

### Meeting Record

**Meeting Group Name:** NH Cancer Fund Oversight Board (OSB)

**Date of Meeting:** June 8, 2009

**Attendees:** J. Ascheim, K. Bugler, L. Butterly (Chair), Y. Corbeil, M. Dumond, J. Gersten, N. Kane, S. LaFrance, K. Madore, L. Mendham, J. Miranda-Smith, J. Proctor, J. Sias

**Not present:** B. Bridgham, R. Bye, P. Davies, L. Emerton, M. Fuller Clark, R. Odell, B. Walker

**Guests:** Peter Ames (ACS), Becky Bukowski (DHHS), Laura Davie (UNH)

**Length of meeting:** 2 hrs.

*Respectfully submitted by: J. Proctor*

Topic	Discussion	Committee Recommendations	Committee Actions
<b>Approval of May 8 meeting record</b>	Lynn Butterly recommends new wording under DHHS & COI discussion section. Add: "It was also mentioned that other institutions and individuals may not have fiduciary gain and therefore we will have further discussion of this issue".	Accept with change.	Unanimous vote to accept the record with the suggested change.
<b>Cancer Plan Fund Update Funding level discussion</b>  Peter Ames Lynn Butterly	<p>The House approved funding of the Cancer Plan at \$2 million/2 yrs and the Senate approved \$1 million/ 2 yrs. Committee of Conference will now meet to reconcile the final funding level. Based upon convention, \$1.5 million level is expected, but not guaranteed and if not enough revenue, it could go unfunded. Should know in 1-2 wks.</p> <p>As previously voted on March 20, at this level, 67% would be allocated to tobacco control and 33% to the remaining categories in levels to be prioritized by the OSB in the future. Options include re-instituting the original funding in rounded up percentages as voted on March 20 or re-prioritizing levels.</p> <p>K. Madore sought clarification of the \$1 million funding level and whether the vote was to allocate 67% or 100 % to tobacco control. The meeting record of March 20 reflects the vote of the Board. A subsequent email poll conducted in May of members' recollection of the discussion resulted in:</p> <ul style="list-style-type: none"> <li>◇ 7 members recollected the decision as recorded in the March 20 meeting record</li> <li>◇ 3 members recollected that 100% of \$1 million would be allocated to tobacco control</li> </ul>	No need for a re-vote.	

	<ul style="list-style-type: none"> <li>◇ 1 member indicated that the language in the email request didn't reflect the final decision by the Board.</li> </ul> <p>Items to consider in determining funding levels:</p> <ul style="list-style-type: none"> <li>◇ The "data collection and analysis of minority population behavioral risk and cancer rates" Request for Proposal (RFP) was written, but never released due to funding reductions.</li> <li>◇ HEAL has brought new monies to diet and exercise category since the RFPs were issued.</li> <li>◇ Tobacco Community Coalition funding was reduced by CDC and DHHS is in the process of a regionalization plan that impacts coalition funding.</li> <li>◇ NH Tobacco Program received new CDC funding in March through the 5 yr. cooperative agreement for Public Health Service Guidelines initiatives.</li> <li>◇ Other areas may have received new funding in the interim.</li> <li>◇ Criteria were developed in the past to determine funding levels when funding was reduced...are these criteria still applicable? See July 8, 2008 Funding Prioritization Recommendation to the OSB.</li> <li>◇ Consider original proposal budget requests vs. initially approved funding level and final negotiated level(s).</li> <li>◇ Timing is critical. Funds are most secure after they are obligated in a contract, but unspent money is always at risk.</li> <li>◇ Some previously funded contracts may not be able to accomplish the Scope of Services if funded at a reduced level, but may still be able to accomplish some activities in the original proposal consistent with the original RFP. Scope of Services and budgets may need re-negotiating.</li> <li>◇ Previously approved proposals may no longer be effective or pertinent.</li> <li>◇ An objective approach might be to use original percentages designated in the state law with rounded up percentages.</li> <li>◇ Re-issuing new RFPs is time consuming &amp; labor intensive.</li> <li>◇ Another option to fast-track old proposals and develop some new RFPs as needed.</li> </ul>	<p>Convene a sub-committee (J. Ascheim, J. Gersten, N. Kane, K. Madore, L. Mendham) of persons without a conflict of interest ASAP to explore options for allocating the 33% of the non-tobacco funds, based upon expected funding level and develop recommendation for the full OSB.</p>	<p>Sub committee to meet ASAP to develop recommendation for the OSB meeting in 2 -3 wks.</p>
<p><b>DHHS RFP process update</b> Mike Dumond</p>	<p>DHHS has decided that new RFPS are not necessary and that the previous proposals submitted in 2008 that were selected for contracts can be used for funding if the funding level is not greater than the amount specified in the original RFP and that the original RFP timeframes are adhered to. Therefore, funding can be applied to FY 2010 contracts, but a renewal process will need to be completed in mid FY 2010 for FY 2011-</p>		

	<p>12. Developing new RFPs is an option, but there is a risk of losing the funding if it is not spent. Better to have money obligated in a contract, but still not completely safe</p>		
<p><b>Recommendation from Tobacco work group</b></p> <p><b>Judy Proctor</b> <b>Karen Bugler</b></p>	<p>See handout, NH Cancer Fund Tobacco Prevention &amp; Control Allocation Recommendation to the OSB. Probable funding level expected to be between \$1 and \$2 million. Mike Dumond explains that CDC has developed a new tool, REACH Program, to guide Tobacco Programs in selecting activities based upon limited resources. TPCP staff are at CDC this week where this will be demonstrated and it is immediately available. Requests that the Tobacco work group consider this tool since it was not available when the current recommendation was developed.</p> <p>Karen Madore was asked to leave the room during a conversation in which she might have had a conflict of interest.</p> <p>Expertise of the work group would help to guide funding decisions.</p>	<p>Convene a sub-committee of 3-5 from the tobacco work group who don't have a conflict of interest who could explore options for allocating the 67% of the tobacco funds, based upon expected funding level and develop recommendation for the full OSB.</p>	<p>Karen and Judy will explore the option of using the new tool with the work group.</p> <p>Karen and Judy will request volunteers to work on sub committee.</p> <p>Yvonne Corbeil will join the sub-committee if additional member is needed.</p>
<p><b>Conflict of Interest PH Regionalization Plan</b></p>		<p>Defer to next meeting agenda due to time constraints.</p>	
<p><b>RFP review process violations letters</b></p> <p>Peter Ames</p>	<p>See handouts: Letters from P. Ames to Director Montero and response from Dr. Montero. Peter explained that as a follow-up to the last meeting when RFP process violations were revealed, he decided to address the concern with Dr. Montero. Peter reviewed the identified violations and the serious implications of these actions and expressed appreciation to DHHS for their response.</p>		
<p><b>Next meeting</b></p>	<p>Need to move very quickly with the sub-committees and reconvene in 2 wks. to review the recommendations.</p>		<p>Judy to send meeting wizard invitation ASAP.</p> <p>Agenda: Conflict of Interest PH Regionalization Plan Sub Committee recs.</p>