

Meeting Record

Meeting Group Name: NH Cancer Plan Fund Oversight Board

Date of Meeting: October 10, 2008

Attendees: P. Ames, J. Ascheim, K. Bugler, L. Butterly (Chair), Y. Corbeil, P. Davies, M. Dumond, J. Gersten, N. Kane, S. LaFrance, L. Mendham, J. Proctor, J. Sias, B. Walker

Not present: B. Bridgham, R. Bye, L. Emerton, M. Fuller Clark, J. Miranda-Smith, B. Odell

Guests: B. Bukowski (DHHS), D. Fleming (DHHS)

Length of meeting: 1 hr. conference call

Respectfully submitted by: *J. Proctor*

Topic	Discussion	Committee Recommendations	Committee Actions
<p>Meeting record of 9.18.08</p>			<p>Voted to accept the meeting record as drafted.</p>
<p>State Budget and Cancer Plan Fund update Peter Ames</p>	<p>Dr. Butterly requested that Peter Ames chair the meeting. The governor has announced that he plans another round of budget cuts (approximately \$100 million anticipated) shortly after the election. This puts any money not already approved by Governor and Council at risk. The Cancer Fund allocation for FY '09 is in jeopardy.</p>		
<p>Status of Contracts Mike Dumond</p>	<p>Tobacco Public Health Service Guidelines and Tobacco Quitline have cleared department contract process and were sent to the Attorney Generals office on 10/6. Generally there is a 2 week turn around time for that to return to DHHS. Next step is to submit to the Commissioner and then to Admin Services for Governor and Council (G&C) scheduling. Projected goal is Nov. 19 G&C agenda.</p> <p>Breast cancer screening: funding doesn't need to go through contract process. DHHS has modified billing procedures to accommodate this.</p> <p>Colorectal cancer: DHHS hopes to finalize negotiations and the scope of work at a meeting later today. The contract package is ready to move through the approval process.</p>		

<p>Legislative Ethics Committee Advisory Ruling update</p> <p>Peter Ames</p>	<p>At the last meeting, Peter Ames distributed suggested guidance from the Ethics Committee and Attorney Generals office to use in the funding determination discussions and votes.</p> <p>Ethics C. met in Sept and invited Peter Ames to discuss the issues and process. They supported the steps taken to assure that there was no conflict of interest (COI) and that individuals recused themselves appropriately. Plan: Ethics Committee will approve an official advisory opinion that will become public record and will be submitted to the Oversight Board (OSB) and will provide guidance for the future.</p>	<p>.</p>	
<p>Cancer Plan Fund Allocations for 2010-2011</p> <p>Peter Ames</p>	<p>◇ Determination of percentages at full funding levels Funding will be allocated for the biennium (7/1/09-6/30/11) in percentages based upon the Cancer Plan as it stands today. The Plan will be revised by Dec. 2009, but due to the timing, that Plan will be used to guide future funding. The percentage allocations used in the original legislation were based upon a comprehensive independent cost analysis and data available at that time. Nancy K. notes that states that have already revised their Plans have not needed dramatic revisions and it is possible that the priority objectives would be the same. Karen Bugler notes that some objectives may change if there isn't a data set to measure results.</p> <p>Mike Dumond notes that the 67% originally allocated to tobacco prevention activities was an attempt to re-establish funding to the Tobacco program based upon state funding from 2-3 yrs previous. The legislative intent was to re-establish the previous level of funding.</p> <p>In the future, funding will be based upon new science and new costs and will be prudent to update the cost analysis accounting for inflation.</p> <p>◇ Determination of percentages at less than full funding. Order of funding. Tobacco partners have suggested a strategy of raising the tobacco tax by \$.05 to raise new revenue and that could fund the entire Cancer Plan. Mike Dumond informs that state employees can listen, but are unable to participate in discussion related to advocacy. Peter Ames is uncertain of specific plans by other parties to propose an increase to the tobacco tax, but notes that there is national support for this.</p> <p>Shawn suggests that the proposal to raise the tax be linked to the health benefits of reducing the # of smokers (deterred by the cost of tobacco products). Funds raised should support tobacco prevention and cessation efforts needed to meet the increased need of those wishing to quit.</p> <p>Joan Aschein notes that the criteria developed for funding current proposed projects included an evaluation of established performance measures at 6 months that reflect quick progress that could be used to leverage new funding. Need to</p>	<p>If fully funded at \$4million annually for FY'10-11, the allocation percentages should be at the same levels that were originally designated.</p> <p>Tobacco is a priority for funding. Fund currently funded projects first if they are meeting established performance measures at 6 months. Prioritize tobacco prevention and cessation efforts next- link health benefits of reducing # smokers as an evidence-based intervention.</p>	<p>Peter Ames will draft a formal memo to review and vote on at the next meeting.</p> <p>Peter Ames will draft a memo for Oversight Board vote at the next meeting.</p>

	<p>evaluate projects to be sure contract obligations are being met before renewing funding. Beneficial to continue to fund current projects (if approved by G&C) to allow more time to accomplish objectives and show progress.</p>		
RFP process review	<p>Request was made by DHHS to review learning experiences of the RFP process over the past year and determine ways to improve it. J. Ascheim recommends an independent 3rd party facilitator and that the process is all-inclusive of those who were involved.</p>	<p>Convene a sub-committee to develop a review process. Call for volunteers (2 DHHS, 2 NH CCC).</p>	<p>Lise Mendham, Shawn LaFrance, Karen Bugler and Joanne Ascheim will meet and make recommendations to the OSB at the next meeting. Karen Bugler will set up the meeting.</p>
<p>Oversight Board membership</p> <p>New member recommendation: Karyn Madore</p> <p>Resignations</p> <p>DHHS reps.</p>	<p>Karyn’s bio was distributed prior to the meeting for review. She requested to be on the Board. Peter Ames notes that she would add a tobacco voice to the Board due to her extensive work related to tobacco prevention and cessation.</p> <p>Joanne Gersten and Judy point out that due to conflict of interest (COI) issues, it is important to expand the OSB membership to others who don’t have a COI who could participate in the RFP process.</p> <p>Peter notes there is no legislative process available to follow regarding nominations to the Board. The Board should consider whether to formalize a process to be used in the future similar to that used by the NH CCC Board as stated in the Guiding Principles.</p> <p>Peter Ames notes that there is no process for Board member resignations either. Peter requests to resign since he works so closely with the legislature and believes lawmakers would be more comfortable if he was not on the OSB. He plans to continue to support the OSB, but will not have voting authority.</p> <p>Laurie Ota has submitted a letter of resignation due to personal and professional time constraints.</p>	<p>Future agenda item.</p>	<p>Unanimous vote to accept Karyn Madore as a Board member- welcome.</p> <p>OSB unanimously voted to accept Peter and Laurie’s resignations.</p> <p>DHHS core members appointed by the Commissioner per RSA126A:65 will be J. Ascheim and M. Dumond.</p>
Next meeting	<p>RFP process review sub-committee recommendations should be presented to the Board.</p> <p>New Contracts may be approved by Nov. 19.</p>		<p>Judy will schedule a meeting for early December.</p>

This meeting record is pending approval by the Board at the next meeting.