

State of New Hampshire

GENERAL COURT

CONCORD

MEMORANDUM

DATE: November 1, 2017

TO: Honorable Chris Sununu, Governor
Honorable Shawn Jasper, Speaker of the House
Honorable Chuck W. Morse, President of the Senate
Honorable Paul C. Smith, House Clerk
Honorable Tammy L. Wright, Senate Clerk
Michael York, State Librarian

FROM: Representative Mark Pearson, Chair

SUBJECT: Interim Report of the Commission to Study Environmentally-Triggered Chronic Illness

RSA 126-A:73 (HB 511, Chapter 166:2, Laws of 2017)

Pursuant to RSA 126-A:73 (HB 511, Chapter 166:2, Laws of 2017), enclosed please find the Interim Report of the Commission to Study Environmentally-Triggered Chronic Illness.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

I would like to thank those members of the Commission who were instrumental in this study. I would also like to acknowledge all those who testified before the Commission and assisted the Commission in our study.

Enclosures

cc: Members of the Commission

INTERIM REPORT

Interim Report of the Commission to Study Environmentally-Triggered Chronic Illness

RSA 126-A:73 (HB 511, Chapter 166:2, Laws of 2017)

November 1, 2017

Commission Charge and Study Purpose:

The Commission was charged with, but not limited to:

1. Determining which entities may report confirmed cases of chronic conditions or other health-related impacts to the public health oversight program.
2. Recommending ways to alert public health officials regarding higher than expected rates of chronic disease or other health-related impacts which may be related to exposures of unrecognized environmental contaminants.
3. Recommending a method to inform citizens regarding programs designed to manage chronic disease or other environmental exposure health-related impacts.
4. Recommending data sources and a method to include data compiled by a public or private entity to the greatest extent possible in the development of the public health oversight program.
5. Defining by codes, the health status indicators to be monitored, including chronic conditions, medical conditions, and poor health outcomes.
6. Studying current health databases, including years available, potential for small area analysis, and privacy concerns.
7. Researching currently existing health data reports by agency, bureau, or organization.
8. Creating a model of desired data outputs and reports for chronic conditions and other health-related impacts.
9. Identifying the gaps between what currently exists and the model output.
10. Recommending the organizational structure responsible for the oversight function and mandatory reporting requirements.
11. Collaborating with the National Institutes of Health, the United States Environmental Protection Agency, and the Centers for Disease Control and Prevention to develop protocols for the department of health and human services to educate and provide guidelines for physicians and other advanced health care practitioners to identify and evaluate appropriate diagnostic screening tests to assess health effects from exposure to emerging contaminants.
12. Collaborating with the National Institutes of Health, the United States Environmental Protection Agency, and the Centers for Disease Control and Prevention to develop protocols for programs to streamline education and outreach to health care providers about how to implement the guidelines specified in subparagraph (11). The protocols shall include education relative to methods to reduce further exposures and to eliminate the contaminants, if effective methods are available.

Commission Membership:

Representative Bill Ohm
Representative Joseph Guthrie
Representative Mark Pearson, *Chair*
Representative Jeffrey Salloway, *Clerk*
Representative Mindi Messmer
Senator Martha Fuller Clark
Senator Daniel Innis
Mike Dumond, NH DHHS
Amy Costello, UNH Institute for Health Policy and Practice
Thomas Sherman, NH Medical Society
Thomas Wold, NH Hospital Association
Pamela Levesque, NH Nurse Practitioner Association

Process and Procedures:

The Commission organized on Wednesday, September 6th and elected Representative Mark Pearson as Chair. The Chair appointed Representative Jeffrey Salloway as Commission Clerk. The Commission has met four times throughout the initial study period (see attached minutes for more detail).

In its initial phase the Commission focused on:

- Establishing a methodology for investigating chronic disease incidence in NH and a methodology for evaluating environmental risks.
- Determining what data resources currently exist within the state's agencies.
- Investigating the degree to which data resources are accessible to the Commission and to the public.
- Considering what additional data resources might be required to fulfill the charge to the Commission.

Findings and Recommendations:

The Commission has been meeting regularly, but at this point recommendations would be premature. After hearing testimony regarding available data resources from the Departments of Insurance, Health and Human Services, Environmental Services and the University of New Hampshire it is clear that a great deal of relevant data exists, but that it is not integrated into a single, easily queried database, and is not being systematically analyzed to link health and environmental data for public health purposes. The ongoing expansion of the NH Health WISDOM database will improve the integration of data over time, but it is a work in progress.

The Commission has reached the interim conclusion that there are two major types of data which need to be assessed: chronic disease incidence and environmental risk.

Ideally access to chronic disease incidence would be broken down by the smallest geographical unit possible. Currently DHHS is able to release data based on its data guidelines and representatives of DHHS have testified that disease incidence data exists which may not be available publicly as a result of certain regulations. The type of analysis sought by the Commission requires data at least at the municipal level and preferably at the level of census tracts. The consensus of the Commission is that, for research purposes, this should not be an obstacle.

Data on environmental risk are more readily available and can be reported by precise geographical location. These data include, but are not limited to, superfund sites, gasoline stations, lead exposure related to aging housing stock, waste dumps, factories, and naturally occurring risks such as arsenic and radon.

In the coming year the Commission will be examining research that finds evidence based correlations between specific environmental contaminants and defined categories of chronic disease outcomes, referencing relevant reports for the public on our Commission website. The Commission will then attempt to create a methodology for correlating the accessible data, and make recommendations on ways public health officials can be alerted regarding higher than expected rates of chronic disease or other health-related impacts which related to contaminant exposure, as well as ways of providing actionable information and guidelines to the public and healthcare providers.

The assigned task of determining the risks and outcomes of chronic disease in New Hampshire faces a number of challenges. The existing and currently accessible data within the state system is not adequate. The Commission has communicated to the Departments the urgency of its charge and their responsibility to be responsive to the needs of the State. The Departments have likewise communicated to the Commission that their resources are limited, and that the funding resources to do this work are not present at this time.

The Commission will continue to pursue the creating and assembling of the necessary data and the delegation of responsibility for analyzing that data. However, this will be a task which will take some time to accomplish.

Respectfully submitted,

Representative Mark Pearson, *Chair*

CC: Senate President
Speaker of the House
Senate Clerk
House Clerk
State Librarian

Commission to Study Environmentally-Triggered Chronic Illness
Sept. 6, 2017
Organizational Meeting
Minutes of the meeting

Meeting called to order at 10:00 a.m.

A. Introductions

Rep. Kotowski - called for meeting times

Sen. Fuller-Clark – identified data assessment (charge #6) as a first step in committee deliberations.

Rep. Weber – called for testimony on existing databases

Rep. Salloway – added the issue of access to the data

Rep. Pearson – called for examination of “hot spots”

Mr. Dumond – noted that environmental hot spots are the preview of Dept. of Environmental Services.

Rep. Kotowski – recommended that each member submit a list of prioritized activities

Sen. Fuller Clark – suggested items 2,3,4,10.

Dr. Sherman – reviewed a federal grant which funded a “deep dive” into state data. A final report on that project exists.

Rep. Kotowski – asked that a copy of that report be distributed to each commission member.

Dr. Sherman – reviewed the progress – or lack of the same of that report.

Mr. Dumond – raised the issue of the variety of reports prepared by state agencies. He recommended DES inclusion.

Dr. Sherman – added the need for Dept. of Insurance to be included as well.

Chair Pearson – will approach DES & insurance – called attention to objectives 6

Rep. Weyler – added a need to include 7 & 8 to see where the gaps are. He added the need to look at federal data bases.

Sen. Fuller-Clark – voted the need to bring to the committee data on environmentally triggered illness.

Mr. Dumond – queried a process to identify data experts from HHS to appear,.

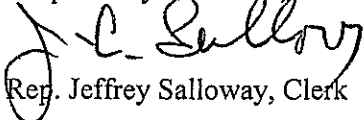
Rep. Mark Pearson – Chairman

Rep. Jeffrey Salloway – Clerk

Next meeting Friday 9/15 at 10:00 a.m.

Meeting adjourned at 10:45 a.m.

Respectfully submitted,


Rep. Jeffrey Salloway, Clerk

Commission to Study Environmentally-Triggered Chronic Illness

HB 511

RSA Chapter: 126-A: 73

9-15-17

Call To Order:

Chairman Rep. Mark Pearson called the meeting to order at 10:01AM.

Rep. Salloway, clerk, distributed minutes of the 9-6-17 meeting and a contact information sheet to be signed by attendees. The chairman invited new members to introduce themselves. Rep. Weber is replaced by Rep. Messner. Added to the minutes was designation of Rep. Pearson as chairman and Rep. Salloway as clerk.

Organization:

A: Rep. Pearson asked that data bases be included in minutes.

David C. Bates will create a web site to make data accessible to the commission.

B: Rep. Pearson introduced Tyler Brannon of the NH Insurance Dept.

He described the NH Comprehensive Health Data Information System. This data goes back to 2005. Most people with insurance are in this data base. There is a website with this data. This has been used to assess cost of care. DHHS controls research access to this data. This is a large, complex data set.

C. Rep. Pearson noted that those who are uninsured aren't in the data base.

D. Rep. Kotowski asked about managed care data and Medicare data. These are pending,

E. Rep. Mess^{er} asked about residency data by zip code.

F. Ms. Porter noted the categories of insured, uninsured and self-pay.

G. Dr. Sherman asked who else might be missed in this data base. Mr. Brannon noted that some are not covered in the data base. Insurance department is attempting to get data from neighboring states. Dr. Sherman asked about coding for multiple diagnoses.

to combine information on outcomes. DHHS restricts data. DES is willing to work on this. Mr. Dumond identified efforts at cooperative efforts. Dr. Bush added descriptions of collaborative efforts. Dr. Sherman described the Seacoast cancer cluster.

E. **Whitney Hammond, Chronic Disease Prevention.** Cancer registry is federally funded since 1986. Data is available to researchers on request. Dr. Sherman, the registry is not used proactively to look for hot spots. Rep. Messner asked about out-of-state data. It is collected. Ms. Porter observed that this is cancer incidence reporting. Dr. Wold asked if there was a list of monitored chronic diseases. Yes!

Next meeting goal will be to continue identifying sources of data. Ms. Porter noted the distinction between data and reports. She will organize speakers from UNH.

Mr. Dumond will speak on lead exposure.

We will meet again on October 6, 2017. Meeting adjourned at ^{12:17}~~10:17~~ am.

J. L. Sellow

Commission to Study Environmentally-Triggered Chronic Illness

HB 511

RSA Chapter: 126-A: 73

10-6-17

I. Call To Order:

A: Chairman Pearson called the meeting to order at 10 am and introduced Rep. William Ohm as a replacement for Rep Kotowski. (Revise minutes. Adjourned at 12:17 PM. Spell Messmer)

II. Rep. Pearson reviewed access to the committee web site.

Rep. Pearson reviewed his conversation with Dr. Sherman. He linked this to the charge to the committee.

Next meeting 10-20-17 at 10 am. Rep. Pearson asked Mr. Bates to begin drafting an interim report. Following meeting will be Monday, Nov. 13th. Final meeting will be Friday, Dec. 8th.

III. Amy Costello - Director of Data Analytics in Health Data Institute at UNH. Ms. Costello provided a demonstration of how data is used for the accountable care project. Data is broken down by county moving to Integrated Delivery Network. Data is available for commercial insurers, Medicare and Medicaid. Uninsured are missing from the data. The data base reports diagnosis and associated treatments.

Rep. Pearson asked if there were chronic diseases we wanted to target.

Dr. Wold asked about diagnosis specificity.

Rep. Salloway asked about total disease burden per county. He recommended looking at neoplastic disease, metabolic disease and neurologic disease.

Dr. Wold noted the difficulty of identifying exposure.

Rep. Ohm asked for the definition of "hot spots."

Mr. Dumond mentioned Dartmouth's data base on arsenic in water.

Rep. Messmer spoke to the need for an initial grasp at "hot spots."

Rep. Salloway spoke to the issue of exposure.

Beverly Drowin of DHHS does lead poisoning surveillance of DHHS. She described the lead testing results.

Sen. Innis asked about half-life of lead and elevated levels in New Castle.

Rep. Ohm asked if data is broken down into census tracts. Ms. Drouin said "Yes!"

Mr. Dumond introduced Michael Wimstat of Waste Management Division of DHHS. He reported on our ability to report on regional water quality. He recommended looking at "hot spots" for disease. But the number of potential contaminants is huge. A primary route is ground water.

IV. Committee discussed its next steps.

Sen. Innis and Rep. Salloway reviewed the choice of precautionary principle when there is no demonstrated causality.

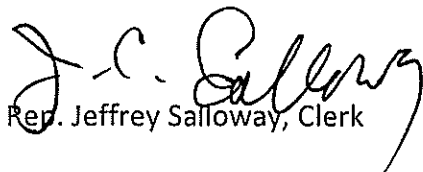
Dr. Wold noted that we can link some risks with specific diseases. He suggested developing a list of disease outcome.

Mr. Dumond will bring Ms. Bush back to demonstrate The Wisdom System.

Rep. Salloway will invite Professor Woodward to testify.

Meeting adjourned at 12:17 pm.

Respectfully Submitted:


Rep. Jeffrey Salloway, Clerk

Commission to Study Environmentally-Triggered Chronic Illness

HB 511

RSA Chapter: 126-A: 73

10-20-17

I: Meeting was called to order at 10 am by Chairman Pearson.

A: Minutes of the meeting were distributed.

1. Ms. Costello noted corrections of her title and department.
2. Dr. Sherman noted a spelling correction Mr. Winsatt.
3. Minutes were approved.

B: Next meetings will be Monday, November 13 and Friday, Dec. 8.

C: A chart outlining risk factors and disease outcomes was distributed. Dr. Wold voted that some toxins and outcomes are possible but not adequately documented to be included.

1. This chart will be posted on the commission website.
2. Dr. Sherman added the risk of radiation.
3. Rep. Ohm observed the need to identify dose and length of exposure as variables.
 - a. Dr. Sherman suggested an expanded Excel spreadsheet.
 - b. Ms. Costello asked for clarification of categories.
4. Dr. Sherman noted the need to age-categorize.

II: Website

A: Mr. D.C. Bates noted his efforts to add data bases to the commission website.

III: Interim Report

A: Report of progress is due Nov. 1st.

1. A draft was distributed.
 - a. Ms. Costello and Dr. Sherman suggested edits. Rep. Pearson added his pithy edits.

B: An attendee (Whitney), from DHHS, asked for an edit regarding data suppression rules.

1. Rep. Pearson spoke of the need to generate data while protecting privacy.
 - a. Dr. Bush noted that such data is available publicly.
 - b. Ms. Costello asked that the data suppression rules be made available.
2. Edits were discussed and recorded by Mr. Bates for revision to the final document.

C: Rep. Messmer moved adoption of the document as amended. Seconded by Dr. Wold and passed in voice vote.

IV: Dr. Bush presented the NH Health Data Portal known as WISDOM.

A: She demonstrated the utility of WISDOM to demonstrate rates of disease incidence across the state.

1. Rep. Pearson asked if the department initiated studies.
 - a. Dr. Bush indicated that they use collected data from other sources.
2. Dr. Sherman asked if anyone is tasked with identifying hot spots.
 - a. Dr. Bush described the lead surveillance program.

- b. Dr. Sherman asked if the data were coordinated. Dr. Bush noted limited resources. Dr. Bean described how coordinating committees struggle to bring people, agencies and data together.
3. Rep. Guthrie asked what resources are needed to advance this effort.
 - a. "Something is better than nothing," Dr. Bush, i.e., it takes time.
4. Ms. Costello asked about task force funding. There is none.
5. Rep. Salloway noted that outcomes as reported are "dirty data" and we need to be cautious in attributing outcomes to risk.
 - a. Ms. Costello and Dr. Bush discussed the concept of attributable risk.
6. Mr. Bates noted the decline in federal funding.
7. Dr. Sherman asked if there is a way to measure the results of surveillance and intervention
 - a. Rep. Salloway issued a caveat that measuring outcome is difficult.

V: Rep. Pearson suggested agendas for future meetings.

A: Dr. Sherman asked for a witness who could describe the power and utility of statistical data.

1. Rep. Pearson offered perspective on using data from other states.

B: Dr. Sherman asked if we could build a map of the location of data sets.

1. He suggested that we reach out to other states to both gather and disseminate our results.

VI: Meeting adjourned at 11:56 am.

Respectfully Submitted:

Jeffrey Salloway, Clerk