

### Meeting Record

**Meeting Group:** NH Cancer Fund Oversight Board

**Date of Meeting:** February 4, 2008

**Attendees:** P. Ames, J. Ascheim (for M. Cooney), L. Butterly (Chair), R. Bye, Y. Corbeil, P. Davies, M. Dumond, J. Gersten, N. Kane, S. LaFrance, L. Mendham, J. Miranda-Smith, Laurie Ota, J. Proctor, P. Santos, J. Sias

**Not present:** Representative Bridgham, Senator Martha Fuller Clark, Representative Emerton, Senator Odell, B. Walker

**Length of meeting:** 2 hours (conference call)

**Respectfully submitted by:** Judy Proctor

Topic	Discussion	Committee Recommendations	Committee Actions
<p><b>New Oversight Board (OSB) Member</b></p> <p>Peter Ames</p>	<p>Peter introduced Ron Bye, new ACS appointee to the OSB who will replace BJ Allgaier, who has resigned. Ron is a cancer survivor who has been active in the Treatment and Survivorship workgroup.</p>	<p>Clarify law to see if a vote is needed to accept nomination.</p>	<p>RSA 126-A:65 II.g.- The members of the Oversight Board shall include:2 members of the public who are cancer survivors, appointed by he ACS,</p> <p>Welcome Ron!</p>
<p><b>Extension of Letter of Intent (LOI) Deadline</b></p> <p>Lynn Butterly</p>	<p>Dr. B was notified that an individual(s) didn't receive email notification of Tobacco RFP postings until after the LOI was due. Requests: LOI deadline be re-posted without changing the proposal due dates to allow additional parties to apply and encourage submission of more proposals. LOI is mandatory for anyone who applies.</p> <p>Joan notes reposting includes more costs for legal notices.</p> <p>Judy notes receipt of email from a party who missed the LOI deadline. Response from DPHS was that the party could no longer apply, but could perhaps partner with another applicant.</p> <p>Judy reports that the NH CCC membership received email notification of all RFP postings on the day posted (colorectal on the day after).</p>	<p>Vote: Unanimous vote to re-post 3 Tobacco Prevention RFPs with new LOI date without changing due date.</p>	<p>DPHS to arrange for re-posting tobacco RFPs.</p> <p>Judy will notify DPHS of the individual who missed the previous deadline.</p>
<p><b>Distribution of Grant Funding</b></p> <p>L. Butterly</p>	<p>State of NH currently faces a significant budget deficit which may make the Cancer Funds vulnerable as they are from the NH General Fund. Governor needs to make cuts.</p> <p>DPHS usually distributes contract funds after submission of a monthly invoice.</p> <p>Request: Protect the Cancer Funds which resulted from advocacy efforts by following the block grant model used by</p>	<p>Unanimous vote: Request Joan and Mike to determine if block funding upfront is possible.</p>	<p>Joan and Mike will discuss request with DHHS Administrators and will let OSB know.</p>

	<p>CDC and NIH and award all of the funds to the grantee up front. The monies then would be out of the General Fund.          DPHS unsure if this is feasible. Exhibit B includes information about how DPHS reimburses agencies.          Lise wonders if investigating this will delay the allocation of the money?          Nancy wonders if the State has the money to pay out as lump sum or is cash supply based upon income?          Ron asks if the funding is given upfront, will grantees have to meet performance measures. These are built into the RFPs and could be handled just as CDC and NIH handle it by holding the grantee to a standard.</p>		
<p><b>CDC Funding Shift Plan</b>           Mike Dumond</p>	<p>See handout: NH TPCP Funding and Staffing History and Challenges.          Current CDC funds cover 6.5 current positions. Since 67% of the Cancer Funds are for TPCP activities and a recent indoor smoking enforcement law was passed, 2.5 additional positions are needed resulting in \$153,000 need for funding. Critical need for Indoor smoking enforcement and public education staff member (\$65,000) and activities are linked to the Cancer Plan. DPHS in consultation with CDC proposed: On 7/1/08, shift CDC funding of Coalitions to building infrastructure (new positions) and use NH Cancer Funds to partially fund Coalitions.          Joanne suggests cleaner approach: keep CDC funds for the Coalitions (don't jeopardize their funding if CC Fund money is lost) and determine if NH Cancer Funds can be used for new positions. The positions seem consistent with the objectives of the Cancer Plan.          Joan Ascheim notes that potential hiring freeze could prohibit use of any State funds to create new positions.          Palmira suggests additional discussion needed. Positions might not need to be State positions. Consider building NH CCC infrastructure.          Mike Dumond noted that changes in the indoor smoking law have created demand for 1 FTE and that this activity is not directly connected to CCC contracts and funds (and thus would be appropriate to fund with CDC \$).</p>	<p>Unanimous vote:          Cancer Plan state funds should not be used to replace shifted CDC funding, and CDC funding should not be shifted from current allocations in order to accommodate infrastructure needs. The latter should be addressed through a different mechanism, which will be addressed as follows.           NH CCC acknowledges the need for improved TPCP infrastructure and will consider the request for funding of new positions. Form new sub-committee to discuss each proposed position, merit, evidence-based and if consistent with the Cancer Plan and determine if monies can come from the NH CCC.           Sub-committee to research the issue and make recommendations to the OSB.</p>	<p>Notify Judy if able to serve on this sub-committee.          Ron, Palmira, Shawn, Mike should let Judy know if willing to serve.           Mike to send more extensive explanation of each position prior to a meeting ASAP.           Report back to OSB in March.</p>



	<p>to bill NH Medicaid for only NH residents. Limited Cancer Fund resources should be used in the same manner.</p> <p>Joanne suggests that if a quit smoking support group is being held, residents of another state shouldn't be turned away since no increased cost to have additional attendees. However, no free colonoscopies should be offered to non-residents.</p>		
<p><b>Other Business</b> Breast Cancer Screening RFP Jazmin Miranda-Smith</p> <p>L. Butterly and Y. Corbeil recused themselves during this discussion due to potential COI. L. Mendham chaired this discussion.</p>	<p>DPHS had suggested rolling the Breast Cancer money into the BCCP. The law didn't allow this and decision was made to distribute the money through an RFP process.</p> <p>Breast Cancer Screening RFP was posted. Applicant Info Session held today- 1 interested party. Had expected current BCCP contractors to apply. Now recognize that the RFP was developed without knowledge that NH Medicaid eligibility criteria is more narrow unless referrals are NH BCCP clients. Lise and Shawn aware that if a client is diagnosed outside of a BCCP site, they can't get NH Medicaid for treatment. LOI due tomorrow (2/5).</p> <p>DPHS has not applied for the funds. Screening without treatment wasn't the intent of the writers.</p> <p>Joan notes that historically, an RFP has never been withdrawn to her knowledge; needs to research how to proceed. Unsure if funds would have to go out through new RFP or amendment to current contracts.</p>	<p>Unintended technical glitch. Intent of the RFP was to increase mammography rate. Early detection must be linked with access to treatment.</p> <p>Withdraw the Breast Cancer RFP.</p> <p>Determine disposition of the funds within 1 week to not delay process.</p>	<p>DPHS to provide fact sheet of how many mammograms could be provided if the funds are given to BCCP.</p> <p>DPHS to inform K. Berman and discuss with Administrators to determine how to proceed before this becomes public. DPHS will post on the Web and then inform others who submit LOI and Dr. Butterly.</p> <p>Email vote in 1 week on whether to award the money to BCCP.</p>
<p><b>RFP process debriefing</b></p>	<p>Shawn suggests agenda item for future OSB: Review successes, missed opportunities and learning experiences in the RFP process.</p> <p>Mike suggests small group discussion at upcoming contract monitoring and evaluation meeting.</p>	<p>Overall process of collaboration has been great success.</p>	<p>Determine best forum for this discussion.</p>
<p><b>Next meeting</b></p>			<p>To be scheduled in March</p> <p>April 3, 4:30 PM, FHC</p>