

**DRAFT**

**MINUTES**

**Board of Directors Meeting**

**January 13, 2021**

**9:00 – 11:00 a.m.**

**Presiding Officer: Susan Tenney, Chair**

A meeting of the of the Board of Directors of the New Hampshire Vaccine Association (NHVA) was held via Zoom Webinar with a quorum present.

The meeting was called to order by Susan Tenney, Chair, at 9:01 a.m.

**1. Welcome and Roll Call**

**Attendance** – The following individuals attended the meeting:

**Board Members:**

Susan Tenney, HPHC, Chair  
Edward Moran, Public Member, Vice Chair  
David Sky, NHID, Treasurer  
Sean Lyons, Cigna, Secretary  
Elizabeth Daly, NH DHHS  
Patricia Edwards, MD, Healthcare Provider  
Jason Margus, Anthem  
Lorraine Radick, RPh, Public Member  
Janice Valmassoi, MD, Healthcare Provider

**Members of the Public:**

Amanda Bemis, Nashua  
Melissa Blasek, State Representative for Merrimack  
Lisa Capellan, Bedford  
Laura Condon, Bedford  
Kenna Cross, State Representative for Merrimack  
Betty Gay, State Representative for Salem  
Sarah Jones Belmont  
Jessica Kliskey, Stratham  
Heidi Kroll, Esq., Gallagher, Callahan, & Gartrell  
Erica Layon, State Representative for Derry  
Andrea Montgomery, Nashua\*  
Diane Pauer, State Representative from Hillsborough  
Lisa Post, State Representative for Hillsborough  
Gina Powers, RYP Granite Strategies\*  
Julie Rosalli, Keene  
Cheryl Rounds, Derry  
Leah Scribner, New Durham\*  
Courtney Stapleton, Nashua  
Laura Tennis\*  
Larisa Trexler, Stoddard  
*\*Registered, not documented if they attended.*

**Excused Board Members:**

Wendy Lee Parker, HealthTrust

**Other Attendees & Administrative Staff:**

Mark McCue, Esq., Hinckley Allen  
Patrick Miller, Helms & Company, Inc.  
Erin Meagher, Helms & Company, Inc.  
Keith Nix, Helms & Company, Inc.  
Tony Mendez, Helms & Company, Inc.

Ms. Tenney asked that a roll call for attendance be taken. Upon completion, Mr. Miller announced he was recording the meeting for the facilitation of meeting minutes. Ms. Condon also announced the intention of recording the meeting and asked if a list of the members of the participating public could be announced. Ms. Tenney stated that this information will be made public when the minutes are published. Ms. Condon also advised the group that Board Member Ms. Parker was incorrectly identified in the November minutes as a “Public Member.” Mr. Miller stated this will be corrected.

Ms. Tenney welcomed the Board Members, staff, and members of the public to the meeting. She proceeded to read the *Board Chair Statement Regarding Public Commentary During Meetings* drafted by Attorney McCue.

28 **2. Review and Acceptance of the November 18, 2020 Board Meeting Minutes**

29  
30 Ms. Tenney asked if there were any questions or comments related to the draft November 18, 2020 minutes. Other  
31 than the incorrect listing of Ms. Parker as a “Public Member,” there were no other corrections or comments.  
32

33 **VOTE RECORDED:** *On a motion by Mr. Lyons, seconded by Ms. Radick, by roll call it was*  
34 **VOTED:** *To accept the November 18, 2020 Board Meeting minutes with the noted*  
35 *correction.*  
36

	<u>Yes</u>	<u>No</u>
37		
38	X	
39	X	
40	X	
41	X	
42	X	
43	X	
44	X	
45	X	
46		

47 A vote was not recorded for Mr. Moran.

48  
49 **3. Executive Director Update**

50  
51 Ms. Tenney asked Mr. Miller to provide his updated. Mr. Miller began with an update on the proposed bill to expand  
52 the NH Vaccine Association to include adults aged 19-64. During the 2020 legislative session, the bill passed the  
53 House, but the Senate did not take it up at the end of the session. The draft LSR text in the meeting packet was  
54 provided last week by the bill’s sponsor, Representative Knirk. It is expected to be given a House bill number next  
55 week Mr. Miller wanted to ensure the Board had the opportunity to review the current language and to provide the  
56 ability to ask any questions or provide comments that could be sent to Representative Knirk. In summary, the  
57 legislative intent is to expand the current children’s program to include adults between the ages of 19 and 64,  
58 excluding adults covered under Medicare. DHHS would administer the program similarly to the way they administer  
59 the children’s program today and will require the NHVA to assess the carriers to pay for the program. Mr. Miller will  
60 keep the board members updated as hearings on the bill are scheduled. The NH Vaccine Association is not a taking  
61 position on the bill.  
62

63 Ms. Radick advised the Board that House Bill 572 has been sponsored by Representative Gary Merchant to allow  
64 pharmacists, pharmacy interns, and the new category of certified pharmacy technicians to immunize adults for all  
65 vaccines. Details of this bill can be found on the Legislature’s bill tracking website at  
66 [http://gencourt.state.nh.us/bill\\_status/billText.aspx?sy=2021&id=690&txtFormat=html](http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2021&id=690&txtFormat=html).  
67

68 Discussion ensued as to the administration of the new adult vaccine program if signed into law. Mr. Miller stated  
69 his initial thoughts would be to reflect it as a separate program of NHVA in the financial statements for transparency.  
70 There will need to be a separate assessment rate setting as there will be a limited set of vaccines for this population  
71 with different utilization rates. As written currently, the bill would become effective July 1, 2022. Mr. Miller offered  
72 that it would be ideal to have the assessment cycle concurrent with the children’s program. Mr. Miller asked if  
73 anyone had any comments or questions.  
74

75 Hearing no questions, Mr. Miller directed the group to page 14 of the meeting packet to review the Statement of  
76 Financial Position. Overall, NHVA is in a strong cash position. Mr. Miller highlighted the quarter ended December  
77 31, 2020. NHVA has seen an increase in the savings and checking line items because of the latest assessment

78 collection period. In terms of short-term investments, there has been a decline as different investment instruments  
79 have been called. Called instrument funds have been re-distributed back into the ICS account which right now is  
80 earning 40 basis points. Based on an analysis performed by the Bank of New Hampshire, total yield on the short-  
81 term investments is running about 1.17% vs. the 4% on the ICS account.  
82

83 Mr. Miller turned to the Statement of Changes in Net Assets and highlighted the first two lines reflecting assessment  
84 income. Overall, NHVA is running nearly \$500K ahead of budget as the loss of covered lives due to the pandemic  
85 has been less than forecasted. NHVA is running ahead of budget on all expense line items including bank service  
86 charges, professional fees, legal fees, postage, printing, website maintenance, and meeting expenses. There were  
87 no questions from any of the Board members related to the quarterly financial reports. Mr. Miller encouraged all  
88 members to reach out to him or Mr. Nix if any questions arise.  
89

90 Mr. Miller reviewed the memorandum dated January 5, 2021, which contains several charts reflecting assessment,  
91 Medicaid lives, and unemployment trends. During the assessment rate setting process last fall, it was expected that  
92 there would be a larger reduction in covered lives due to unemployment stemming from the pandemic. The orange  
93 line with diamond markers on page 16 reflects a continued decline in covered lives, however, it is less sharp than  
94 projected with an overall, actual drop of 1.3% in the first three quarters of this year. The chart on page 17 reflects  
95 the same information but displays an average number of covered lives for the quarter instead of total, cumulative  
96 months for the quarter.  
97

98 The last two pages related to Medicaid enrollment and unemployment trends. While increasing steadily, the  
99 increase shown in Medicaid covered lives is sharper than the decrease NHVA has seen in assessed lives. December  
100 2020 data were released yesterday (not shown) and there is a cumulative increase of children in the standard  
101 Medicaid Program 8,858 between February and the end of December 2020. During the same period, the Granite  
102 Advantage Medicaid expansion covered lives increased by 17,869.  
103

104 The last chart reflects US and New Hampshire unemployment numbers of 6.7% and 3.8%, respectively, for November  
105 2020. December 2020 figures are not yet available. These figures are down from the peak in April 2020 of 14.7%  
106 for the US and 17.1% for New Hampshire. The November 2020 rates are still higher than the pre-pandemic numbers.  
107

108 All these data are part of the assessment rate model, and we are monitoring them monthly and beginning to think  
109 about the assumptions for September's rate setting process. Ms. Tenney stated the information was helpful and  
110 thanked Mr. Miller for his report. There were no further questions or comments.  
111

#### 112 **4. Department of Health and Human Services Update**

113

114 Ms. Tenney invited Ms. Daly to provide her update. Ms. Daly began with an update of DHHS vaccine expenditures  
115 to date totaling \$7,284,915. She stated that orders have remained steady for several months, and DHHS is not seeing  
116 decreases in vaccine orders as was initially seen at the beginning of the pandemic. Providers have been performing  
117 routine, preventive-care office visits and catching patients up on any missed vaccines. This has resulted in orders  
118 stabilizing.  
119

120 Ms. Daly shared DHHS's COVID-19 vaccine initiative advising that the vaccine had been in the state for approximately  
121 a month. The State has received just under 100,000 doses of vaccine, about 80% of that has been pushed out to  
122 vaccination sites, and about 50% of the vaccine has been made available and administered to patients. The doses  
123 received are for people 16 or 18 years of age or older, depending on the available formulation. Children are not  
124 being vaccinated and will be part of a later strategy. Children are at lower risk and the rollout plan will consider  
125 prioritizing children with multiple comorbidities. At this time, there are no vaccines that have been approved for  
126 use in those under 16 years of age.  
127

128 Ms. Daly explained that the current phase is working to vaccinate the staff and residents of long-term care facilities  
129 who are very high risk of death currently, healthcare workers, and first responders. The next phase will be age-based  
130 and will focus on those 75 and older, along with younger people with multiple medical comorbidities. Next in line  
131 will be occupational groups that will be vaccinated, such as healthcare workers, first responders not already  
132 vaccinated in phase one, correctional facility officers, and then specifically working to vaccinate staff and residents  
133 of facilities that house people with intellectual and developmental disabilities. From there, the allocation plan will  
134 broaden to the general public under age 65 with prioritization of those with medical comorbidities.

135  
136 Initially, the federal agencies were holding back the second dose to guarantee that there is a second dose for anyone  
137 who gets the first dose, however, it was announced yesterday that they plan to release those doses so that we can  
138 increase the first doses. DHHS has not received notice officially so it is not clear what that means for us specifically.  
139 Currently, New Hampshire receives about 17,000 doses per week.

140  
141 The federal government is absorbing the cost of the vaccine, so it is not impacting the State's budget. Providers can  
142 charge an administration fee to all insurers, including Medicaid, Medicare, and private insurers. Patient cost sharing  
143 is not allowed. There is a federal provider fund for any individual that is uninsured where providers can seek  
144 reimbursement for the administration costs.

145  
146 Thirteen state-run fixed sites have set up. They have very high throughput and ability to vaccinate people quickly  
147 and are not charging administration fees. Hospitals and other types of healthcare providers will eventually have  
148 access to the vaccine as well.

149  
150 Ms. Tenney thanked Ms. Daly stating she found the update to be very informative and helpful.

151  
152 **5. Public Comment**

153  
154 Ms. Tenney opened the floor up to public comment. Ms. Meagher indicated there were two members of the public  
155 that wished to speak. Ms. Gay informed the group that she was attending as a State Representative for Salem and  
156 she wished to identify herself. Mr. Miller thanked her as it will be helpful for the meeting minutes.

157  
158 Ms. Condon began by thanking the Board for the opportunity to allow the public to connect and participate in these  
159 meetings. Ms. Condon indicated she had a few questions for Ms. Daly related to the COVID-19 vaccine. She asked  
160 how adverse reactions to the vaccine were being tracked, how the public could access the information, what the  
161 status of the state vaccination registry is, and what has been mandated for tracking.

162  
163 Ms. Tenney reminded the attendees that this is not an interactive session and we are asking that people reach out  
164 to the Administrator via the NHVA website with any Association questions. She asked Ms. Daly if there was a hotline  
165 where people can reach out to the Department of Health and Human Services with questions. Ms. Daly advised that  
166 people could call the Department or 211 with questions. She offered Ms. Condon to connect with her directly,  
167 outside of this meeting and she would be happy to answer your questions.

168  
169 Ms. Kroll introduced herself and advised that she works at Gallagher, Callahan, and Gartrell representing America's  
170 Health Insurance Plans (AHIP). She has been involved with the proposed adult expansion bill and encouraged the  
171 Board and the Association to share any thoughts with AHIP as far as optimizing and operationalizing the adult  
172 program should it become law. She cited the provider network development and maintenance will be key to the  
173 success of the program and will influence the rollout timeline. Ms. Kroll suggested that the adult program's  
174 assessment rate setting process be aligned with the children's program process thus moving the draft start date  
175 from July 1, 2022 to January 1, 2023. Ms. Kroll stated that she believes NHVA and AHIP share the same goals of  
176 program transparency, trying to lower the cost of vaccinating both children and adults, and to have as many people  
177 vaccinated as possible. She thanked the Board for the opportunity to speak.

178  
179 Ms. Tenney asked if anyone else wished to speak. There being no one, she thanked those that did speak and thanked  
180 all members of the public for attending.

181  
182 **6. Executive Session**

183  
184 Ms. Tenney asked for a motion to move into Executive Session to discuss legal and personnel matters.

185  
186 **VOTE RECORDED:** *On a motion by Dr. Edwards, seconded by Ms. Daly, by roll call it was*  
187 **VOTED:** *To move to Executive Session at 9:38 a.m.*

	<u>Yes</u>	<u>No</u>
189 Elizabeth Daly	X	
190 Patricia Edwards, MD	X	
191 Sean Lyons	X	
192 Jason Margus	X	
193 Lorraine Radick, RPh	X	
194 David Sky	X	
195 Susan Tenney	X	
196 Janice Valmassoi, MD	X	

198  
199 A vote was not recorded for Mr. Moran.

200  
201 Mr. Miller explained the current webinar will now end and each Board member will receive a new invitation via  
202 email with a separate Zoom link to attend the Executive Session.

203  
204 **7. Adjournment**

205  
206 The meeting adjourned after the completion of the Executive Session. Executive Session minutes will be provided  
207 separately by Attorney McCue.

208  
209 Board of Directors Meeting minutes respectfully submitted by  
210 Sean Lyons, Board Secretary  
211 January 19, 2021

212  
213  
214 # # #