death.”

-Dr. Laflamme/ “And Sue, before you move on I'll just point out a little bit... I know we're talking about data over time in this discussion and so, the fact that these are structural changes present at birth, they're not always picked up at birth. I just want to point that out because from a data collection standpoint, we don't always know right away at the birth. So some of these we can track on the birth certificate- others may not show up until significantly later in life.”

-Ms. Beauregard/ “Exactly. Even some of the heart defects sometimes are not picked up until later. Or sometimes they need to be monitored for a few years to see if they actually are a defect or something that is just a normal part of the heart development or what have you. As far as the New Hampshire kind of figures- how do we figure that? I think the approximately 120,000 babies per year” (in the US) “puts that at about 3% for birth defects. For NH, I think we have about ~~1.34~~ million” (number corrected by Dr. Laflamme below), “I think that's what we decided was the population here. With about 12,000 births a year, the information from the previous program was that we have about 2.7% of babies born with birth defects annually.”

-Dr. Laflamme/ Adds that he believes Ms. Beauregard was “trying to say 1.3 million is the population of New Hampshire”.

-Ms. Beauregard changes slide to “What Causes Birth Defects”

-Ms. Beauregard/ “Yes! Correct. Oops for me. So what are the causes of birth defects? So we typically talk a lot about maternal factors... you know places where we can affect some change prior to a pregnancy. So (things) such as substance abuse or certain medications that someone might be on... or making sure that we're

paying attention to infections. I'm sure previously, you've heard in the last several years- the Zika virus which is a virus that created birth defects... We try to pay attention to those things that we can help with- and making sure that... prenatally before mom gets pregnant, they are aware of these things. ... Other things that can be on the mother's side are obesity or uncontrolled diabetes. We talked about certain medications... Sometimes just being... an older mom- being pregnant over 34 years old.... you would think of ... Down Syndrome or the like... not all birth defects are preventable though one of the things that I think the previous program had spent some time on was... folic acid awareness. That can help reduce the likelihood of... a spinal... spina bifida for example.

The relationship between environmental exposures and birth defects aren't as clear. We know that some endocrine disrupting chemicals like the PCB's pesticides are linked to... nervous system defects and developmental problems. But... there's (still) a lot of information that's missing... Same with living near a hazardous waste site or exposure to disinfectant byproducts in drinking water can also put you at increased risk of some of those birth defects. However, you know there just isn't as much information as there is on the maternal side. So more research is needed to really have a better understanding of what the relationships are in the environment."

-Ms. Beauregard changes slide to "Important"

-Ms. Beauregard/ "Something that's important to keep in mind is many times we really don't even know what caused the birth defects. So you know we're focusing on the things that we're more aware of but there are at least- and depending on where you look, there's 65 to 80 percent, (some articles say 50 to 70 %), but within the 65 to 80 (% range)- those are birth defects that are unknown. We just talked about some social, behavioral and environmental factors (that) are linked with abnormal fetal development. And we as a surveillance system monitor the prevalence of the defects over time."

-Ms. Beauregard changes slide to "History of the BCP"

-Ms. Beauregard/ "So just a little background of what the Birth Conditions Program is now and what it was previously. So the BCP was created in 2003 and was located at the Geisel School of Medicine at Dartmouth and previous to that, prior to 2003 my understanding is that they were getting information just from what was documented through vital records and what they could find through hospital discharge records. Initially the program was funded for the 10 years 2003 to 2013... approximately data through the CDC and they collected birth defects for those years. So, I think as we'll talk about... towards the bottom here, they collect data in a five year rolling (period). So, even though you see that the birth conditions program initially lost their funding in 2016, they only collected data up to 2013 because it was... two to three to five years back rolling that they were collecting the information on. So, again they lost their funding in 2016... That particular program at Dartmouth ended up closing for that period of time before the Zika virus came along and we got... CDC funding as part of the Zika epidemic... I came on around

that time when we started surveillance activities just related to Zika so we weren't doing all of the birth defects as the other program had.

And so, the program's 'in-house' now and under Maternal and Child health as we talked previously and not part of Dartmouth any longer. So, once Zika funding ended which was (in) 2018 I believe, time is going by quickly, the program moved under funding through MCH in the block grant. So we're back to being operational and now collecting the data that the previous program had been collecting beginning with uh the year 2018. So as I discussed previously, the data is collected and it's de-identified and it's reported to the NBDPN which is the National Birth Defects Prevention Network and they, along with the CDC, kind of oversee that data.... it's collected over rolling five years so we're just starting in 2018 so we don't have the previous years where the program had stopped before... We may get to that but you know we're just trying to start really from scratch and make sure that we're doing this correctly."

-Ms. Beauregard changes the slide to "Stakeholders of the BCP"

-Ms. Beauregard/ "So our stakeholders are: the CDC and the NBDPM which is the prevention network, families born with a birth condition, healthcare service providers in the hospitals- which is where we get our information from, and community organizations and DHHS."

-Ms. Beauregard changes the slide to "Strengths and Limitations of Registry Data"

-Ms. Beauregard/ "So... the registry data... What is one of its strengths or many of its strengths is (that) it's population based- so it's all of New Hampshire. It's active meaning that... there's many data sources that help us find the information and we're able to cross-check (info) like the birth certificate. And we look at the hospital data... We actually physically look at records and confirm birth defects at the hospital. We do all the 45 birth defects that are recommended by the NBDPN and the CDC... there's certain data elements that we collect to make sure that we're collecting that on all babies, and we try to make sure that the data is complete.

Prevention and awareness activities previously, for the previous program, are different than they are right now where we're only starting to collect data. We only have the previous programs data to know... what the trends were.... right now we're using social media to disseminate monthly messaging around awareness month so, for example, it's February is heart month. So we would talk about congenital heart defects on our piece of social media. There's smoking awareness or smoking cessation months where we would talk about... the risks of smoking and being pregnant, and... how that can affect the baby. So that's how we're doing our messaging right now... and also connecting families to appropriate programs such as Bureau of Family-Centered Services such as Special Medical Services or Early Intervention if the family needs that.

David, I don't know if you wanted to mention about our prevention and awareness activities? You know we had talked about... our state is fairly small, and the amount of birth defects that we get are very small and we don't necessarily... look at what is going on in New Hampshire, but we look at nationally what the trends are because our data is pulled."

-Dr. Laflamme/ "Yeah. And is that the next slide in the deck or...?"

-Ms. Beauregard/ "I think yours is the next slide."

-Ms. Beauregard changes the slide to "Final Points"

-Dr. Laflamme/ "Okay, there we go. So you know we typically refer to things like this as rare events and while it would be nice to be able to do in-depth studies in New Hampshire, I think there are two limitations that really make that challenging. One is that they're rare events and we don't have the statistical power in terms of the numbers to do an in-depth analysis of rare events often times. That doesn't mean we're not looking at them, it doesn't mean we're not putting them on a map and we're not tracking them... It's challenging to do it for that reason, it's also challenging frankly because of the human resources, right? So... I was talking to some colleagues on a national call with CDC the other day and my colleagues from Wyoming come into this little... Zoom breakout room and there are eight of them that are in the Maternal and Child Health epidemiology unit- and New Hampshire has me for four days a week. So... a lot of states... especially larger states are able to have more in the way of human resources to go after things like this. We are a little bit limited in terms of the workforce as well.

So, our reporting also focuses more on counts instead of rates because of the small number issue. So, when you think about some of the numbers of birth defects... Sue what was the number you gave earlier, in a year, what might we see in terms of the number of birth defects in NH? Just to refresh everyone's memory."

-Ms. Beauregard/ "So the rate's about 2.7 (%)... we might see... around maybe 300?"

-Dr. Laflamme/ "Okay. So the thing to remember is that those aren't 300 that are all the same defect, right? So you still have to slice that up by the type of defect and there are many types- so our number isn't 300 that we're working with really if you're trying to do an in-depth study. It's often much smaller than that. So... we do some internal analysis where we are doing some mapping and such. Oftentimes because of the small numbers, we're not able to make those things public but it's still useful to us. So you should know that... we're looking at these things, we're watching them, and we're tracking them and reacting to them. It's just not everything can be made public because of the confidentiality reasons.

There are some things that are- so when we pool data, for example the five-year data reports that Suzann was referring to, you know those counts are statewide five years so there's no reason we can't put those numbers out, and we have put

those out in the past. We contribute de-identified records to the national data set and to me that's one of the most important things that we can do- so the benefit to New Hampshire is that the studies that we can't do because of our small numbers get done with that larger pooled data from various states. So it's de-identified so we don't have to worry about risks there but the learning comes from those studies- from contributing to those. So when Sue talks about birth defects...week or month, messaging around that- a lot of those messages come from the research that done that's done with this pooled data. To me that's one of the best places that we can act on prevention of birth defects and understanding what's happening is using that pool data, the national data... The CDC has teams of people working on this and we can really learn from that. So, we benefit not only from greater numbers but also from the expertise of their increase in human resources, right?

Some other sources of data that are good for you to know about... PRAM stands for the Pregnancy Risk Assessment Monitoring System. It's a survey of women who have given birth in New Hampshire. We sample... a little over a thousand women a year. The response rate varies from year to year but it's women who gave birth within the last year and we asked questions about prenatally, perinatally, and postpartum. We've had that ongoing for several years now and you can find a lot of good reports including... tables of data in addition to more in-depth reports on the DHHS webpage for PRAMS. If you search PRAMS New Hampshire that will come up pretty quick. There's a main page and then there's a publications page. Make sure you go to the publications page.

The birth certificate and death certificates from Vital Records- which is over with the Department of State in New Hampshire- I think we're the only state like that- those provide some information and we do have good access to those. There's the All-Payer Claims data and Hospital Discharges that we also look at.

And then finally in terms of data, Sue referenced Zika earlier, so 'Emerging and Potential' issues. Sometimes... we don't know until we're in something that there's more information needed. So, with Zika, the example would be we wanted to know 'travel status' and we didn't have a way of doing that. Well, we now have some better ways developed of doing those things very quickly where... literally overnight, we can get a question or two out there connected to vital records where we can start asking for some information like that. So, when COVID hit for example, we moved some questions related to opioids off of the birth certificate and put COVID questions on the birth certificate and the death certificate-... they're temporary... so that we could very quickly start getting some information for that... so that's really helping us a lot. Based on some of the maternal death data that we've looked at, we're looking at some harm reduction things... was there documentation of discussion about Naloxone or Narcan if a mom who gave birth, if there was some prenatal substance exposure reported for example. So those are the kinds of things that we can sort of do a lot better than we could several years ago. I started back in 2003 in this role and in the last three to four years we've really made great strides. I know you had a presentation last month I think it was, or last meeting, from some colleagues, Andrew Chalsma, David Wieters, and others about the new data infrastructure and the Enterprise Business Intelligence (EBI)

and that's certainly benefiting us as well. And that we're able to not only access but prepare and present and analyze especially visual analytics so much better than we used to be able to do. So, that project's having an impact on the work that we do. Also, Sue and I went back and forth trying to figure out... what it is this committee would like to know from us so I hope that this overview gives you a sense of what's happening and what can be done. But if we haven't hit on the things you're interested in, please let us know ask us questions."

-Ms. Beauregard/ "I think one of the things that I would add... with regards to the Birth Defects Registry... I mentioned that... we collect information on the 45 birth defects that the CDC and the network requests of us. They recommend those. That's part of our RSA so we don't change any of that. We go by what they ask us to collect on and that helps with that data David was talking about- the pooled data. All the states that are collecting data are collecting the same information so that the information... makes sense for everyone. So we're all collecting... Massachusetts- I mean everyone has different laws and they (Massachusetts) might collect a few more things based on whatever their laws say that they can. But you know, for us, that's how ours is written. We go off on the recommendations of what the CDC and the Birth Defects Prevention Network recommend that we do."

"Please ask questions."

-Hon. Murphy/ "Rep. Salloway?"

-Rep. Salloway/ "Dr. Laflamme. Quick question. You've indicated that one of the difficulties in getting a data set that you can really work with is the small numbers. You've also indicated, I think very cleverly, is that you can get bigger data sets by aggregating data over time; and secondly, certainly by participating in the federal database, is there any effort being put together to regionalize a database that is to work conjointly with Maine, Vermont and Massachusetts to create a regional database which might speak to regional environmental risks?"

-Dr. Laflamme/ "I'm not aware of any effort like that. I've heard rumblings about it over the years... we've heard ideas like that come up in a variety of contexts including birth defects, but not just birth defects. But I'm not aware of that. I would say also that aggregating data over years I think typically has sort of a shelf life in terms of how many years you should put together before you start hiding what's actually going on- because things change over the years. So being able to know what's happening over time can be challenging. Dr. Woods? Oh sorry, I'm not sure I'm supposed to do that."

-Rep. Woods/ "Oh, yeah. I just noticed that this is an opt-out program and in other venues ... the committee I'm on (with) Dr. Salloway, as well with vaccines... we're wrestling with this opt-in/opt-out situation. Has that dimension been a problem for your data collection at all- either in terms of numbers or administration of the opt-in/ opt-out aspect?"

-Ms. Beauregard/ "My understanding from the previous program is that they didn't feel as though the numbers were large enough to make a difference with that and I don't remember what the opt-out rate was. That was before my time. Currently, I haven't had anybody opt out that I've sent out... but yes they can decide whether or not they want to be part of the registry.... They're sent information... once we've confirmed a birth defect and they're asked... 'Would you like to be part of the registry or not?' and if they don't want to be, then we don't use that data. And that's for confirmed birth defects. I hope that answers your question."

-Hon. Murphy/ "Representative Nelson?"

-Rep. Nelson/ "Thank you. My question is... Does the dad's history fit into all of this? For example, if (known does) the dad's... drug use or whatever... I don't know if that's part of the cause of birth defects or the age of dad, etc."

-Ms. Beauregard/ "So, for the previous birth defects program, and for this one, they do (consider) age of dad, age of mom and dad, and its race and ethnicity that are also... broken out so it's being... looked at- but I haven't had anything that says specifically we need to target dads on whatever is happening. But it is something... that age of dad is collected."

-Hon. Murphy/ "Honorable Messmer?"

-Hon. Messmer/ "So, I was looking at the list of birth defects that are on the report- the NBDS National Birth Defects Registry report. Do you collect, I assume you would as part of the Zika program, head circumference and body weight- birth weight? And... were those previously collected during the initial grant funding back in 2003? And do you surveil that data?"

-Dr. Laflamme/ "I can take that one Sue, if you want. I'm not sure if you meant to say birth weight or not. (Hon. Messmer confirms that she did.) Birth weight and gestational age are both on the birth certificate for a long time so that has not changed. But the two new things that we put on there as a result of the Zika surveillance, were head circumference and gestational length- not the 'in-weeks', but the length of the infant."

-Hon. Messmer/ "Right. So I guess my question is, 'Do you surveil that data to see if there are potential trends in certain areas of the state?' (Dr. Laflamme is nodding in the affirmative.)

-Ms. Beauregard/ "So as far as the Birth Defects Registry...there are data elements that are required that we do, but we don't report that. We report whatever it is that

they're looking for, for the data elements. We have the information from the previous program so

I know gestational age and length and head circumference... are just parts of... what we want to know about the baby. But with regards to the birth defect itself, that's not something that is aggregate data that goes out. It's primarily...the birth defect, the race, ethnicity, mom age, dad age."

-Hon. Messmer/ "So can I have a follow-up question? So particularly with respect to low birth weight or to birth weight, do you surveil that information periodically on a yearly basis, and in a sense, to look at geospatial trends for that information across the state? Are you able to do that?"

-Dr. Laflamme/ "Yes to both questions. Yes we can, and yes we do."

-Hon. Messmer/ "And do you report that data anywhere?"

-Dr. Laflamme/ "Yeah, typically now that's going to an online format so that would be part of Wisdom for example, if you're familiar with that system."

-Hon. Messmer/ "Thank you."

-Ms. Beauregard/ "And just as an aside, that's not part of the Birth Defects Registry that's something different."

-Hon. Murphy/ "Representative Nelson is your hand up to ask a question or is that up from last time?"

-Rep. Nelson/ "Last time, sorry."

-Hon. Murphy/ "No worries. I have a question actually myself. I'm wondering if there's a mechanism in place for documentation of data on birth defects not immediately recognized at birth. I mean, is it from... pediatricians, or how does that information come to you?"

-Ms. Beauregard/ "Well that's part of the rolling years, too. So for example, if I'm requesting information from a given hospital for the birth defects that we monitor for these years, and... baby didn't show up in 2016 but it was discovered that it had a heart defect in 2018, I would find it in 2018 because that's when it was found. So, baby's two years old or however old it is- that baby might be four- but I see it because of the year that I asked for."

-Hon. Murphy/ "Okay, thank you. And I actually have one more question. Am I correct that the data on babies born with birth defects outside of here- so just say, I'm thinking Boston, may not be available to the registry? Is that true?"

-Ms. Beauregard/ "It's possible. Well... we might find it through the birth certificate- correct me if I'm wrong, David but I think that's probably where we would find it.

We don't have any relationships with Boston Children's or Mass General Children's for residents who had a high risk pregnancy whose baby was born there."

-Dr. Laflamme/ "Right, so for vital records, if it's a birth or death certificate that might have that information on it we will get that eventually if they're a New Hampshire resident receiving care out of state. If, say they were born or died out of state. For prenatal care for example, we wouldn't get those records."

-Ms. Beauregard/ "There's an outside chance that in this previous scenario that you asked about- so you know baby was born out of state in whatever (say) 2013; and in 2018 went to a hospital for the heart defect that it was born with but we didn't know about, I might find it that way. So if they went to a local hospital then I'd find out, oh we have a resident that I didn't realize... delivered out of state, so that's another way to find it but it's not that we're going to find them all that way. I mean what we don't know, we don't know until it pops up."

-Hon. Murphy/ "Thank you."

-Dr. Laflamme/ "I'll add something on the cross-border issue. That's a great question. You know about 10 percent of our births in New Hampshire happen out of state and mainly for two reasons. One is that we're population dense on the southern tier so it's just more convenient to go right across the border. But the second reason is typically a high-risk pregnancy so they're maybe going to Boston for specialty care where some of these kids might be found, right? So this is also an issue with our maternal mortality work and so with some CDC funding we designated a part of that over the past year to have the UNH Health Law Team look into cross-border data sharing issues. And I think that that work will end up informing some of the work that we're doing with birth conditions as well. To sort of figure out you know... where does the authority come from, what are the barriers if there are any, and how do we go about getting data when there's care perhaps in both states? How do we get all of that so we're actively working on that issue- really leading the way in the country for that."

-Hon. Murphy/ "Thank you. Representative Woods?"

-Rep. Woods/ "As I mentioned at the outset I have another commission I've gotta' bounce out on and I'll wait to hear from Representative Salloway relative to our subcommittee relative to that. And then, finally sort of a philosophical musing at the end... Nearing 80, I would consider aging a birth defect!" (Laughter all around.)

-Hon. Murphy/ (Laughing) "Thank you Representative! See you later, Gary."

-Dr. Laflamme/ "We'll add that to the list!" (more laughter)

-(Rep. Woods exits the meeting at 12:54 PM)

-Hon. Murphy/ "Other questions? Ms. Costello?"

-Ms. Costello/ "Hi, David. This is not a plant but is it possible for this group to have a copy of what is collected on the PRAMS?"

-Dr. Laflamme/ "Yeah, that's on the website."

-Ms. Costello/ "Is it? Okay."

-Dr. Laflamme/ "Yeah, absolutely. So the questionnaires they change slightly over the course of, I think we're on the second version so there's only a couple of versions there but the questionnaire that we use is there, that's the best way to get a feel for what's in the data set. But there are also data tables with percentages, confidence intervals, counts, all that on the website. So we do pretty well at keeping up with that and the 2019 PRAMS data just dropped. We just got that back from CDC. They do the wading- it's a complex sample survey so it takes a little work to do the wading, and then to do the analysis that we do as well. "

-Ms. Costello/ "Follow-up if I may?"

-Hon. Murphy/ "Sure, Ms. Costello."

-Ms. Costello/ "Is the PRAMS fairly consistent year to year?"

-Dr. Laflamme/ "Well, I mean things change year to year, right? So for example, the percentage of women falling off of health insurance after the birth- that changed a lot when ACA came on and we saw a big difference there. So, we actually have a data brief about that on the website. But in terms of... if a metric is truly staying the same over the years, yeah, PRAMS is pretty good at keeping that fairly steady."

-Ms. Costello/ "Thank you."

-Hon. Murphy/ "Any other questions for our presenters?"

-Ms. Costello/ "This was really helpful. I just wanted to offer a comment that the Data Subcommittee is going to be meeting again in mid-March and we may have some more questions Suzanne and David after that meeting, too. We can reserve the right to pick your brains again!"

-Dr. Laflamme/ "Always happy to talk data."

-Hon. Murphy/ "Great! That's a good point... Thank you, Amy. Well, thank you so much Sue and Dr. Laflamme for your excellent presentation... and all the data and surveillance

work that you do. It certainly helped us to have a better understanding of birth defects and birth outcomes in New Hampshire. But as Amy said, I think we'll certainly have some more questions when we start to... look at our own goals within the commission. So, I thank you both for being here today. We appreciate it!"

-Ms. Beauregard/ "Happy to be here."

-Dr. Laflamme/ "Thank you for having us."

-Hon. Murphy/ "That was helpful. I know we were all... looking forward to this and I know we're wondering also about the (upcoming) Special Ed impacts (presentation). I think that would be the last presentation that we're going to have (scheduled). I don't know if Jenny.... Dr./ Sen. Sherman discussed with you potentially setting that up?"

-Ms. Horgan/ "The Department of Education presentation? Yes. He and I have chatted about it so he's hoping to kind of narrow in the focus on who we're looking to have present over the course of the next coming weeks and going from there."

-Hon. Murphy/ "Great. Were there any other presentations that we were looking to have, or was that the last one that came up in conversation during our subcommittee meetings?"

-Ms. Horgan/ "It was the last one I was aware of."

-Hon. Murphy/ "I think so as well... We may have a shorter meeting... We have a bit of scheduling things to discuss but, otherwise I think we... got to everything in terms of the Agenda. Any further discussion about anything that we need to talk about before our next meeting?"

-Rep. Salloway/ "Just an observation. I'm hearing Dr. Laflamme talk about limitations on data and I understand what he's saying about aggregating over time. I like the idea of aggregating regionally. I would point out in addition, that we have several commissions operating simultaneously- one of which is the Commission on Rare Diseases and that database on rare diseases probably should work integral with the data on birth defects. And what we're looking at is outcomes. And I think that given our experience, especially with PFAS, and I'm assuming that Representative Messmer is hearing me say this especially when we look at a risk factor like PFAS, we really need to find a way to be aggregating data across diagnoses- across outcomes, rather than concentrating on outcomes. That's just a... philosophical observation."

-Ms Costello/ "Are you on that commission?"

-Rep. Salloway/ "No they were smart enough to keep me off."

-Dr. Bush/ "But I will say that (Dr.) Sai Cherala who oversees the Bureau of Population Health and Community Services, where Maternal Child/ Children sit. She serves on that commission so she both has her hand in the Rare Disease Registry as well as the Birth Defects Registry. So she at least from a leadership perspective at the health department is overseeing/ involved in both."

-Ms. Costello/ "Katie, do you think it is possible to get a synopsis of where that commission is, or something, from Sai?"

-Dr. Bush/ "Yeah, I think that would be interesting."

-Ms. Costello/ "I want to be respectful of the number of presentations that we're asking from DHHS in the middle of a pandemic."

-Dr. Bush/ "Right. And so maybe there's someone else, maybe that I don't know."

-Ms. Costello/ "Someone that could share the synopsis and timeline about where that's going. I think that's a really good point Representative Salloway."

-Dr. Bush/ "I can certainly ask on my end but maybe if any of you are connected to other members of that commission like Amy said, rather than lean on the Health Department staff, if there's someone else who serves on that commission who could give a presentation, that might be worthwhile."

-Hon. Murphy/ "Do we know who else sits on that commission?"

-Hon. Messmer/ "I believe Senator Rosenwald does."

-Dr. Bush/ "You know to be honest, I've been thinking a lot about... the surveillance. It's challenging, and like they said today, we have such rare numbers we're unlikely to have enough statistical power to see a signal in New Hampshire- probably even to see a signal in New England. That's why contributing to these national databases is so meaningful. And I do wonder... as we think about future agenda items, I feel like there's some work to do to prioritize, right? So what do we want to conduct surveillance on, where are the real gaps, and should part of our work here be to help prioritize those gaps or identify those gaps and then prioritize the follow-up work, right? So, is the priority PFAS and related outcomes, and do we think that's a gap? Or is it other neurodevelopmental outcomes? You know I feel like we've been a little bit stuck I think in that there's a whole big world of environmental health related outcomes, and if we could narrow our scope, then we might make some progress towards a specific goal. So I just keep coming back to this. How can this group help...clarify priorities for environmental health in New Hampshire?"

-Hon. Messmer/ "I guess one of the things that really was a bit shocking to me today was the paucity of data that exists on...you know this is something that we all really ought to..."

you know the children- the impact on our children of the state is what is the most critical issue in my opinion to be tracking. And to see that, no offense to the presenters whatsoever, but the funding that was supporting some of that work comes and goes and that affects what's being collected and... who's looking over that and

that to me is just... a shocking... recognition of a problem... and connecting that to things like special needs educational outcomes in the end. I mean the cost associated with... birth outcomes that could be prevented is just shocking to me to see that this has happened

over time. And, you know if there's an effort that we can make to go back and collect/ re-collect some of that older data to try to put it to use... And the legislators here, if we can figure out ways to make sure that that kind of activity is funded in our state, it is very critical in my opinion to do that."

-Ms. Costello/ "Mindy just to clarify, are you speaking about the lack of funding for MCH activities like when David compared New Mexico with New Hampshire?"

-Hon. Messmer/ "Yeah. And the break in time where we weren't collecting or reporting that data. I mean I just looked at the national site, the NBDPN, and it says New Hampshire is not collecting data. I know they are now, but it's... just kind of shocking that you know the funding needs to be consistent and we need to really prioritize the health of our children in this state for the future. Especially with respect to environmental exposures where we know they're especially vulnerable to the effects of those exposures with lead, arsenic... the list goes on. I know Representative Salloway is dying to say something here. Well, the funding is what I was talking about."

-Rep. Salloway/ "I want to build on your work but you just brought up, I think, what is the most significant example that we ought to build on. So when we discovered that there were outcomes of lead toxicity, our indicator was the outcomes. We then engaged in a serum testing program for children under a year old that enabled us to identify risks and exposures prior to outcomes. So I think relying on outcomes as your measure of the effectiveness of your program is short-sighted. We have to start looking at exposures. Now go back to your own work on PFAS and it becomes essential for us to monitor PFAS exposures at... all age levels because the outcomes may come much later- but we've got to know that the exposures are there. I'll be quiet."

-Hon. Murphy/ "Thank you Representative Salloway. I totally agree and... I know people in PFAS impacted communities like ours feel the same way-that that there has to

be monitoring. You know, we're looking at generations now of families that are exposed and... (have continued) ongoing exposure... I know citizens have concerns about health outcomes/impacts that... we think we're seeing... I totally agree. I think that this is one of the great things about the Data Subcommittee... We're looking to identify... you make a great point... we've got to sort of narrow it down... but I think we know, it's

become clear to us, some of those factors that we really have to focus on.”

-Hon. Murphy/ “Mr. Wimsatt?”

-Mr. Wimasatt/ “Yeah, I have a question as kind of an arm's length observer of... hearing and learning over the last few years about a lot of these various data collection and health outcome reporting programs. They all seem to be separate. They all seem to be very vulnerable to funding lapses and that sort of thing. I'm thinking, aren't those programs all getting information from the same group of people? It's physicians and doctor's offices and hospitals. I'm wondering, and again I don't know because I am so arms-length on these things, but, has there ever been an effort to sort of centralize that data collection so that... if you're a hospital or provider you've got this menu of conditions or diagnoses or whatever it is that you need to report to a central reporting agency or organization every week or every month or whatever frequency it is so that... then maybe... the cost of it could come down?... and maybe those individual things would be less vulnerable to lapses in funding... For instance, the Birth Defects Program- you know, the folks who process that data and collect it and manipulate it and try to act on it. Maybe they don't get funded for a few years, but the data would still be being collected so when they came around again they wouldn't have lost five years of data like Mindy was talking about. And I'm just asking... it's probably beyond the purview of this committee, but it just seems you know to have each of these things subject to... an individual grant just seems really inefficient and really kind of treacherous because... it's clearly going to happen. I mean we experience this all the time. Grants that you get for 20 years all of a sudden you don't get them for a few years. That happened with our Apple Tree grant. So... to the extent that this could be somehow centralized so they don't have it so vulnerable... is anyone looking at that?’

-Hon. Murphy/ “Excellent point. Hon. Messmer?”

-Hon. Messmer/ “I was going to suggest something else... we can continue on this, but I think that was what... came out of last meeting- at least I did- was the efforts to centralize data collection under the EBI program would be really beneficial for all of these programs. But I do know... they're specifically tied with their blinders on to do certain things that grants allow them to do.... That's why I called on the legislators who are listening here to... try to support some of these measures- to continue the funding on some of these things throughout- so there's no breaks in the funding. Or... be open to allowing that kind of funding to be passed on to the budgets. But the other question, the other thing I was going to say, and Rep. Salloway may be able to weigh in here, but the first year of this commission we had a presentation by Professor Robert Woodward from UNH. Since that time he's actually been part of some really important work that has looked at arsenic exposure in children and the impacts of that- the cost, and how they assess the quality of life, quality of years moving forward. I think I was wondering if that wouldn't be another good idea to have him come back and talk about that- especially where we're talking about this. He's really made some... that group was really supportive... was actually why the arsenic standard I think passed through

the Legislature- because that was very compelling work on the cost of inaction, basically with respect to our children. So, maybe we could ask him to come back if people are willing."

-Hon. Murphy/ "Great suggestion." Rep. Salloway?"

-Rep. Salloway/ "We live in a state where privacy is a very important value. But I think that the world has changed. I'm a great believer in protection of privacy. I don't have- what do you call it- an 'Easy Pass'? I don't want people to know where I'm driving, how fast I'm driving. It's my personal decision. So, I like the idea of protecting privacy. However, as we take a look at the sheer number of environmental risks that are out there, and now the sheer number of infectious disease risks that are out there, I think it's absolutely imperative that we have consistent reliable reporting, certainly of outcomes, and possibly of risk factors, and that's something that we as legislators can mandate. You know, we've done it with lead and I think it may be time to say this is more important than privacy."

-Hon. Murphy/ "Ms. Costello?"

-Ms. Costello/ "I would second that motion- if it were a motion. And also I think I'm optimistic about under the current administration that there may be opportunities to build public health data infrastructure going forward and as that comes forward to support that movement through Governor and Council. I would anticipate... money for both public health infrastructure but the data infrastructure as well."

-Hon. Messmer/ "Federal money, right?"

-Ms. Costello/ "Yes."

-Rep. Salloway/ "A recommendation for that could come out of this commission."

-Ms. Costello/ "To watch for it or to..."

-Hon. Messmer/ "Make it up."

-Rep. Salloway/ "To write the legislation to mandate... data collection."

-Ms. Costello/ "Yeah, I guess I was speaking more to... as federal monies become available. Are you suggesting to write state legislation related to federal?"

-Rep. Salloway/ "No, writing state legislation saying that... people have to participate in reporting birth outcomes."

-Ms. Costello/ "Oh I see it."

-Rep. Salloway/ "There's no opt out. You've got to report. Physicians have to report. Hospitals have to report... has to be reported. You know, we've done that with lead."

-Ms. Costello/ "Yeah, I think... there's probably systems that are getting it so maybe we're thinking about the same thing. But creating registries for everything may not be the right avenue. It's incredibly time consuming but in some way, being able to get more information- either from hospital discharge claims electronic medical record in a timely way, that might allow you to get more than one condition at a time. But yeah, just to clarify, my point was really... to watch for the opportunities around federal funding for public health data infrastructure and wherever we can, to be able to support its expedient reception at the state.

Hon. Murphy/ "Representative Nelson did you have something you wanted to ask or suggest?"

-Rep. Nelson/ "No. I'm curious. Using arsenic and lead as a source... Do they collect data prior to a pregnancy? The data, or the person had the lead for example before they got pregnant or they're having it while they're pregnant? And does the lead exposure whatever of the dad- mom's been good- she's lived somewhere else on bottled water and it's good, but the dad drinks all this stuff. Is there a factor that checks on dad to see how that could affect the sperm, you know, the whole nine yards?"

-Rep. Salloway/ "Representative Nelson. They don't check dad. That data comes in the blood test that's done on children."

-Rep. Nelson/ "Okay."

-Rep. Salloway/ "I think that's the only data."

-Dr. Bush/ "I'm not sure that there's a lot of evidence to suggest that high levels of lead in a dad would lead to birth outcomes or developmental delays. I think we know that lead can pass through the placenta. It can also pass through the blood-brain barrier. It's also if it's stored in the bones actually during pregnancy of the mother, can actually get pulled out, and because it mimics calcium the way it's stored in bones, can also then get pulled out of bones and transferred through the placenta to the baby. So I think in most cases we're mostly worried about previous maternal exposure and then obviously once the baby's out, any exposure early in life. I'm not even sure... you know - Jackson's two and a half now, I don't even know that I had a lead test during pregnancy. So I'm not sure that we're testing pregnant mothers actually. It's really at the point of birth we check and then... it's mandated to check at one and two during their pediatric screenings- which is really when kids are on the floor, they're putting their hands in their mouth. It's when we know their exposure risk is highest."

-Hon. Murphy/ "So much of this...I think of Mr. Wimsatt's point. I mean if we had things much more centralized... instead of 20 registries and waiting... worrying about gaps in funding. I just look at the work that we're trying to do... the data we're trying to collect from many different places and... in some instances it's there.

It's just not necessarily readily accessible. I agree. I think... certainly some legislative action and... those kinds of things... recommendations that that we make out of this this commission can certainly help drive some change."

Dr. Bush/ "Yeah, I do want to reiterate what David, Dr. Laflamme said. You know, it's a human resource issue as much as anything. We have claims data. We have hospital data. But then we have a part-time epidemiologist who can make sense of that data. So... in a lot of cases the data are there. It's really that we need the analytical power then to make sense of the data. And I think... those systems do exist... and I don't know Margaret if you wanted to speak at all, but... electronic medical records are where this lives. And to Representative Salloway's point, in New Hampshire... those systems aren't super interoperable because of privacy reasons. In other states those systems are moving towards a little bit more interoperability, right, but we know... there are multiple vendors. So, there are multiple systems, multiple electronic medical records systems within the state rather than... one statewide system that all talks. So I think it's sort of still in its infancy maybe, in New Hampshire- these kind of reporting systems that allow that interoperability. But I don't know a lot about electronic medical records- that's kind of my understanding. But we do have these other surveillance systems- like claims, like hospital data, like Birth Defects Registry."

-Hon. Murphy/ "Honorable Messmer?"

-Hon. Messmer/ "Yes. This discussion on lead reminded me that in the last session of this commission we had come to the decision that we should get someone to come speak to us about lead in the schools or at least the facilities- the drinking water issues and the facilities themselves. I don't know if Katie knows anybody that could do that, but that would be something... Because that does cover serum lead levels in children but it doesn't look at all at drinking water exposure in schools, although I know there has been some sampling of lead and drinking water in schools. But also it might be a good idea to get an update on ventilation systems at the same time since we're dealing with COVID. I don't know if there has been an evaluation in the SAU's across the state on ventilation issues... not with respect to lead, I'm talking about COVID now. But maybe both could happen at the same."

-Hon. Murphy/ "Good point. I'm wondering if maybe when Senator Sherman and Jenny are reaching out to the Department of Ed, maybe... we could have somebody... talking about the Special Ed piece, and then somebody more about the buildings... ventilation and those...issues."

-Hon. Murphy/ "Ms. DiTulio, you had your hand up."

-Ms. DiTulio/ "Yes, I just wanted to respond, Katie, to your point. The idea of the electronic medical record in its conceptual phase was a good one, but the problems ensued in that just what you're talking about. There are so many different vendors and so, your large systems certainly have the ability to share information within the system, but it's not turned out to be an easy way to have collective data. And so, in theory, it's a wonderful way to try and do it, but in reality it's been somewhat of a

disaster in terms of all the potential uses- at least in the in the study I've done of it."

-Hon. Murphy/ "Any other discussion? Well, seeing none, I think we have a lot of action items then from the last couple of meetings. One, we need to schedule the Education Subcommittee meeting. We're waiting to hear about the Department of Education presentation... Was it at the next meeting we were going to talk about maybe looking at the membership of the subcommittees because we have new members and they may be interested in joining us on the subcommittees? What else do we have? And then I know Senator Sherman had mentioned at one of the... I think it was our last meeting... he wanted us... in the Education Subcommittee... (to think) about what we can do to develop ... an environmental curriculum for CME's for physicians."

-Rep. Salloway/ "Yup." Nodding head affirmatively.

-Hon. Murphy/ "That was one of... the action items he left us." "How are we going to come up with a date for that (Education Subcommittee meeting), Rep. Salloway?"

-Rep. Salloway/ "I was going to ask Jenny Horgan who is the master of this sort of thing to help me schedule a meeting."

-Hon. Murphy/ "Okay. And then just notify us? That's great."

-Rep. Salloway/ "I do what she tells me to do."

-Hon. Murphy/ "Thank you. Seeing nothing else on the agenda, I will entertain a Motion to Adjourn."

-Rep. Salloway/ "So moved."

-Hon. Murphy/ "Okay. Thank you. Any seconds?"

Notes Hon. Messmer raises hand to second Rep. Salloway's Motion to Adjourn... "Honorable Messmer."

-Hon. Murphy/ "Thank you everybody..."

-Rep. Salloway/ "Well done."

-Ms. Clostello/ "Thank you."

-Ms. Horgan/ "So sorry. We have to take a roll roll."

-Hon. Murphy/ "Awesome. All right, I will get my list... Try to go through who I know is here." Begins to call the roll...

Representative Salloway- yes
Dr. Bush- yes
Ms. DiTulio- yes
Hon. Mesmer- yes
Ms. Costello- yes
Mr. Wimsatt- yes
Representative Nelson- yes
Representative McMahon- yes
Hon. Murphy- yes

*"Motion to Adjourn" Roll Call: 9 yea / 0 nay

-Hon. Murphy/ "Well thank you, everybody!"

Meeting and video ended at 1:22:55 PM.

Notes (includes DHHS "Birth Defects Registry" PDF PowerPoint presentation)
respectfully submitted and emailed to all members 3/18/21.

Hon. Nancy Murphy, Clerk