

Meeting Record*

Meeting Group Name: New Hampshire Cancer Plan Fund Oversight Board

Date of Meeting: March 20, 2009

Attendees: K. Bugler, L. Butterly, P. Davies, M. Dumond, J. Gersten, N. Kane, S. LaFrance, K. Madore, J. Miranda-Smith, J. Proctor, J. Sias

Not present: J. Ascheim, B. Bridgham, R. Bye, Y. Corbeil, L. Emerton, M. Fuller Clark, L. Mendham, R. Odell, B. Walker

Guests: Peter Ames, ACS

Length of meeting: 1.25 hrs

Respectfully submitted by: J. Proctor

Topic	Discussion	Committee Recommendations	Committee Actions
<p>Potential Funding Allocations</p> <p>Peter Ames and Group</p>	<p>Peter Ames reports support in the legislature for the possibly funding the Cancer Plan at some level. Decisions need to be made today by this Committee to bring to a Finance Committee meeting on March 23. The legislature needs more clarity from the Board if the funding is less than full funding (\$8 million over two years, but doesn't need to be split evenly between the years). Individual categories don't need to be split evenly over two yrs. either.</p> <p>RFPs would need to be reissued in a modified way to match current funding levels. M. Dumond notes that he would have to check with DHHS Admin. about how to handle a new fiscal year and new funding and RFP revision. OSB can determine at a later date when RFPs might need to be re-done.</p> <p>Peter informs that per the Ethics Committee ruling (see handout), at this time, no one on the Board has a conflict of interest in voting on the discussion today.</p> <p>Peter reviewed handout to seek recommendations for how to distribute funds based upon various funding levels (see <i>Statement of Intent</i>).</p> <p>Full funding: Initially, per statute the funding was to be designated in select percentages. Last year, when the funding was significantly reduced, the percentages were eliminated per an amendment. Now, the Oversight Board (OSB) has the authority to determine % levels of allocating the funds, but cannot change the text portion of the law. A category can be eliminated by funding at 0%.</p> <p>J. Gersten proposed adding a % for Palliation, although it was also noted that this falls under Category VI. Support services for survivors. She noted that survivors have no other major funding sources and survivorship is of growing national concern. CDC is increasing funding efforts for colorectal screening and access to care efforts have shown</p>	<p>If the CC Plan Fund (CCPF) receives over \$4 million over two years, shall the initial funding % levels still apply?</p> <p>Recommend rounding the original percentages to whole numbers as seen: 67%: Tobacco 2%: Diet and exercise 6 %: Early detection and screening breast and cervical cancer 18%: Early detection and screening for colorectal cancer 1%:Survivorship and support for those affected by prostate cancer 3%: Support services for survivors 3%: Data collection and analysis of minority population behavioral risk and cancer rates.</p> <p>If the CCPF receives \$2 million or more, but less that \$ 4million over 2 yrs, the same rounded percentages indicated above should be allocated.</p>	<p>Unanimous vote to approve the rounded funding levels as shown.</p> <p>Unanimous vote to approve the same rounded percentages recommended for full funding levels.</p>

	<p>progress.</p> <p>Funding levels between \$2-3.9 million: Intent of the legislature last year was to fund tobacco and screening. In the future, exact amounts of funding can be determined for the various types of screenings; don't need to decide today. J. Gersten proposed keeping the funding level of the original legislation with rounded percentages since even small amounts of money can benefit some of the categories, especially to meet survivor's needs. Notes that the Collaboration becomes stronger by having more partners funded.</p> <p>P. Ames reminded Board members to consider how to get the most for the money.</p> <p>Tobacco is the number one cause of cancer and the intent of the original law was to fund tobacco efforts. Proposed new tobacco tax is naturally linked to tobacco program efforts.</p> <p>Funding under \$2 million. J. Sias expressed that \$0 for prostate cancer isn't fair and noted concern that members of the Prostate Coalition might find it difficult to support the proposed tobacco tax bill if they thought they might not be funded in the future. Their lean organization would greatly benefit with any level of funding.</p> <p>M. Dumond notes that Diet and Exercise has received other sources of funding recently and if anything is cut, this might be an area to consider. S. LaFrance comments that small projects can always benefit from small funding sources.</p> <p>N. Kane notes the criteria developed last yr. when funding level was significantly reduced. Criteria included data driven, evidence-based, ability to show results quickly.</p>	<p>If the CCPF receives \$1 million or more, but less than \$2 million over 2 years:</p> <p>67% to tobacco prevention and cessation programs. 33% should be distributed between the remaining categories in levels to be prioritized by the OSB in the future.</p> <p>If the CCPF receives less than \$1 million over two years, then: 100% should be designated for tobacco prevention and cessation programs.</p>	<p>10 votes in favor of this recommendation. 1 abstention</p> <p>10 votes in favor of this recommendation. 1 abstention</p>
<p>Ethics Committee Report</p> <p>Peter Ames</p>	<p>See Ethics Committee guideline handout. Questions were proposed to the Ethics Committee and Attorney Generals office last summer during the RFP process. Ruling reflects that the process was very appropriate and that actions taken were even more conservative than the guidelines recommend to avoid conflict of interest.</p>		
<p>RFP process review</p> <p>Shawn LaFrance</p>	<p>Shawn expressed that during the RFP process some challenges came up with review teams and scoring of proposals that weren't congruent with the proposed process. When these were recognized, steps were taken to assure that the process was corrected and that valid scoring occurred.</p> <p>Confusion was expressed by members over conflict of interest issues related to DHHS</p>	<p>Future agenda item:</p> <p>RFP process review and clarification for future.</p>	

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	employees related to breast and cervical cancer and tobacco RFPS. Would benefit to clarify this before any future RFP process begins. What role does DHHS have in influencing funds toward existing contractors? Tobacco RFP review teams noted to be confusing with some concern over who should/should not have been present.		
Next meeting		The Board would like to be kept updated as more is learned about potential funding.	Peter Ames will notify Judy about when to schedule the next meeting.

*Record is pending approval at the next meeting.