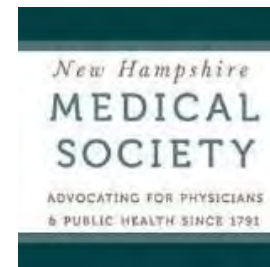




The Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 1, Our Current Political Landscape, February 22nd, 2024



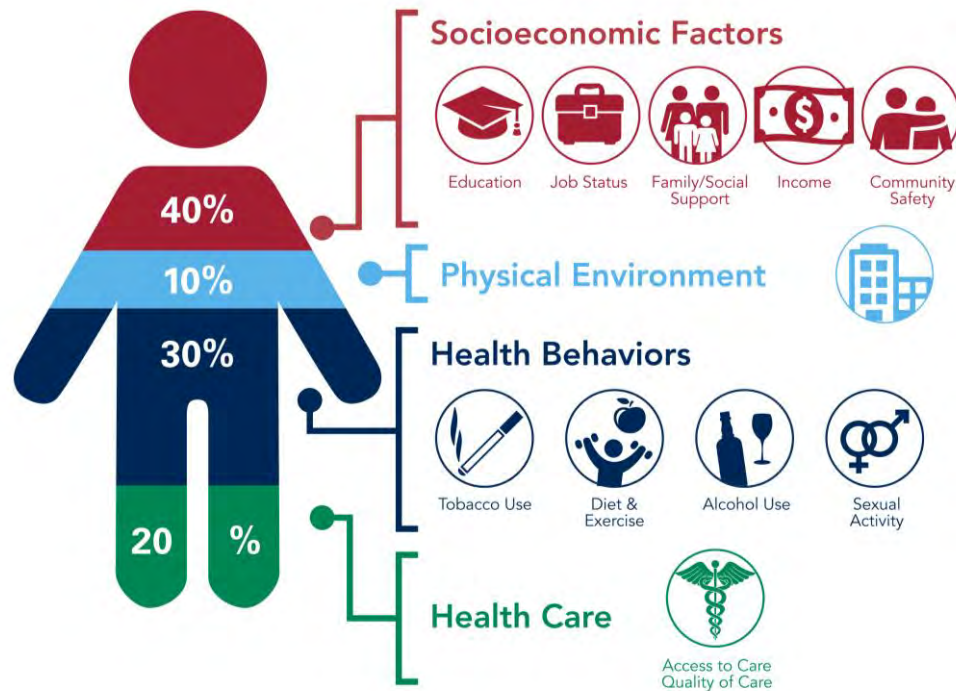
Series Learning Objectives

Learner will be able to:

1. Explain how policy and politics impact the health and well-being of NH individuals and communities
2. Describe key health-related bills before the NH legislature and their potential impact on health.
3. Advocate effectively for policies that support health

Political Determinants of Health

The political processes that impact the social, environmental and health care drivers of health, including executive decisions, legislative policies, judicial decisions, electoral processes and public advocacy.



80% Socioeconomic,
environmental & health
behavioral factors

20% Health care factors

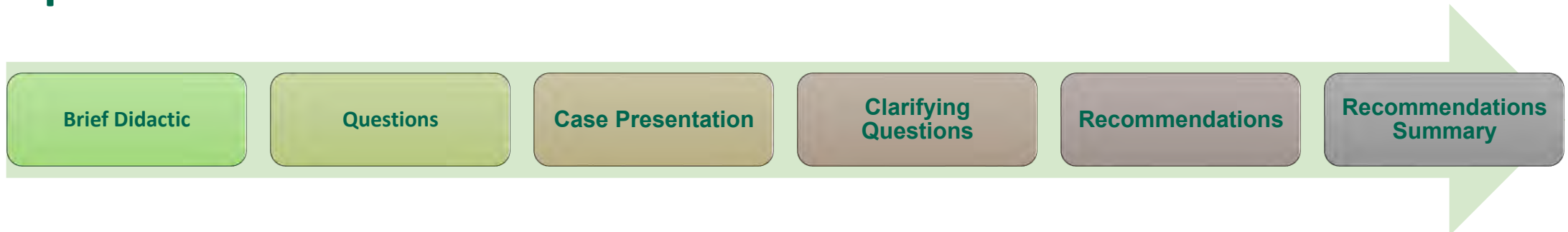
Series Topics

<u>Our Current Political Landscape</u>	2/22
<u>Cannabis Legislation</u>	3/7
<u>Workforce and Economy</u>	3/21
<u>Public Health Infrastructure: Access to RSV Immunization</u>	4/4
LGBTQ Culturally Competent Care	4/18
Digital Health Equity	5/2
Workplace Violence	5/16
Wrap Up	5/30

Project ECHO (Extension for Community Healthcare Outcomes)

- ECHO is a telementoring model that uses virtual technology to support case-based learning and provide health-related education.
- Highly Interactive. All teach, all learn.
- Non-partisan, focused on what best serves the health needs of our communities
- Respectful of diverse views and opinions

Components of ECHO:



Today's Program

- Brief housekeeping
- Didactic: **Our Current Political Landscape**, Dean Spiliotes
- Q&A
- Panelist perspectives
- Discussion
- Summary
- Up Next

Core Panel

- Ava Hawkes
Director of Advocacy & Media Relations, NH Medical Society
- Ben Bradley
Vice President, State Government Relations, NH Hospital Association (NHHA)
- Courtney Tanner, JD, MSW
Director, D-H Government Relations, Course Director
- Deborah Fournier, JD
Senior Policy Associate, UNH Institute for Health Policy and Practice
- Kate Frey
Vice President of Advocacy, New Futures
- Matthew Houde, JD, MHCDS
Vice President of D-H Government Relations
- Pamela Dinapoli, RN, PhD
Commission on Government Affairs, NH Nurses Association
- Phil Sletten, MPA
Research Director, NH Fiscal Policy Institute
- Steve Ahnen, MBA
President, NH Hospital Association (NHHA)
- Seddon Savage, MD, MS
Facilitator, Medical Director, Project ECHO at Dartmouth Health

Dean Spiliotes

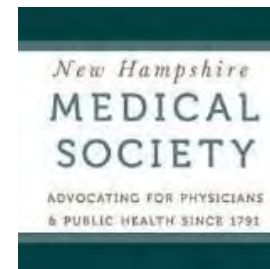
*Professor of Political Science &
Civic Scholar in the School of Arts, Sciences & Education,
Southern New Hampshire University*



The Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 2, Cannabis Legalization, March 7th, 2024



Today's Program

- Brief housekeeping
- Didactic: **Cannabis Legalization**
 - Seddon Savage – Health considerations
 - Kate Frey – Current Cannabis Legalization Legislation
- Discussion – facilitated by Courtney Tanner
- Summary
- Up Next

Cannabis

Health Considerations to Inform Legislation

Seddon Savage MD, MS

Associate Clinical Professor, Geisel School of Medicine
Education Director, Project ECHO at Dartmouth Hitchcock

Disclosure

- No commercial conflicts

Cannabis Policy

- 4000 BC Earliest recorded use in China
Herbs, tinctures used world wide for centuries
- 1850 Added to U.S pharmacopeia (indications for neuralgia, convulsions, anti-emetic, alcoholism , opiate addiction, others)
- 1927 10 U.S states prohibit cannabis use (starting in 1915)
- 1937 U.S. Federal taxation & licensing requirements resulted in decreased prescribing
- 1942 Removed from U.S. pharmacopeia, AMA opposed
- 1970 Controlled Substance Act class I “no legitimate medical use” creating barriers to study



Cannabis Policy History

Legalization Advocacy Marijuana Policy Project “envisions a nation where marijuana is legally regulated similarly to alcohol”

Strategy: Medical Marijuana >>> Decriminalization >>> Legalization

Step 1 Medical marijuana

New Hampshire 2013

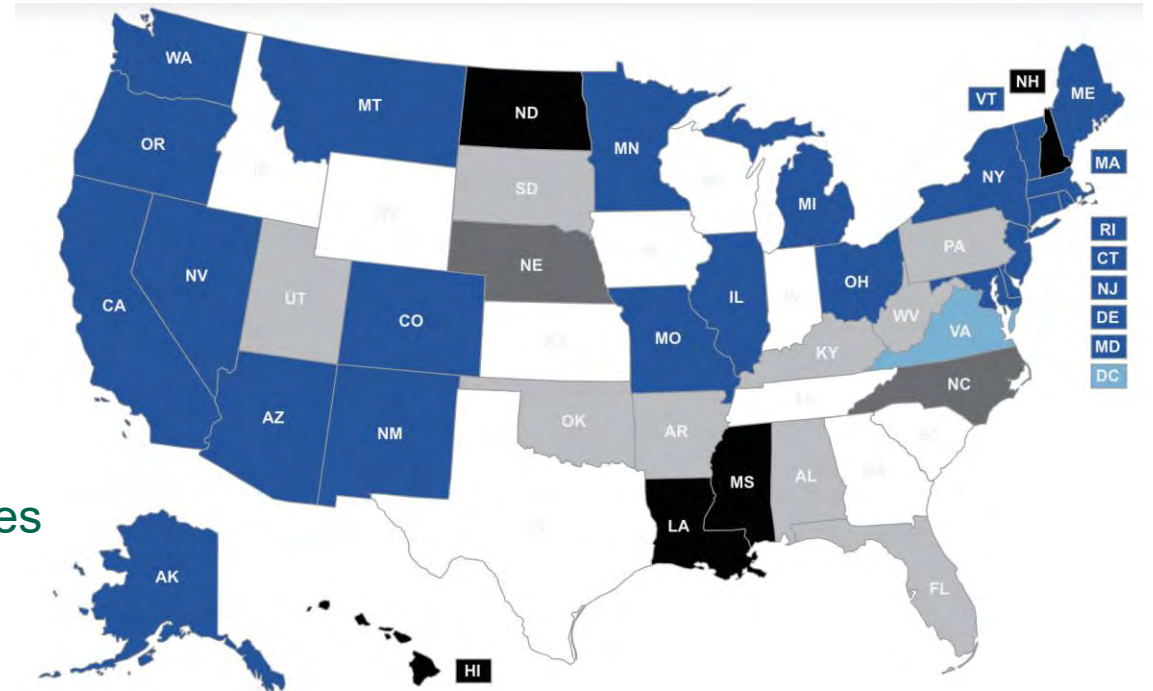
Step 2 Decriminalization

New Hampshire 2017

Step 3 Legalization

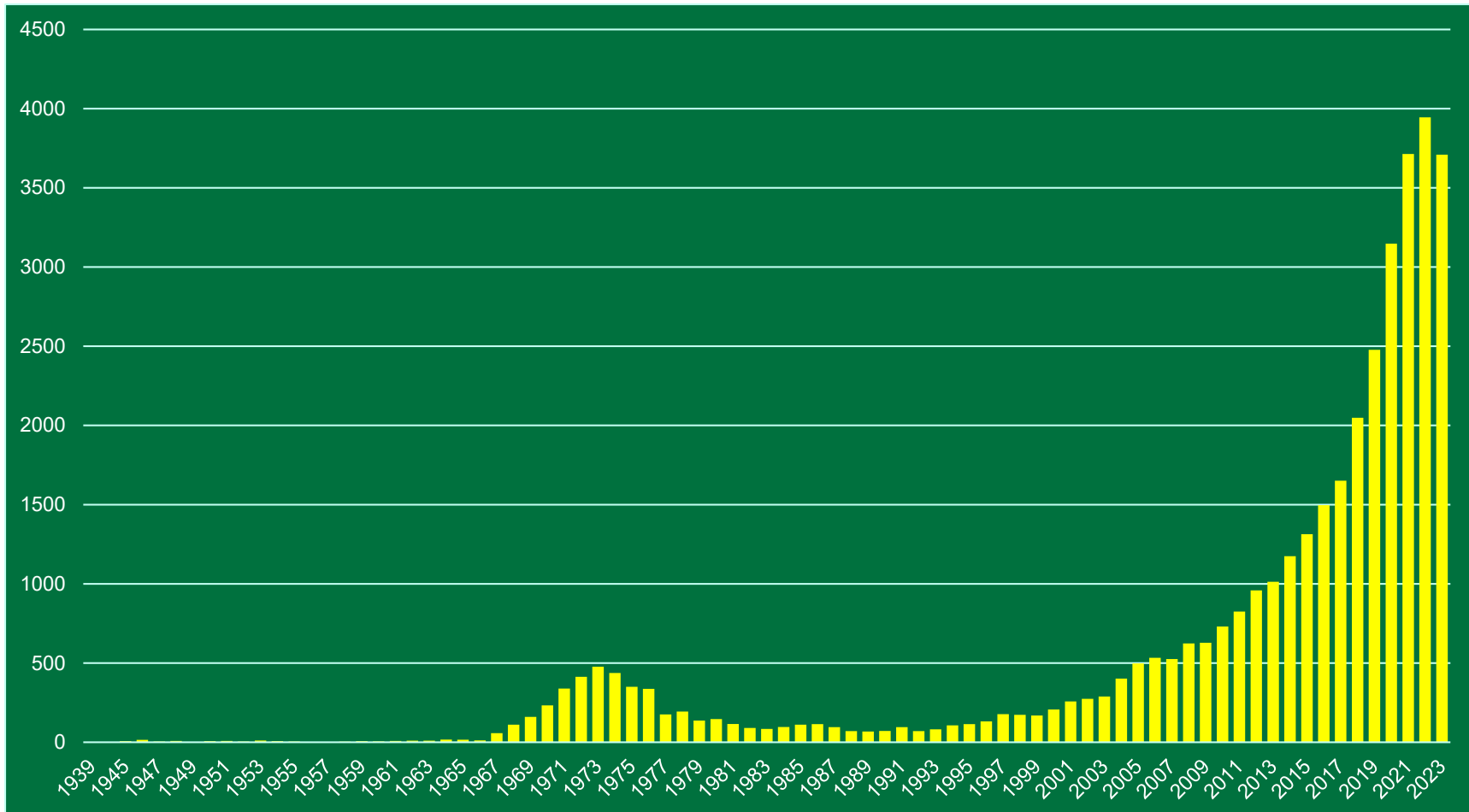
New Hampshire 2024?

- Legal adult use & therapeutic
- No sales
- Decriminalization & therapeutic
- Therapeutic only
- Decriminalization only



What do we know about Cannabis?

PubMed Cannabis Publications



0-3 Pubs/year back to 1840-1939

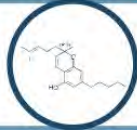
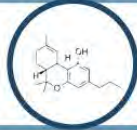
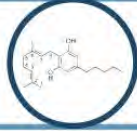
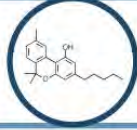
<https://pubmed.ncbi.nlm.nih.gov/?term=cannabis>

Information Challenges

- Voluminous, changing, often conflicting
- Cannabis versus diverse isolated cannabinoids
- Diverse species of cannabis with variable concentrations of cannabinoids
- Impacts being studied: diverse therapeutic outcomes, harms
- Often low-quality studies using subjective measures, no controls, opportunities for bias

Cannabis

- >100 cannabinoids & over 450 biologically active chemical constituents.
- Most concentrated and well studied
 - THC (Delta 9 tetrahydrocannabinol)–evidence of euphoria, anti-emetic, appetite stim, analgesia
 - CBD (Cannabidiol)–evidence of anxiolytic, anti-inflammatory, no euphoria
- Most evidence on other cannabinoids (and other constituents) comes from
 - Pre-clinical
 - Small human studies
 - Driving a parallel universe of understanding in and around the cannabis industry

CBC Cannabichromene		CBC is a non-psychoactive cannabinoid that may help relieve severe pain, inhibit cell growth in tumors, promote bone growth, and reduce inflammation.
THCV Tetrahydrocannabivarin		THCV is a psychoactive cannabinoid that may help suppress appetite, reduce seizures, and may promote bone growth.
CBG Cannabigerol		CBG is a non-psychoactive cannabinoid that may help slow bacteria growth, inhibit cell growth in tumors, promote bone growth, and reduce inflammation.
CBN Cannabinol		CBN is a non-psychoactive cannabinoid that may provide relief for patients with agitation of Alzheimer's Disease, severe pain, and muscle spasms

<https://nh.temescalwellness.org/wp-content/uploads/2018/03/CannabinoidPrintOut-Final-CC.pdf>

Cannabis

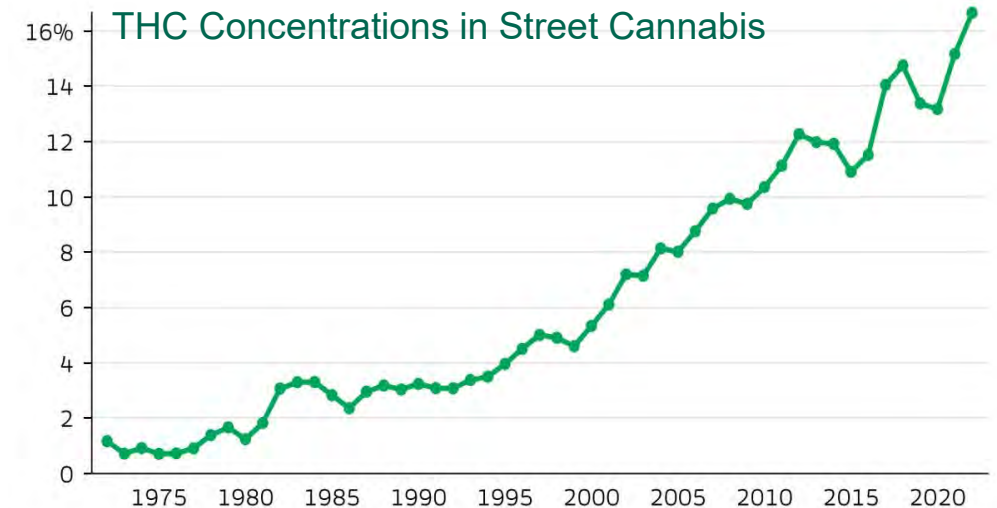
Entourage effects

- Evidence of complex interactions
 - Between cannabinoids
 - Between terpenes and cannabinoids
 - Between cannabinoids and opioids (endogenous and exogenous)
- Particularly relevant for developing therapeutics
- Basis for assertions whole plant better than single compound cannabinoid medications



Cannabis & Cannabis Products

- Diverse strains of cannabis with variable constituent content
- Street cannabis THC content has increased from mean of 3-5% 1970s to 16% in 2021
- Available in NH Dispensaries
 - Up to 30% THC in botanical flowers
 - Up to 84% THC in extracted concentrates
 - Edibles – 5-50mg per candy or cookie
 - 2.5-5 mg typical starting dose
- Higher THC levels may be associated with increased risk, diminishing returns



Cannabis Routes of Administration

- Smoked (dried herb)
 - Rapid onset of action
 - Hazardous products of combustion
- Vaporization (extracts or dried herb)
 - Rapid onset of action
 - Reduced products of combustion
 - Metered dosing devices available
- Oral products (tinctures, candies, brownies, etc)
 - Slower onset of action
 - Variable dosing, first pass effects
 - Potential for misidentification
- Transdermal
 - Highly lipid soluble, slower onset, longer acting



Hybrid
Blissful Wizard Pre-Roll
(0.7g)



Sativa Dominant
BooBerry



<https://www.nytimes.com/wirecutter/reviews/best-portable-vaporizer/>



Hybrid
(2pk) 50mg THC Mint
Patties



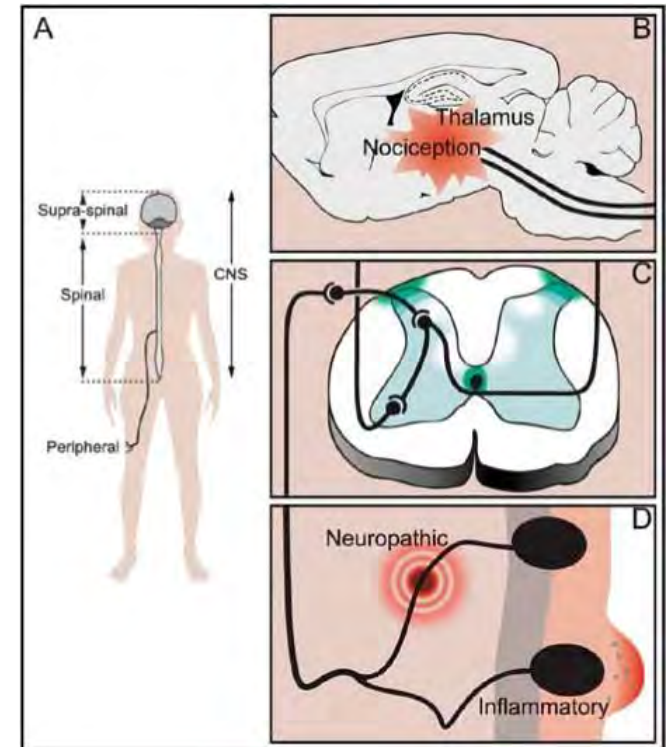
Hybrid
(10) 5mg D8 THC
Raspberry Fruit Chews



300mg THC Transdermal
Cream

Endogenous Cannabinoid System

- Endogenous cannabinoids
 - Anandimide (Sanskrit for bliss)
 - N-Arachidonyldopamine (NADA)
 - Many others, variable CB1/CB2 affinity
- Cannabinoid receptors
 - CB1 receptors rich in CNS (densest in reward, nociception, appetite regulation centers), less in PNS
 - CB2 primarily immune system, some CNS/PNS
- Physiologic roles in neuromodulation
 - Energy balance, appetite
 - Nociception (pain transmission)
 - Mood modulation including reward
 - Cognition, learning, perception & memory



What do people like about Cannabis?

Highly variable, but commonly reported experiences include:

- Sense of relaxation, calm
- Quickened sense of humor
- Enhanced sensory experiences (auditory, visual, taste, touch, sexual)
- Enhanced perceived creativity
- Increased sociability
- Spirituality, universal connectedness
- Relief of distress

Rella JG. Recreational cannabis use: pleasures and pitfalls. *Cleve Clin J Med*. 2015 Moser A et al, The influence of cannabis on sexual functioning and satisfaction. *J Cannabis Res*. 2023 Jan 20;5(1):2; Nov;82(11):765-72; LaFrance EM, Cuttler C. Inspired by Mary Jane? Mechanisms underlying enhanced creativity in cannabis users. *Conscious Cogn*. 2017 Nov;56:68-76; Vigil JM, Stith SS, Chanel T. Cannabis consumption and prosociality. *Sci Rep*. 2022 May 19;12(1).

Therapeutic Actions

Cannabis & Cannabinoids

National Academy of Science, Engineering & Medicine Report, 2017

- Substantial or conclusive evidence
 - Chronic pain in adults, particularly neuropathic pain (cannabis)
 - Chemotherapy-induced nausea & vomiting (oral cannabinoids)
 - Subjective MS spasticity (oral cannabinoids)
- Moderate evidence
 - Short-term sleep (cannabinoids, primarily CBD)
- Limited evidence
 - Appetite & weight loss in HIV/AIDS (cannabis & oral cannabinoids)
 - Objective MS spasticity (oral cannabinoids)
 - Tourette symptoms (THC capsules)
 - Anxiety symptoms in social anxiety (cannabidiol)
 - PTSD symptoms (nabilone; single, small fair-quality trial)
 - Improved TBI or CVA outcomes—statistical association



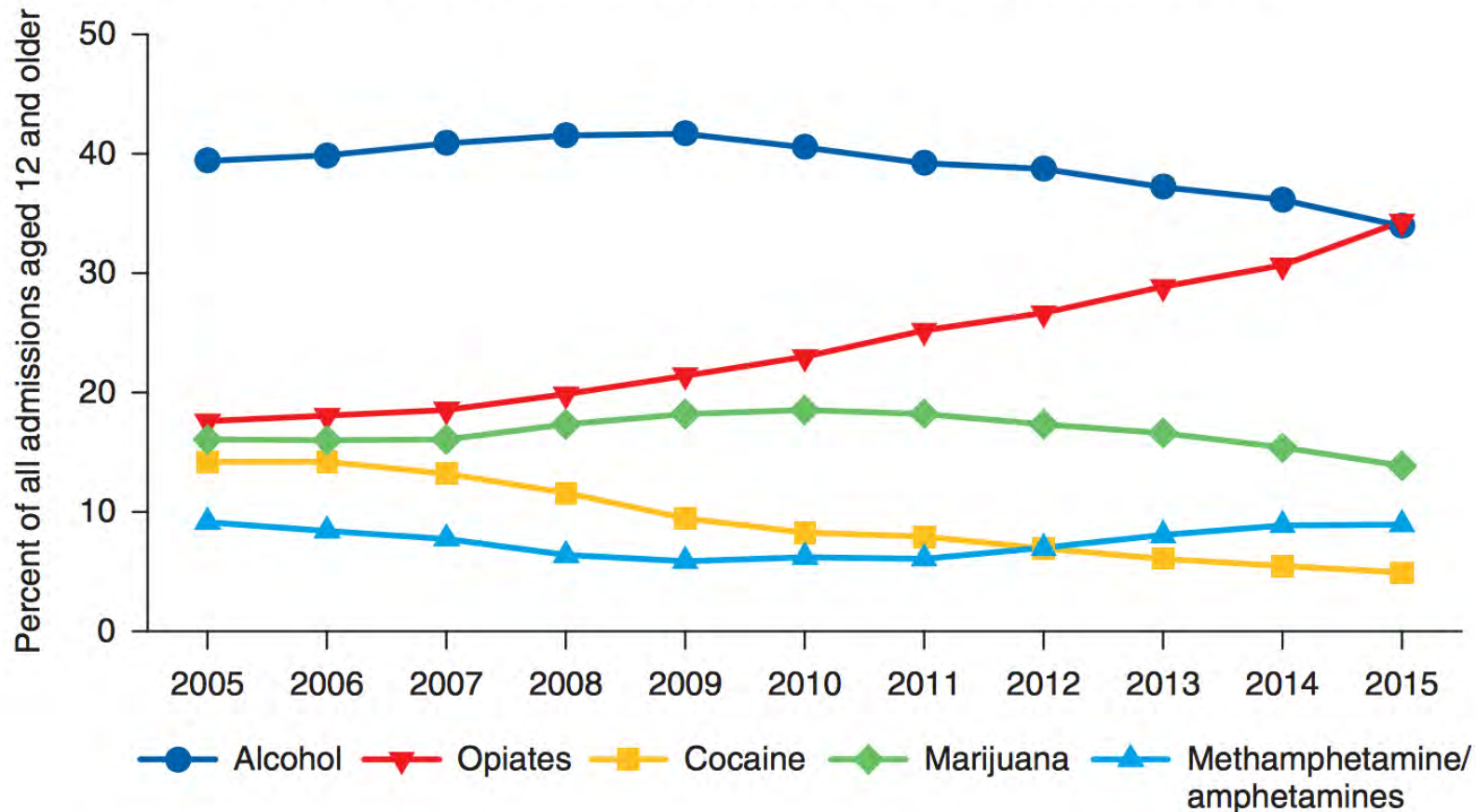
Cannabis side-effects & risks

Neurobehavioral

- Cognitive & perceptual distortions, sedation, reward
 - >>>Risk of MVAs, accidents and falls (particularly in elderly)
- Impairment in work & social performance
- Developmental changes in adolescents
 - Intellectual, motivational, maturational
- Mental health risks: psychotic disorders, anxiety, increased mania/hypomania in BPD & SI, SA & completed suicide
- Well-described withdrawal syndrome with abrupt cessation of regular use
- Cannabis use disorder mod-severe (9-30% recreational users)

U.S. Primary Drug Treatment Trends (all)

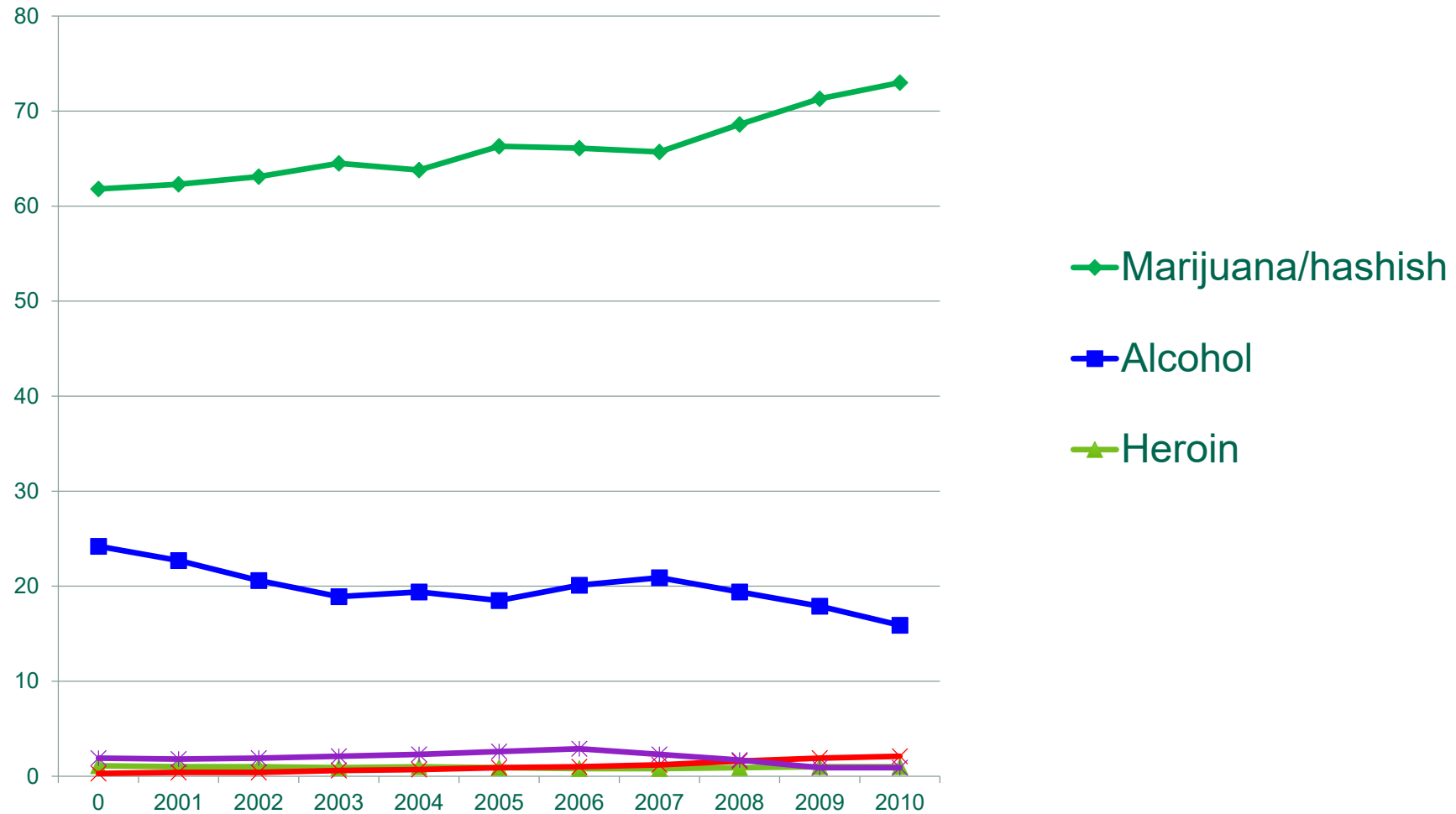
Figure 1. Primary substance of abuse at admission: 2005-2015



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.01.16.

Cannabis Treatment - Adolescents

Treatment Episode Data System (TEDS) – www.samhsa.gov



Cannabis side effects & risks

Other Medical Concerns

Cardiopulmonary

- Triggering myocardial infarction with acute use (NASEM limited evidence)
- CVA: Ischemic or hemorrhage (Limited)
- Exacerbation COPD/asthma with smoking (Limited)

Other

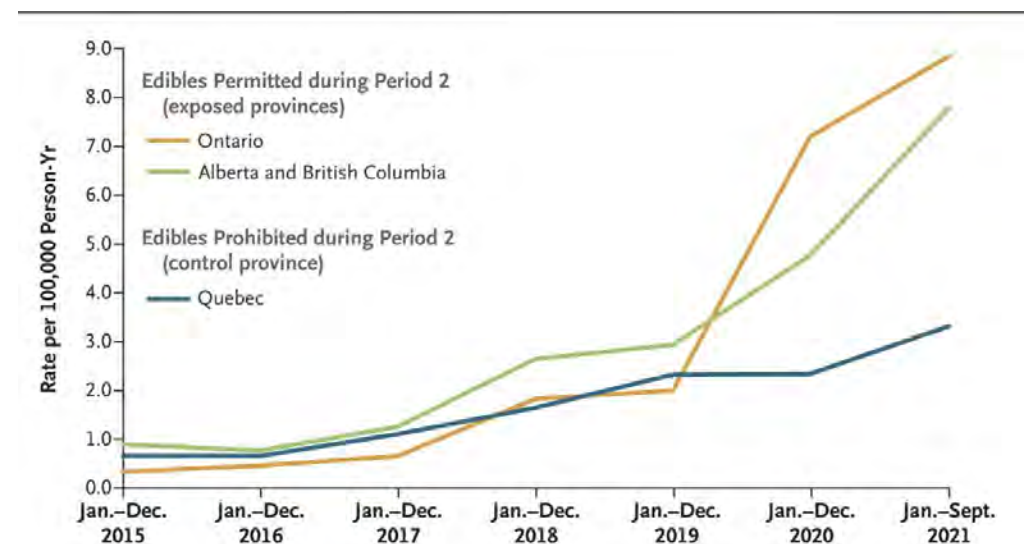
- Low birth weight, pregnancy complications, NICU stays, neurodevelopmental changes in infants
- Non-seminoma testicular germ cell tumors (limited)
- Decrease some inflammatory cytokines (limited)
- Mixed effects on Type 2 diabetes (limited)

Other public health concerns

- Driving safety
 - Cannabis impairs reaction time, spatial perception and decision-making in simulated driving
 - Studies on cannabis laws and driving accidents and fatalities have mixed findings, including positive, negative and no impacts
- Hospitalization for poisonings
 - Increased for all ages with legalization, particularly in association with edibles and higher concentrations of THC

Cannabis Legalization in the U.S: Population health Impacts, Health Affairs Health Policy Brief, July 1, 2021

Myran DT, Tanuseputro P, Auger N, Konikoff L, Talarico R, Finkelstein Y. Edible Cannabis Legalization and Unintentional Poisonings in Children. N Engl J Med. 2022 Aug 25;387(8):757-759



Does legal Cannabis access reduce opioid-related harm?

- Complex interactions and conflicting findings in studies

- Opioid analgesic requirements

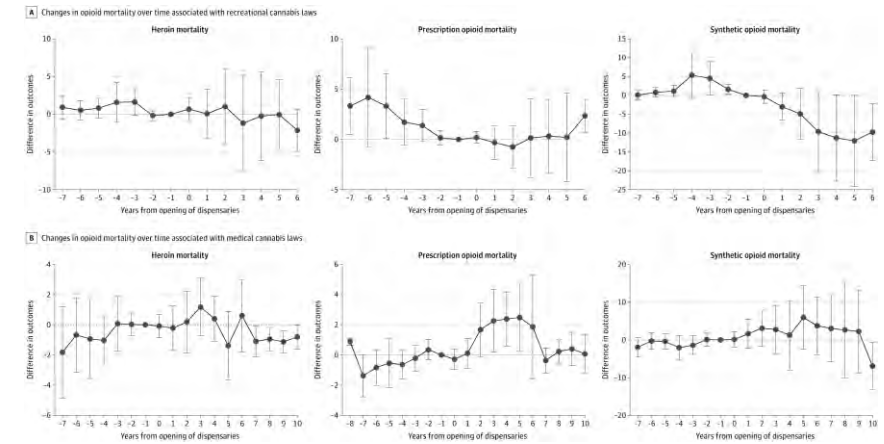
- Reduced in animal studies with co-administered cannabis
- Mixed responses to co-administered cannabis in humans

- Opioid use disorder symptoms in humans mixed in response to cannabis use

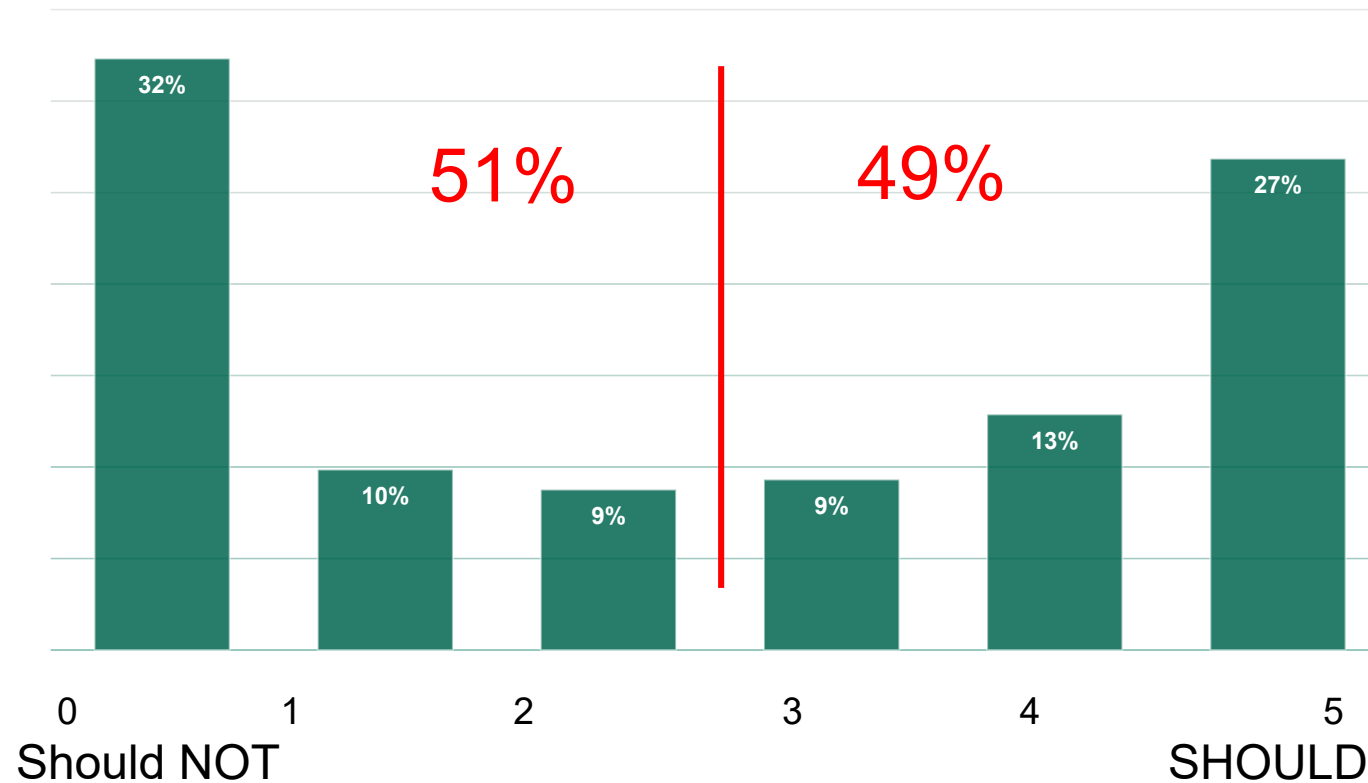
- Some increase, some decrease opioid use

- Overdose death in States with legal Cannabis availability

- 2014 study reported reduced deaths with therapeutic cannabis availability
- Two subsequent studies showed no decrease in opioid ODs overall, with therapeutic or recreational cannabis. One suggested a decrease in synthetic opioid deaths



Should New Hampshire **legalize cannabis** for all use, including recreational use? (2018 Cannabis Survey of NHMS members)



Resources

- Cannabis Legalization in the U.S: Population Health Impacts, Health Affairs Health Policy Brief, July 1, 2021
- CDC web pages on Marijuana and Public Health, <https://www.cdc.gov/marijuana/health-effects/index.html>
- Hall & Lynskey, Assessing the public health impacts of legalizing recreational cannabis use: the US experience, *World Psychiatry* 2020;19:179–186
- Hall et al, The implementation and public health impacts of cannabis legalization in Canada: a systematic review, *Addiction*, 118 (11): 2062-2072, 2023

Cannabis Legalization Policy in New Hampshire



Principles for Responsible
Cannabis Policy and Regulation



today's presenter





kfrey@new-futures.org

who we are

**Solving problems through
policy change.**

New Futures works to improve the health and well-being of all Granite Staters through public policy change and civic empowerment.



what we support

Our policy priority areas span all stages of life.

Early Childhood

Strengthening families, mitigating adverse childhood experiences.

Children's Behavioral Health

Supporting a comprehensive system of care.

Health

Ensuring access to quality affordable health care.

Substance Use Disorder

Addressing stigma and discrimination in care for those struggling with addiction.

Public Health

Protecting New Hampshire's public health system.

Alcohol and Other Drugs

Preventing substance use through community education and regulatory strategies.

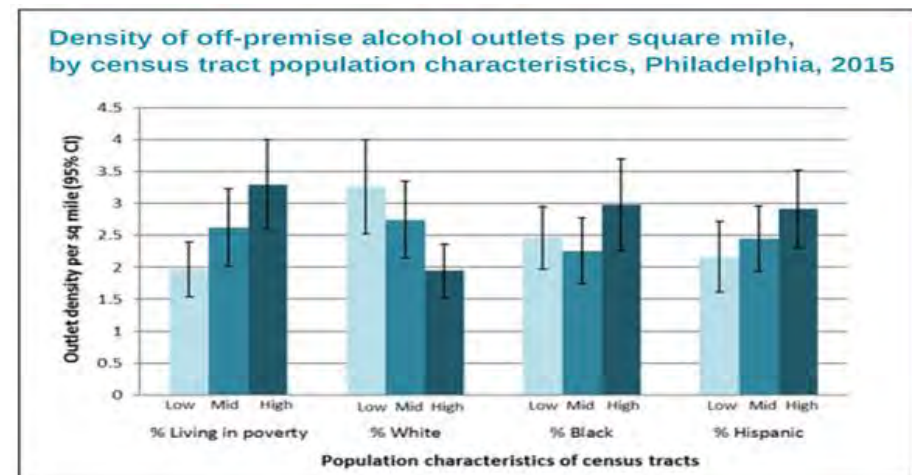
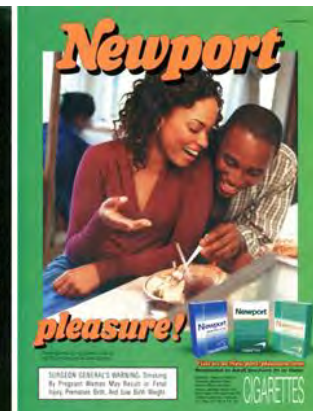
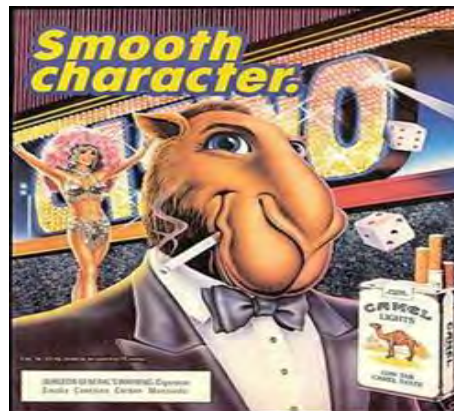
Healthy Aging

Ensuring older adults have access to services and the ability to choose where and how they age.

The greatest mortality from drugs comes from legal drugs. The moment you make a drug legal, you're going to increase the number of people who get exposed to it, and therefore you increase the negative consequences from its use. **When you legalize, you create an industry whose purpose is to make money selling those drugs. And how do you sell it? Mostly by enticing people to take them and entice them to take high quantities.**"



Dr. Nora Volkow, director at the National Institute on Drug Abuse, Boston Globe, May 3, 2018





our Guide to Making Money in the Multi-Billion-Dollar Marijuana Market

- Home
- Businesses
- Business Guides
- Other Resources

SINISS

Wall Street's Marijuana Madness: 'It's Like the Internet in 1997'

BIG MONEY \$\$\$\$



Cannabis capitalism: who is making money in the marijuana industry?

Marginalized groups that championed legalization struggle to compete with corporate refugees jumping on the bandwagon

- High stakes: cannabis capitalists seek funds to drive drug trade



Forbes

EDITORS' PICK | Mar 3, 2021, 10:43am EST | 17,181 views

U.S. Cannabis Sales Hit Record \$17.5 Billion As Americans Consume More Marijuana Than Ever Before

▲ The future looks green - but who ben



Forbes Billionaires Innovation Leadership Money Consumer Industry Lifest

17,574 Views | Dec 18, 2018, 08:47am

Marijuana Marlboro And What Altria's Purchase Of A Canadian Marijuana Maker Means

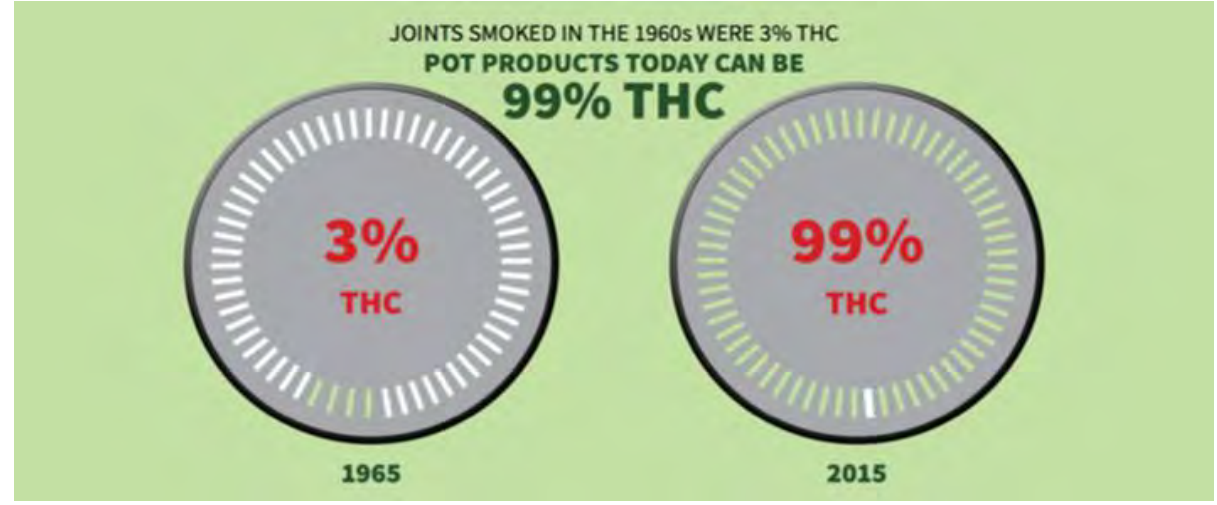


RESEARCH REPORT
Frequency of adolescent cannabis smoking and vaping in the United States: Trends, disparities and concurrent substance use, 2017-19

Social Justice & Equity in the Cannabis Industry
As states continue to move away from the policies of prohibition, overall arrest rates are dropping but racial disparities remain.

Where did NH's funding for addiction treatment and recovery go?

Overall, use of higher potency cannabis, relative to lower potency cannabis, was associated with an increased risk of psychosis and CUD.



NAACP-NJ to Murphy: Give Us a Seat on Cannabis Commission or Face Lawsuit

DESPITE STATE RESTRICTIONS, RECREATIONAL CANNABIS COMPANIES USE MARKETING THAT APPEALS TO ADOLESCENTS

STUDY SUGGESTS WHAT MAKES MARIJUANA EDIBLES MOST ATTRACTIVE TO YOUNG KIDS



Looking through the Public Health Lens

- Lessons learned from other states that have commercialized
- Past playbooks from tobacco and alcohol industries that have taken advantage of vulnerable populations for profit.
- NH data on youth and young adult substance misuse
- Equity policies so not to further harm communities affected by the war on drugs



Principles for Cannabis Policy & Regulation

If New Hampshire moves in the direction of legalizing recreational cannabis through a commercial model, it is imperative to get the policy right from the start. Optimal cannabis commercialization policy for our state must utilize the best available scientific evidence to reduce public harm, limit youth and problematic use, and purposefully advance social justice and equity in the state.

The following principles must be included in a commercial policy and regulatory framework.

Principle #1 Protect Children and Youth



- Limit the potency of THC in flower cannabis and cannabis products to reduce the risk of dependency, psychosis, and other harmful effects.
- Prohibit any products, packaging or marketing that is attractive to children or youth, such as cannabis-infused beverages, flavored products intended for inhalation, flavored wrappers and products that resemble candy.
- Require buffer zones between retail outlets and schools (including colleges), public libraries and other youth-serving facilities.



Principle #2 Promote Social Justice and Opportunities for Equity



- Expunge past criminal convictions for non-violent cannabis-related crimes.
- Make equity and social justice a priority in the cannabis industry. Create economic benefits for communities most negatively affected by the war on drugs and ensure representation on cannabis governing bodies.
- Prioritize equity in licensing applicants and hiring requirements (e.g. residents of communities impacted by high drug incarceration rates, people with past cannabis convictions).

Principle #3 Protect Public and Population Health



- From the start of the regulatory process, place public health authorities in leadership roles and widely limit industry presence on regulatory bodies.
- Require health warnings in stores and provide safer use information to consumers.
- Inform vulnerable groups of the risks of use, such as low birth weight when used during pregnancy, psychosis and schizophrenia and other mental health effects.
- Extend smoke-free air restrictions to consistently prohibit smoking and vaping cannabis indoors in workplaces, multi-unit housing and public outdoors spaces.



Principle #4 Ensure Appropriate Funding from Cannabis Revenue Directed to Efforts to Reduce Harms



- Apply tax revenue for substance misuse education, prevention, treatment and recovery and ensure an informed, adequately paid behavioral health workforce.
- Create mass media and social media campaigns from the start, before law is effective, to address (including, but not limited to);
 - Growing false perceptions of harmlessness and impact of use for youth.
 - Safe storage of cannabis and use around children.
 - Increased motor vehicle accidents.
 - Increased risk of psychosis and dependence.
 - Use during pregnancy and associated low birth weight.

newfutures>>>

*Principles based on recommendations from the Public Health Institute's Getting It Right From The Start program.



History of Legalization/regulation of cannabis bills in NH

- Historically House of Representatives have passed legislation in large margins since 2020. Senate traditionally opposed to legalization, but make-up changed in 2023-which opened the door to the possibility of a bill passing in the Senate.
- Governor Sununu passed several therapeutic cannabis bills and a decriminalization bill in 2017 but had been steadfast in his opposition to legalization. In May 2023 Governor said he could support a legalization option, but only if sales were limited and controlled by the state and if the priority was safety and not profit.
 - Allows the state to control distribution and access
 - Keeps marijuana away from kids & schools
 - Controls the marketing and messaging
 - Prohibits marijuana miles
 - Empowers towns to keep out if they choose
 - Reduces access to poly-drugs
 - Keeps it tax free to undercut the cartels who continue to drive NH's illicit drug market



2024 legislation- What's Happening in the House?

- House legislation introduced- HB 1633, [relative to the legalization and regulation of cannabis and making appropriations therefor](#). “Free market” model with less public health safeguards.
- House Commerce committee passed compromise bill in an attempt to seek Senate and Governor approval. Increased prevention and public health safeguards.
- The amended version passed the House 239-141 in late February.
- Next Step: House Finance to review financial policy- March 13th , then back to full House for vote on Finance committee recommendation.



2024 legislation-What's in the bill now?

- Establishes procedures for the legalization, regulation, and taxation of cannabis; the licensing and regulation of cannabis establishments.
- Free market model with primary enforcement authority with the Liquor Commission.
- Cannabis sold in this state will be tested, labeled, and subject to additional regulations to ensure that consumers are informed and protected.
- Majority of revenue would offset education property tax.
- Advertising to the general public is prohibited.
- Limits the licensure of 15 cannabis retail outlets in the first few years of enactment.



2024 legislation- Moving to the Senate

- In April, bill will move to Senate to take action on SB 1633.
- Senate prefers a state run model in which the Liquor Commission has control of the sales, similar to how they control alcohol sales.
- Envision franchise cannabis retail sales.
- Senate and Governor also prefer prohibition of lobbying cannabis industry.
- *“I think at the end of the day, for those of us that are opposed to legalization and those of us that are in favor of it, we want to see something that works for New Hampshire, that protects public health, and (that) we ensure public safety.”*
Senate President Jeb Bradley

















Several policy principles addressed in HB 1633

More advocacy needed to increase revenue for reducing harms

PRINCIPLES FOR RESPONSIBLE CANNABIS POLICY & REGULATION

ASSESSING HB 1633

AS AMENDED BY HOUSE COMMERCE COMMITTEE

PRINCIPLE #1 PROTECTS CHILDREN AND YOUTH	Limits potency of THC to reduce risk of dependency, psychosis, among others. 	Prohibits any products, packaging or marketing that is attractive to youth. 	Requires buffer zones between retail outlets and other youth-serving facilities. 
PRINCIPLE #2 PROMOTES SOCIAL JUSTICE & EQUITY	Expunges past criminal convictions for non-violent cannabis-related crimes. 	Makes equity and social justice a priority in the cannabis industry. 	
PRINCIPLE #3 PROTECTS PUBLIC AND POPULATION HEALTH	Places public health authorities in leadership roles and limits industry presence on regulatory bodies. 	Informs vulnerable groups of the risks of use, such as psychosis and schizophrenia and other mental health effects. 	Extends smoke-free air restrictions to prohibit smoking and vaping cannabis indoors. 
PRINCIPLE #4 ENSURES FUNDING FROM CANNABIS REVENUE TO HARM REDUCTION EFFORTS	Applies revenue for substance misuse education, prevention, treatment and recovery and a behavioral health workforce. 	Creates mass media and social media campaigns from the start, before the law is effective. 	KEY:  Included in the bill  Not included in the bill  Partially in the bill but needs revisions

sign up for action alerts 

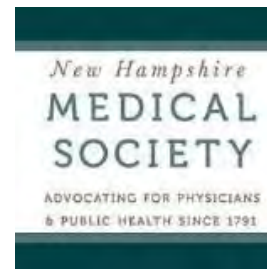




The Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 3, Workforce and Economy, March 21st, 2024



Today's Program

- Brief housekeeping
- Didactic: **Workforce and Economy**
 - Phil Sletten, MPA
- Bill presentation & discussion – Courtney Tanner
- Summary
- Up Next



THE ECONOMY, WORKFORCE, AND HEALTH CARE EMPLOYMENT IN NEW HAMPSHIRE

PHIL SLETTEN, RESEARCH DIRECTOR, NHFPI

DARTMOUTH ECHO

MARCH 21, 2024

EMPLOYMENT RECOVERY FROM COVID-19 FAST, BUT LABOR FORCE GROWTH LIMITED

LABOR FORCE AND EMPLOYMENT AMONG NEW HAMPSHIRE RESIDENTS

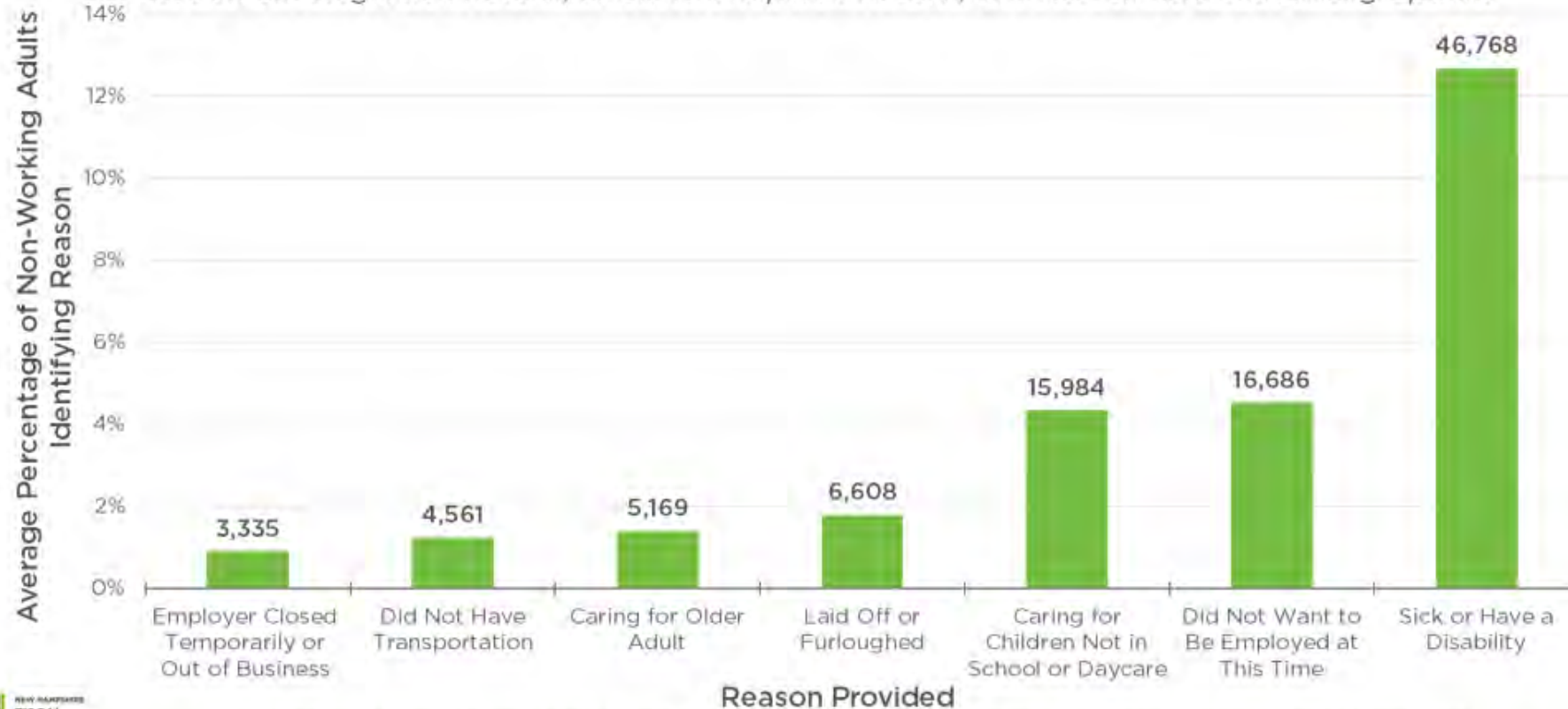


Source: New Hampshire Employment Security, GraniteStats, Local Area Unemployment Statistics

ILLNESS, DISABILITY, AND CHILD CARE KEY REASONS FOR NOT WORKING

COMMONLY-IDENTIFIED REASONS FOR NOT WORKING FOR NON-RETIRED INDIVIDUALS

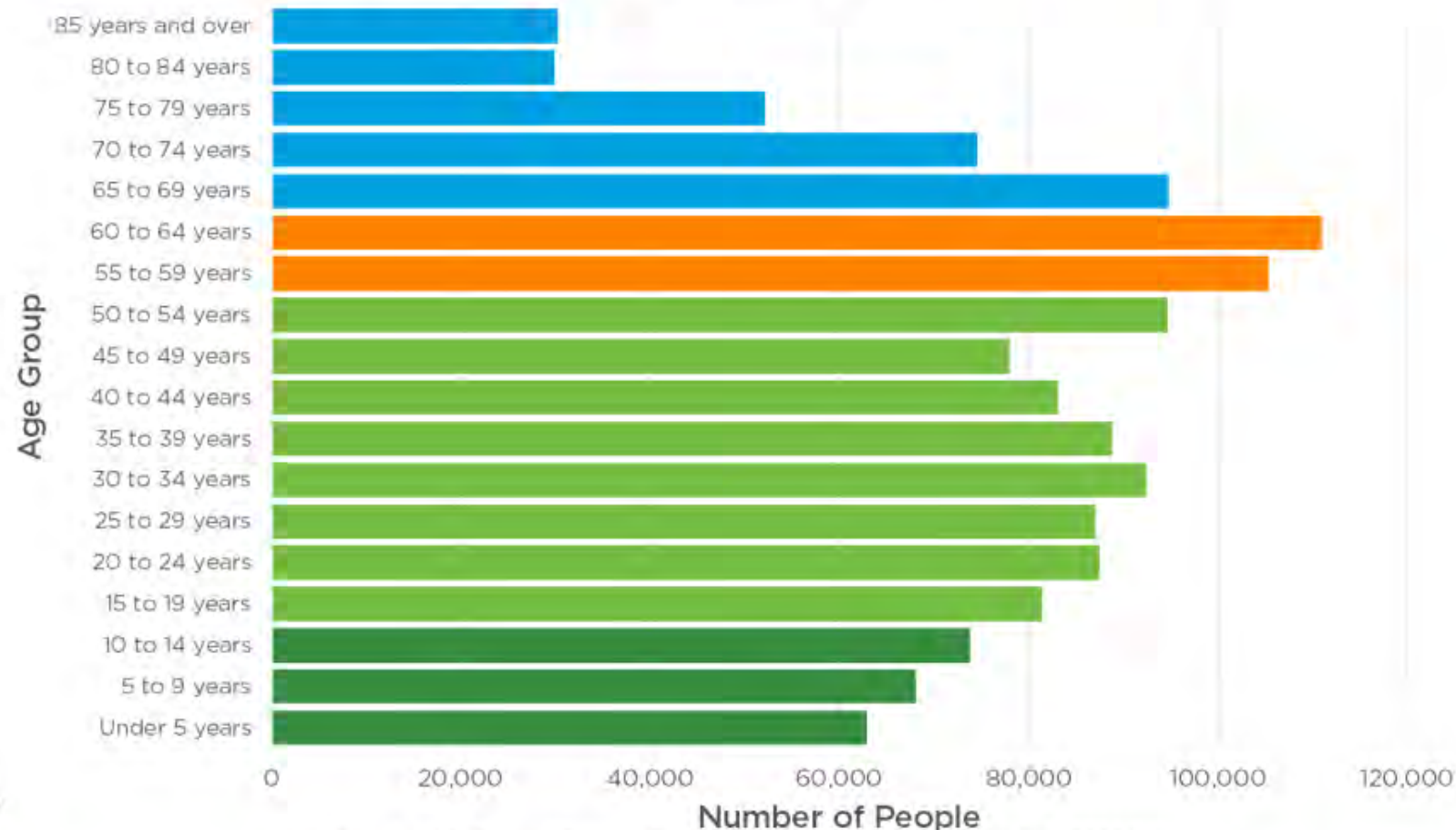
*Based on Surveys of New Hampshire Adults, November 2022 to October 2023
Excluding Respondents Who Are Working, Identified as Retired (54 Percent of People Not Working),
Gave an Uncategorized Reason, or Did Not Report a Reason; One Reason Selected Among Options*



RETIREMENT LIKELY KEY CAUSE OF RECENT AND FUTURE WORKFORCE DEPARTURES

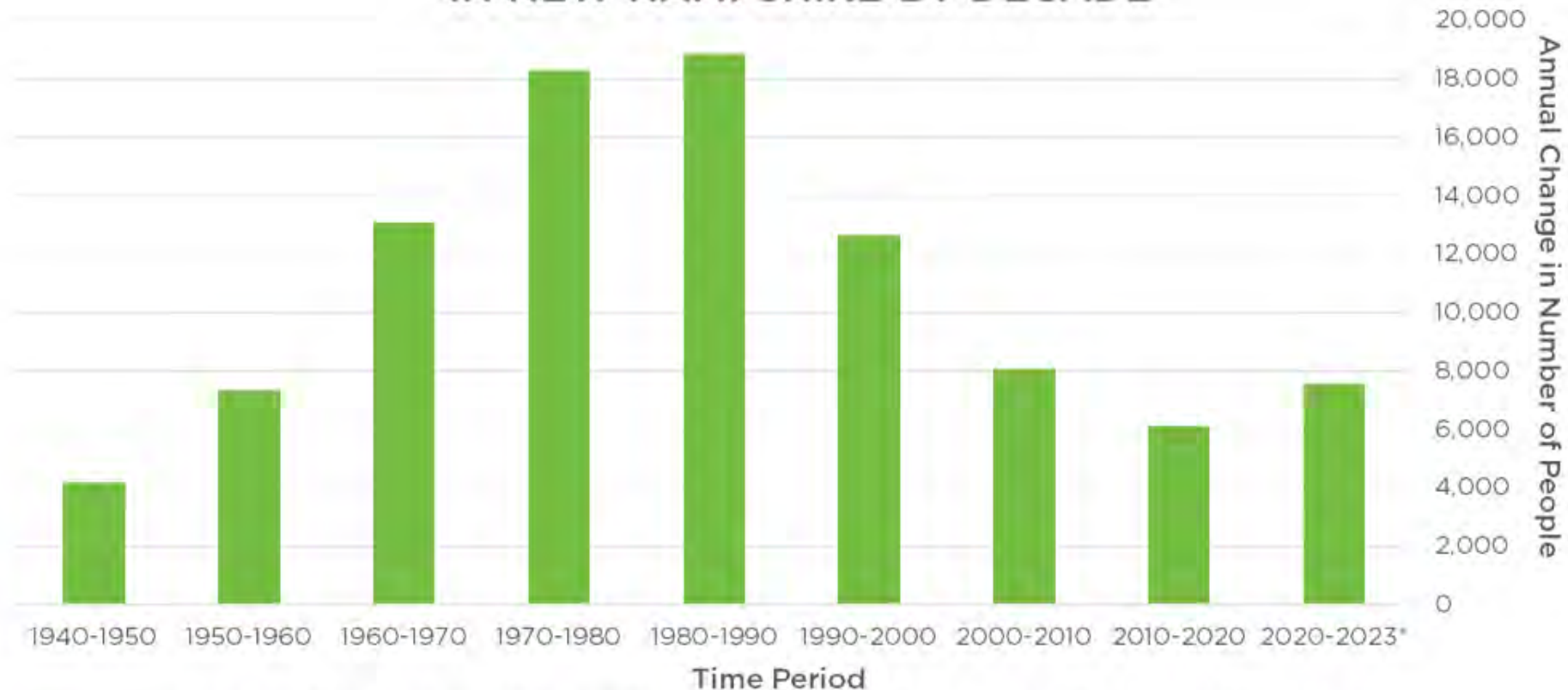
NEW HAMPSHIRE RESIDENTS BY AGE GROUP

July 2022 Estimates



SLOWER POPULATION GROWTH MAKES DEMOGRAPHICS, HOUSING KEY TO ECONOMY

AVERAGE ANNUAL POPULATION CHANGE IN NEW HAMPSHIRE BY DECADE



*Note: Population Estimates Program total population change from April 1, 2020 to July 1, 2023 divided by 3.25 years.
Source: U.S. Census Bureau, Decennial Counts and Population Estimates Program (2020-2023)

TWO OR MORE JOB OPENINGS FOR EVERY UNEMPLOYED PERSON SINCE MID-2021

NUMBER OF JOB OPENINGS PER NEW HAMPSHIRE RESIDENT ACTIVELY SEEKING WORK

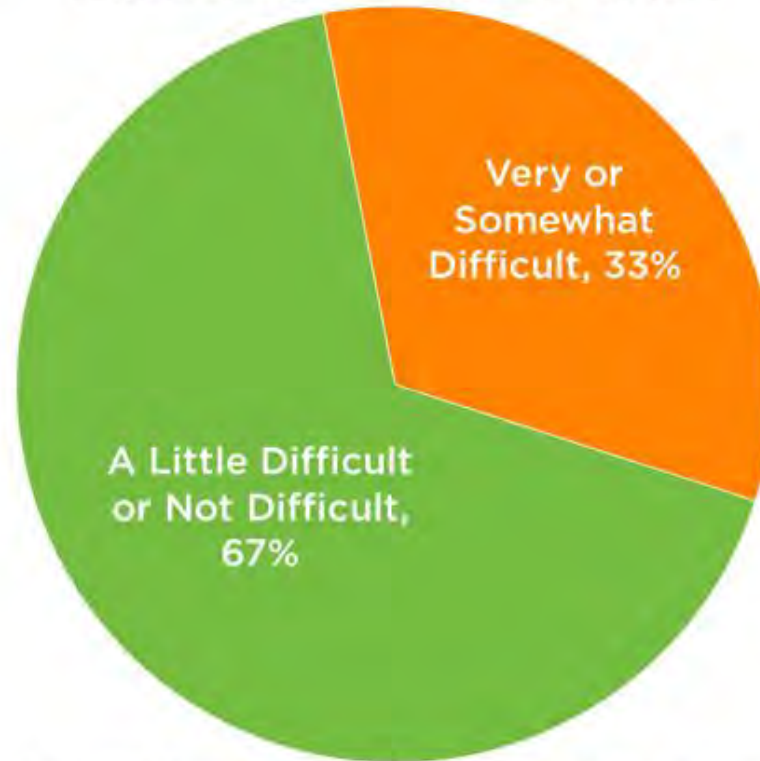


Sources: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics and Job Openings and Labor Turnover Survey. Seasonally Adjusted, data retrieved March 19, 2024; National Bureau of Economic Research

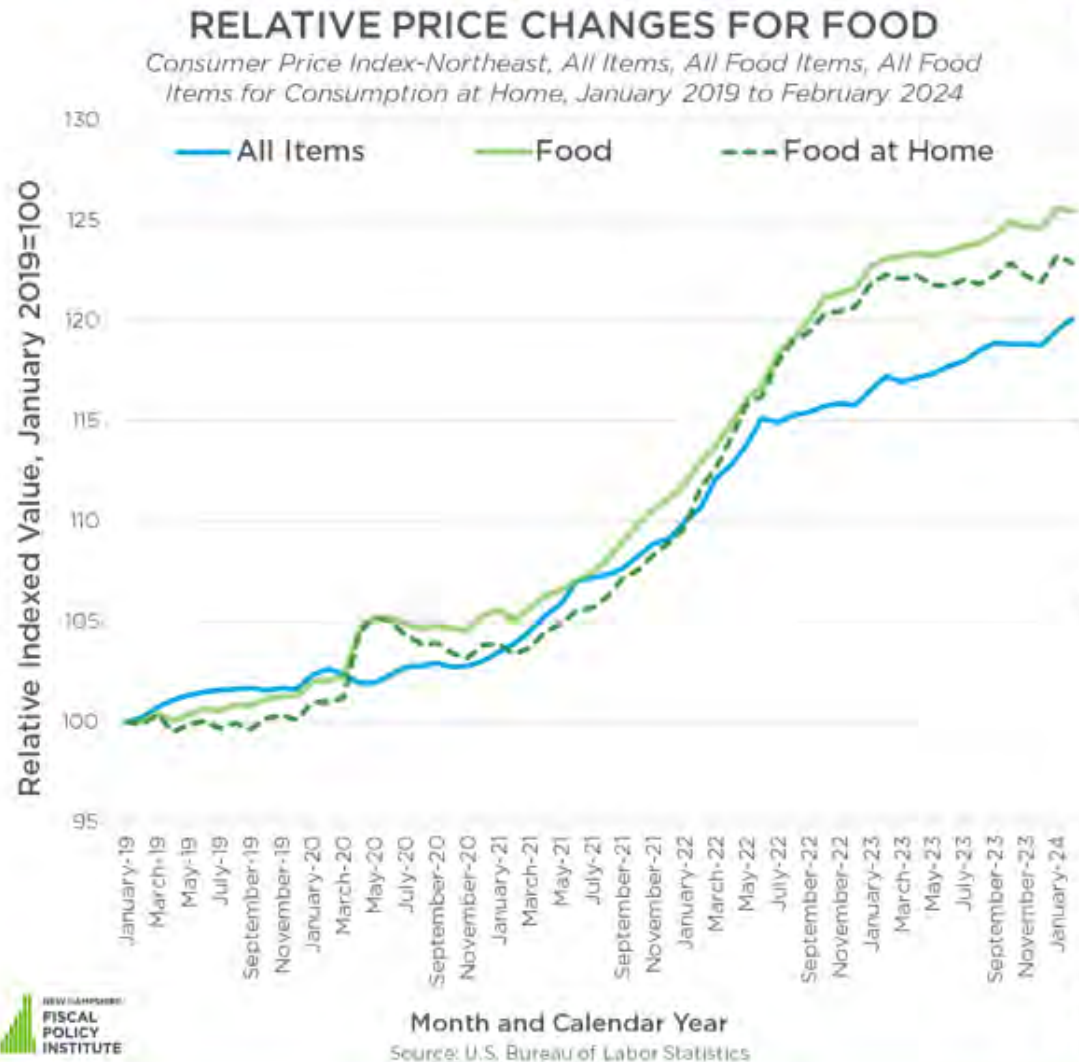
ONE IN THREE GRANITE STATE ADULTS HAD DIFFICULTY PAYING FOR EXPENSES IN 2023

NEW HAMPSHIRE RESIDENTS REPORTING DIFFICULTY PAYING FOR USUAL EXPENSES

Percent of Granite State Adults Indicating Difficulty Affording Usual Household Expenses in Prior Seven Days, Based on Data Collected Between January 4, 2023 and October 30, 2023



INCREASING PRICES COINCIDED WITH END OF FEDERAL COVID-19 AID, RISE IN POVERTY



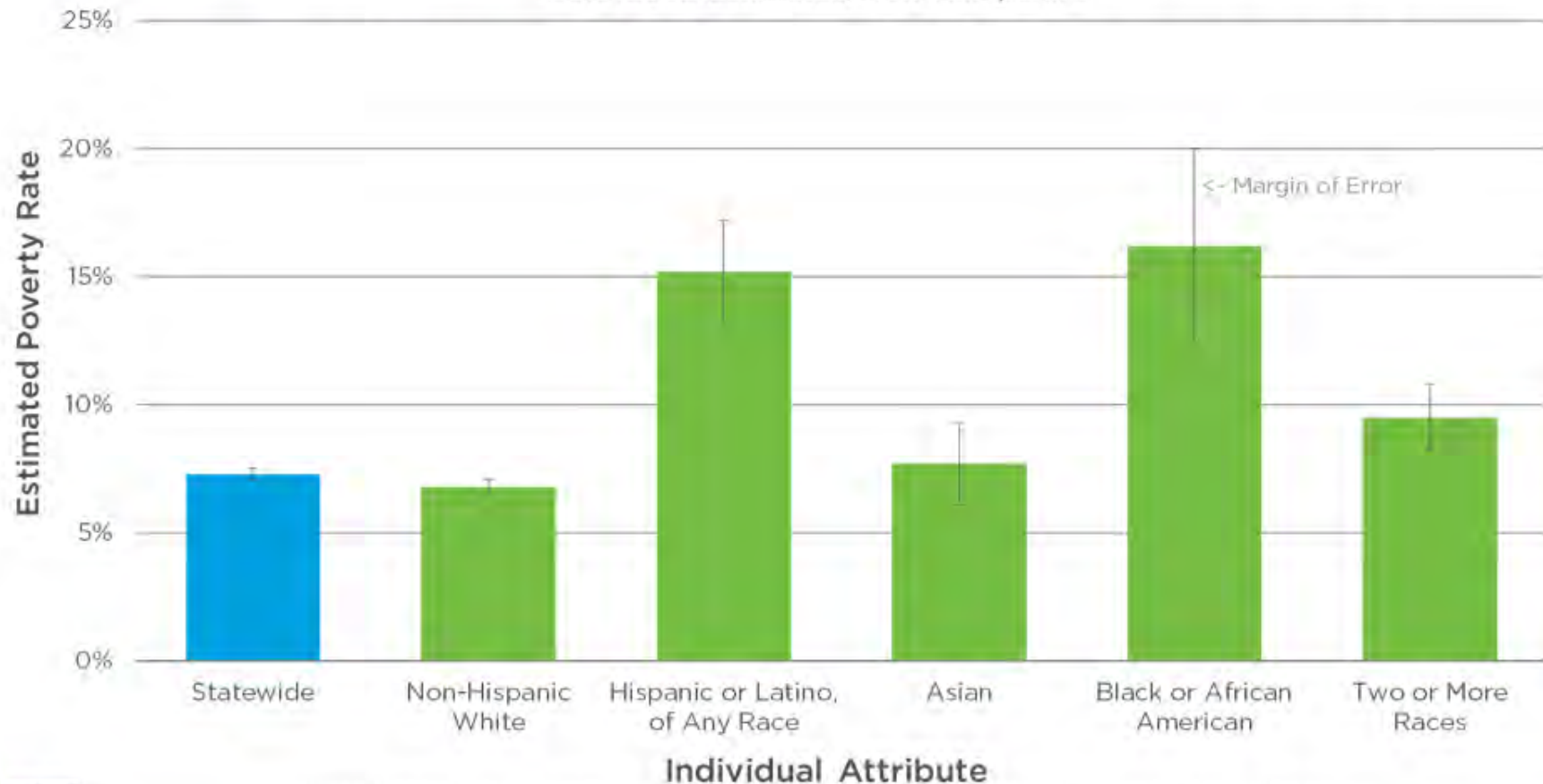
- One-time aid to households, including enhanced Child Tax Credit, Earned Income Tax Credit, “stimulus checks,” food assistance, and housing subsidies, helped households cover expenses
- Key national after-tax measure of poverty rose from 7.8% in 2021 to 12.4% in 2022
- Rises in poverty larger for children, renters, individuals with disabilities, Black and Hispanic Americans
- New Hampshire estimates show after-tax child poverty rate in 2021 half of 2019 rate

For more, see NHFPI, Latest Census Bureau Data Show Median Household Income Fell Behind Inflation, Tax Credit Expirations Increased Poverty, September 22, 2023.

NEW HAMPSHIRE POVERTY RATES VARY BY IDENTITY GROUP

INDIVIDUAL POVERTY RATES BY RACE AND ETHNICITY

2018-2022 Estimates, New Hampshire

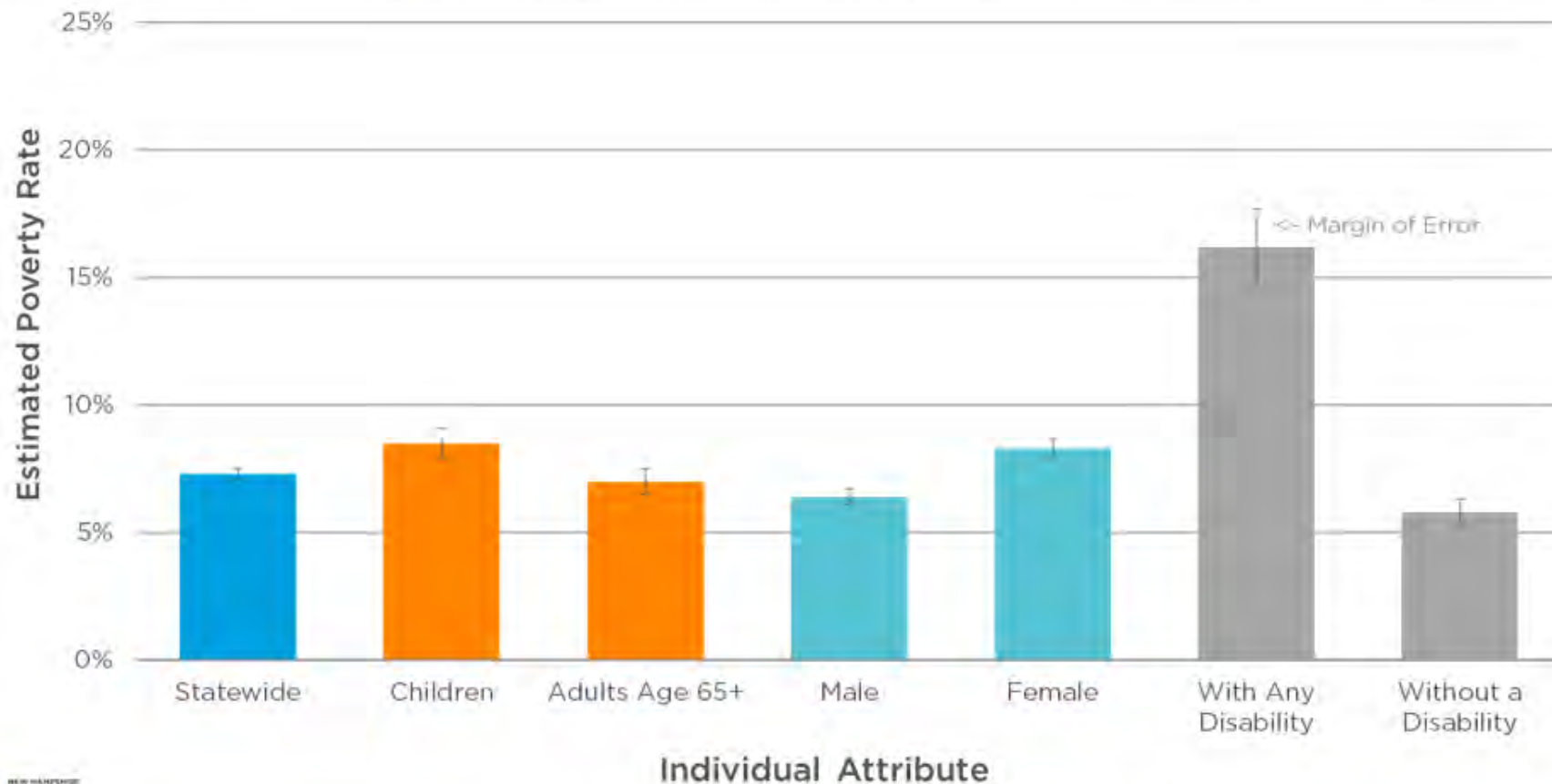


Notes: Margin of error bars represent 90 percent confidence intervals. Hispanic origin included in non-white races.
Source: U.S. Census Bureau, American Community Survey Five-Year Estimates, 2018-2022

ABOUT 30 PERCENT OF ALL GRANITE STATERS IN POVERTY HAVE A DISABILITY

INDIVIDUAL POVERTY RATES BY AGE, GENDER, AND DISABILITY

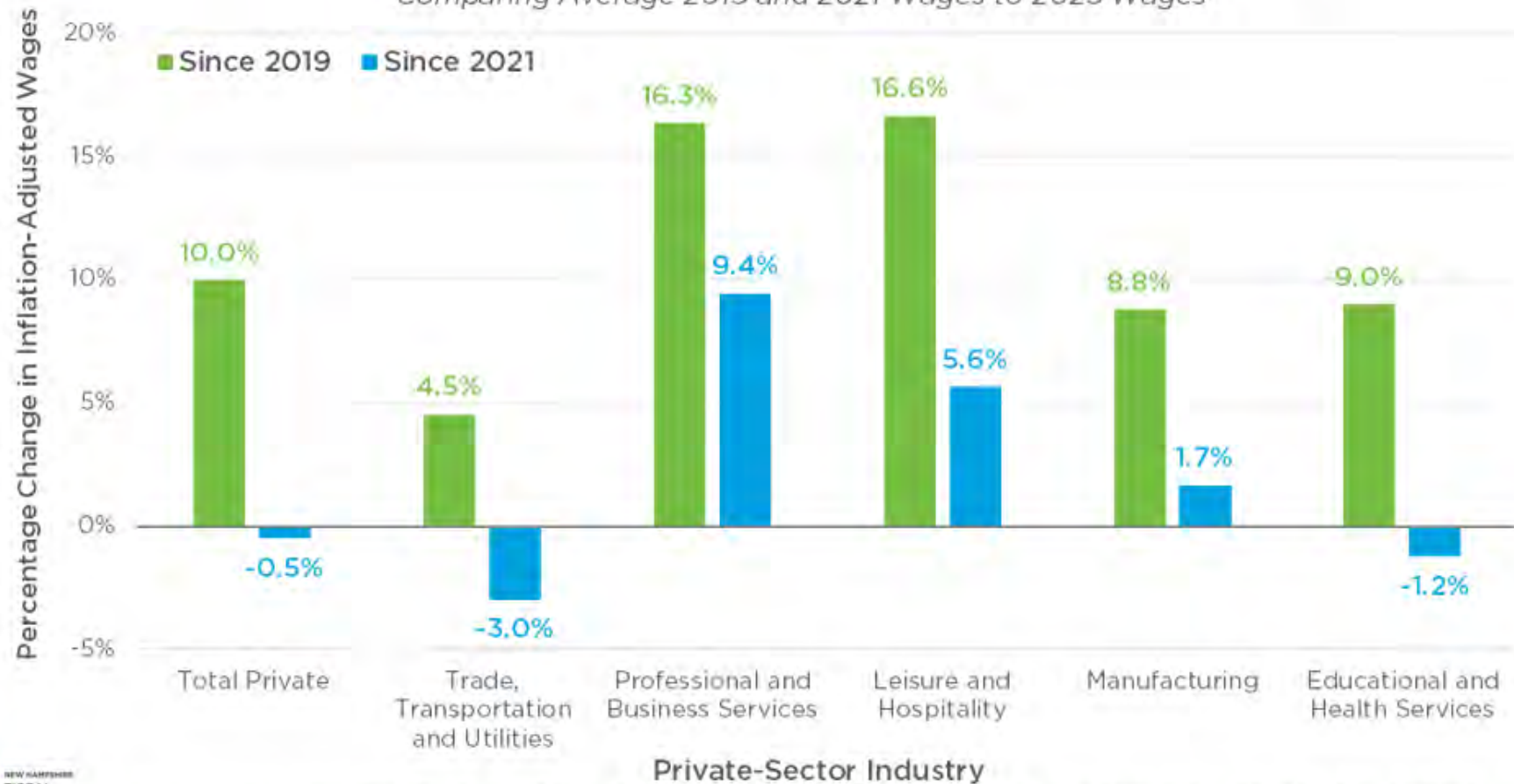
2018-2022 Estimates, New Hampshire



STATE INFLATION-ADJUSTED WAGES ABOVE 2019, BELOW 2021, VARY BY INDUSTRY

CHANGES IN INFLATION-ADJUSTED AVERAGE HOURLY WAGE IN NEW HAMPSHIRE BY PRIVATE SECTOR INDUSTRY

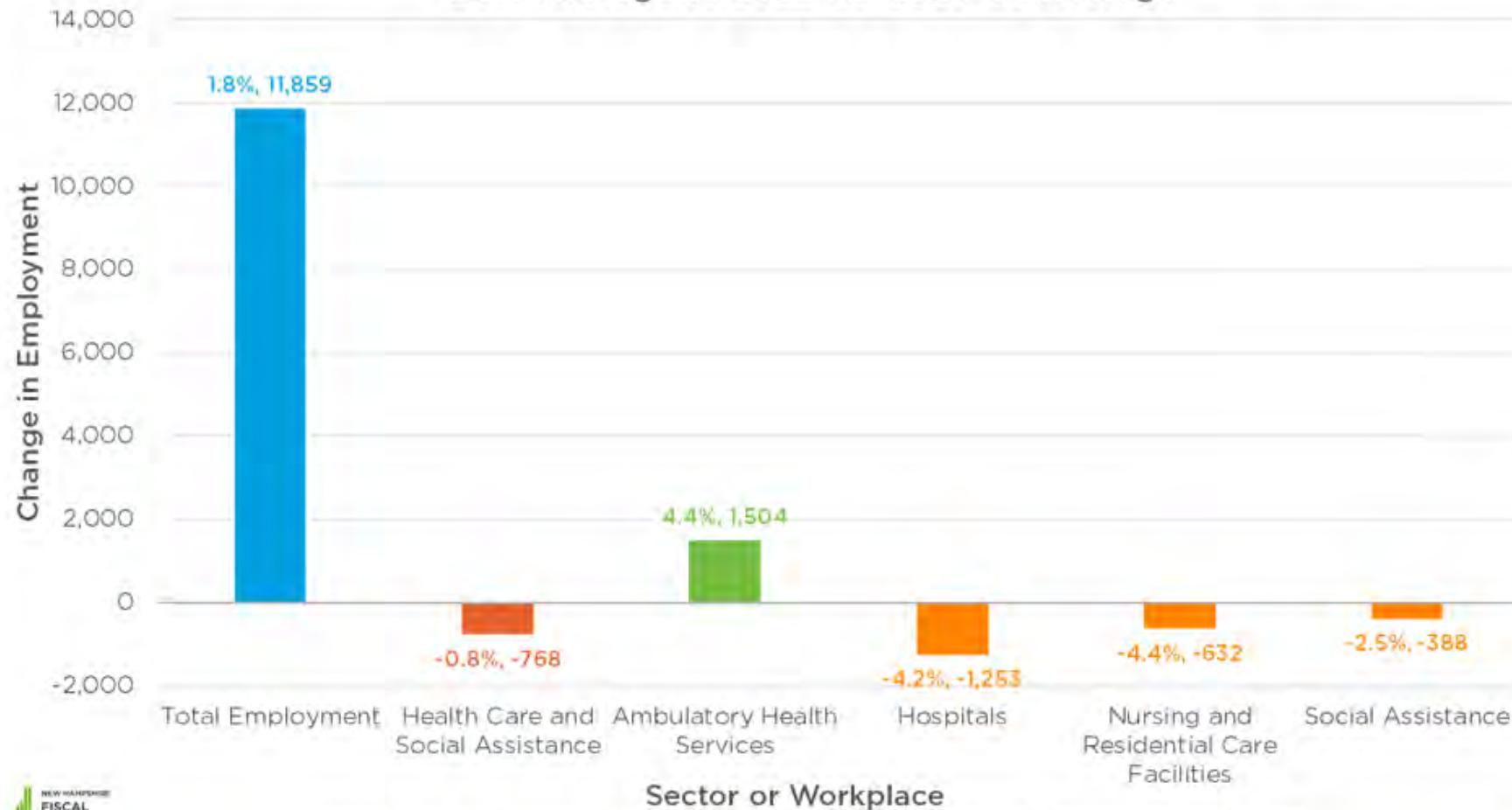
Comparing Average 2019 and 2021 Wages to 2023 Wages



OVERALL EMPLOYMENT RISES WHILE HEALTH SERVICES JOB CHANGES MIXED

CHANGE IN EMPLOYMENT BASED IN NEW HAMPSHIRE

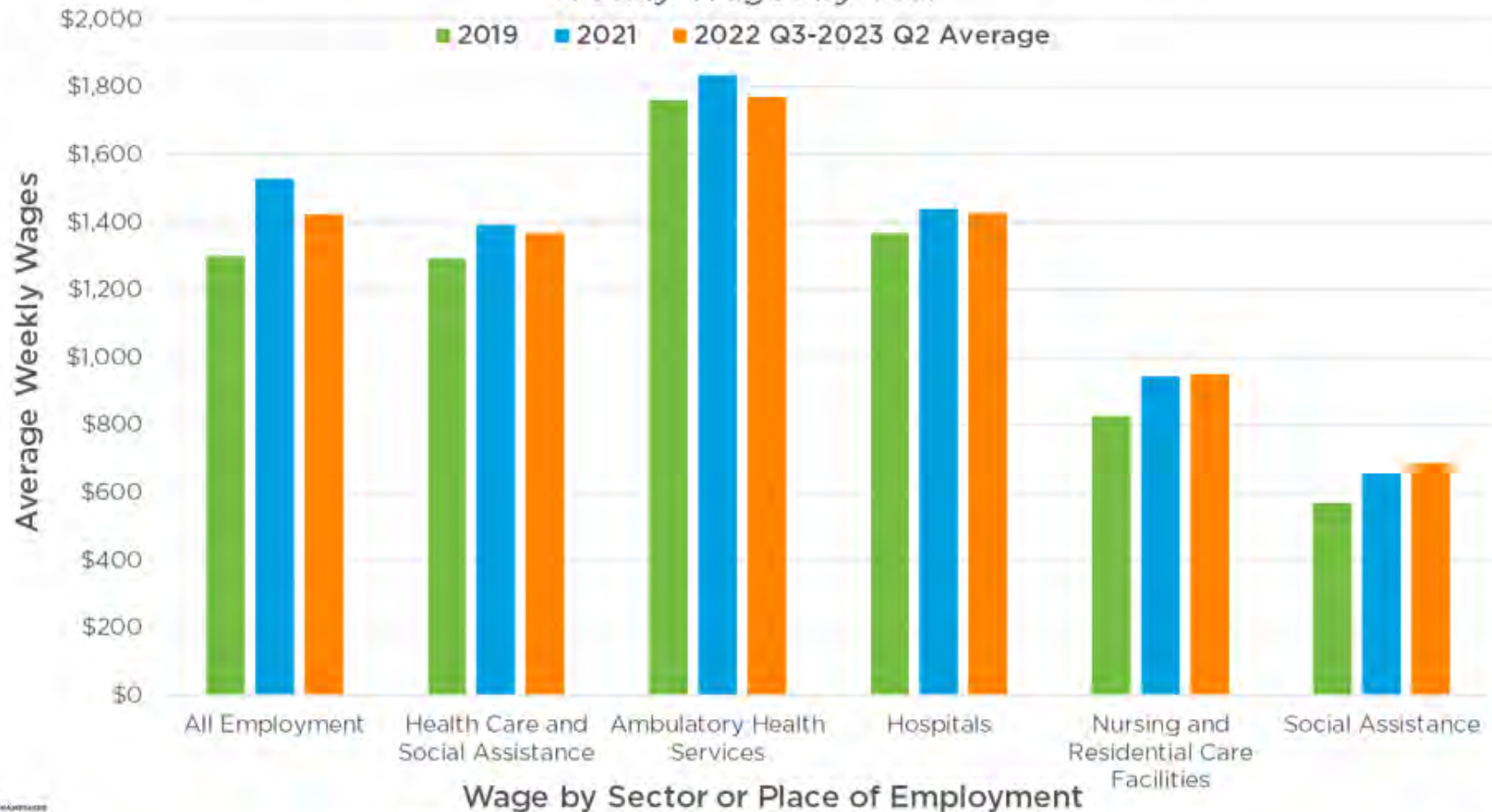
2019 Average to 2022 Q3-2023 Q2 Average



WAGE TRENDS UNEVEN WITHIN HEALTH CARE RELATIVE TO INFLATION

INFLATION-ADJUSTED WAGES BY INDUSTRY

Weekly Wages by Year



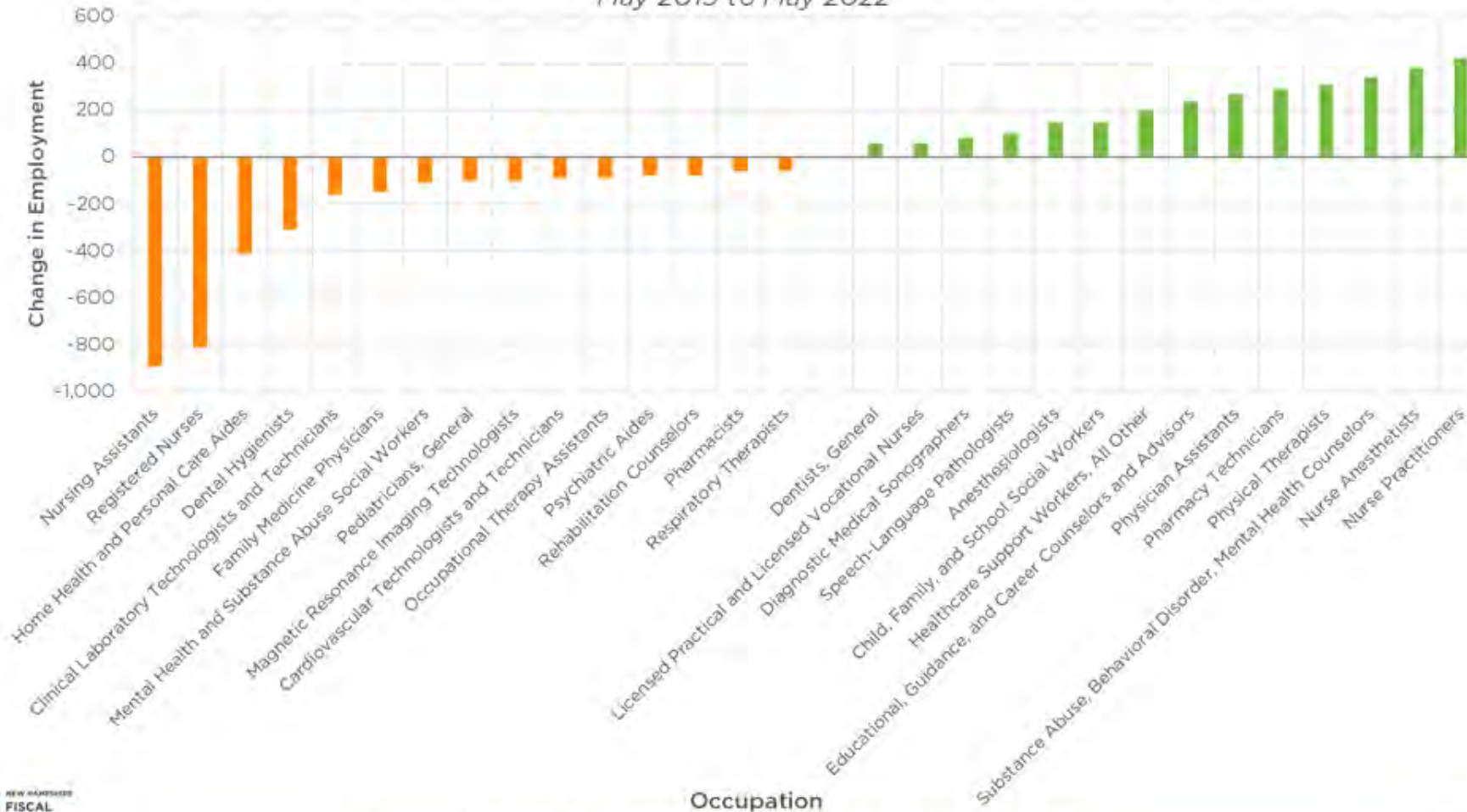
Wage by Sector or Place of Employment

Source: New Hampshire Employment Security, Quarterly Census of Employment and Wages; U.S. Bureau of Labor Statistics, Consumer Price Index-Urban, New England

EMPLOYMENT FELL MOST FOR NURSING ASSISTANTS, NURSES, AND HEALTH AIDES

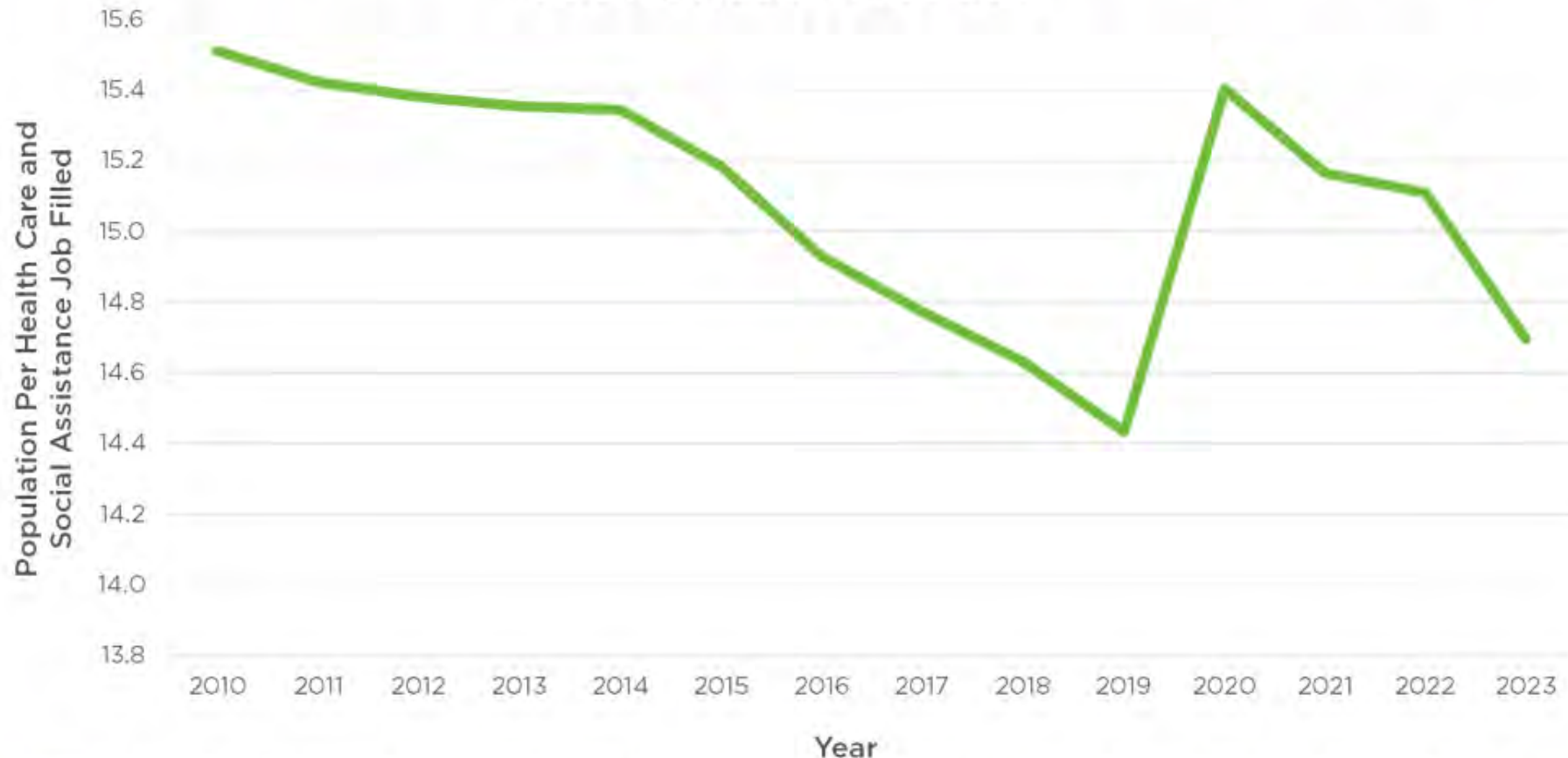
LARGEST EMPLOYMENT CHANGES BY HEALTH OCCUPATION

May 2019 to May 2022



HEALTH CARE, SOCIAL ASSISTANCE EMPLOYMENT CATCHING UP TO POPULATION

NEW HAMPSHIRE RESIDENTS PER FILLED HEALTH CARE AND
SOCIAL ASSISTANCE JOB



NEW HAMPSHIRE EMPLOYMENT SECURITY ANALYSIS OF DEMAND FOR WORKERS

- Analysis conducted of job postings in New Hampshire
- Job postings across all industries up 95% between 2019 and 2023, including out-of-state employers advertising in NH
- Number of registered nurse job postings in New Hampshire up 124% from 2019 to 2023, number of employers seeking registered nurses up 147% in that time
- Staffing agencies are driving competition
- More churn in registered nurses, with more being hired and more leaving in 2023 than before the pandemic

For more information, see New Hampshire Employment Security's March 8, 2024 presentation Labor Market Trends in New Hampshire's Health Care Sector.

KEY TAKEAWAYS

- New Hampshire's economy likely held back by workforce constraints, although key data suggest short-term severity is decreasing relative to early 2022 and 2023
- Long-term demographics suggest state cannot rely on prior population growth levels to power future economy
- Inflation has reduced the purchasing power of income and wages, and one in three Granite State adults reports significant difficulty affording usual household expenses
- Federal assistance to households substantially decreased poverty rates, which rebounded since direct aid to households expired and as prices have risen
- Poverty impacts Granite Staters unevenly
- Health care workforce recovery uneven, slower than jobs overall in economy, but need remains high and will likely rise

ADDITIONAL RESOURCES

- Issue Brief: Poverty and Food Insecurity in New Hampshire During and Following the COVID-19 Crisis – March 1, 2024:
<https://nhfpi.org/resource/poverty-and-food-insecurity-in-new-hampshire-during-and-following-the-covid-19-crisis/>
- Issue Brief: Granite State Workers and Employers Face Rising Costs and Significant Economic Constraints – August 31, 2023:
<https://nhfpi.org/resource/granite-state-workers-and-employers-face-rising-costs-and-significant-economic-constraints/>
- Presentation: New Hampshire's Economy and the Financial Well-Being of Granite State Households – February 8, 2024:
<https://nhfpi.org/resource/new-hampshires-economy-and-the-financial-well-being-of-granite-state-households/>
- Presentation: Household Economic Stability in New Hampshire – October 20, 2023:
<https://nhfpi.org/resource/household-economic-stability-in-new-hampshire/>
- Resource Pages: Economy and Health
<https://nhfpi.org/topic/economy/>
<https://nhfpi.org/topic/health/>



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The Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 4, Public Health Infrastructure: Access to the RSV Immunization, April 4th, 2024



Today's Program

- Brief housekeeping
- Didactic: Public Health Infrastructure: Access to the RSV Immunization
 - Patrick Miller, MPH
 - Sue Tanski, MD, MPH
 - Discussion – facilitated by Courtney Tanner
- Summary
- Up Next



Childhood Vaccine Funding in New Hampshire

Patrick B. Miller, MPH, Executive Director, NH Vaccine Association

Topics Covered

- Background - Universal Purchase Program
- Background – NH Vaccine Association (NHVA)
- NHVA Governance
- NH Childhood Immunization Program Expenditures
- NH Participating Providers
- How Funding Works

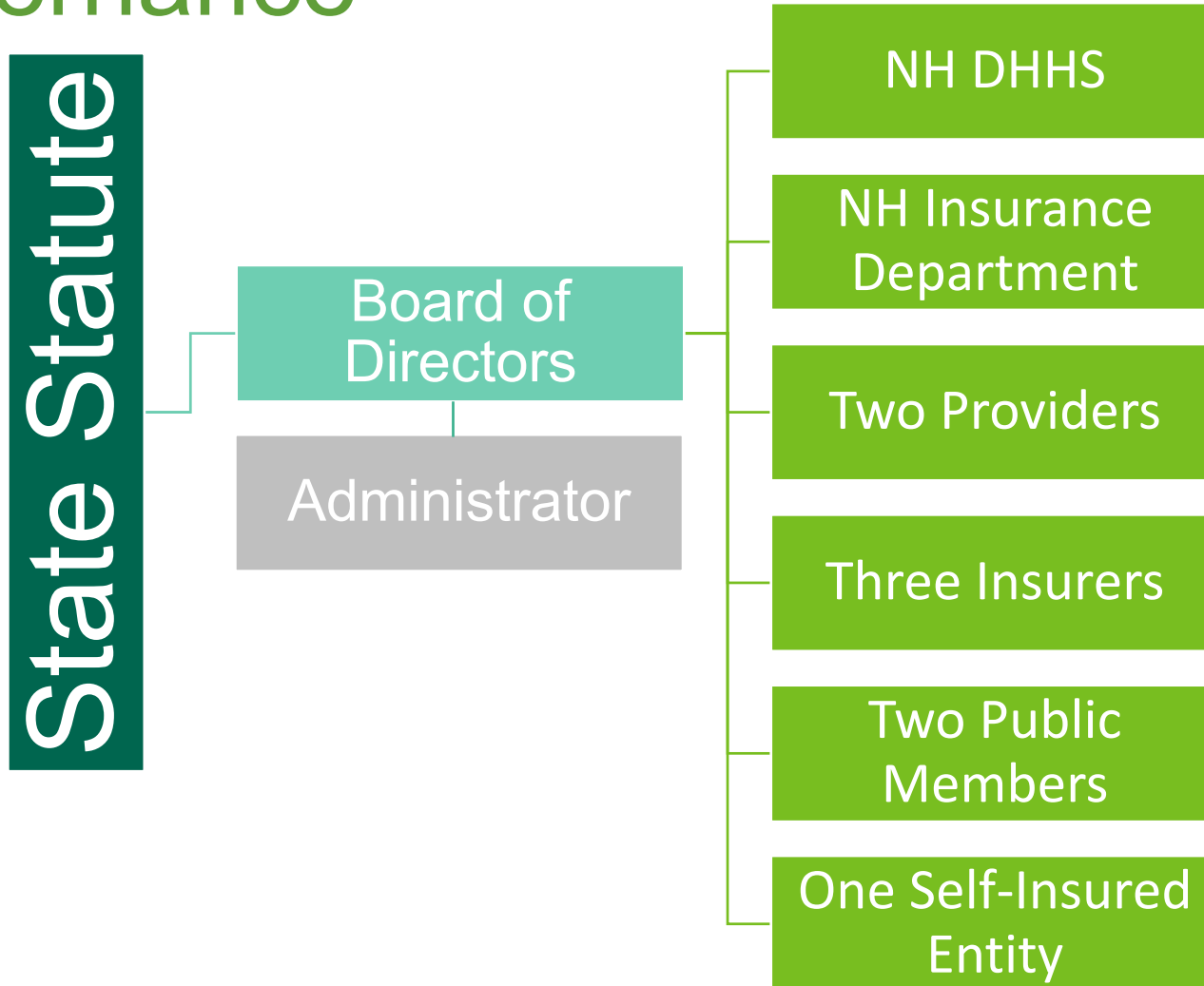
Background – Universal Purchase

- NH is a Universal Purchase Program State for Childhood Vaccines (<19 Years)
- Universal Purchase Programs Make it Possible for:
 - Blended Vaccine Stock for Providers Versus VFC, CHIP, and State Supply
 - Payer Cost Savings and Efficient Funding Mechanism
 - All Children Have Access to CDC ACIP Recommended Vaccines
- NH DHHS' NH Immunization Program Facilitates Vaccine Purchase and Distribution

Background - NHVA

- The NHVA is a 501(C)(3) Non-Profit Corporation Created by State Statute (126:Q) to Assess Commercial Health Plans and Third-Party Administrators to Raise Funds for Commercially Insured Children Under Age 19
- ~60% of the Program Funds are Assessed and Provided by the NH Vaccine Association (NHVA) and ~40% are Provided by the US CDC's Vaccine for Childrens Program (VFC) and the State of New Hampshire (less than 1%)
- NHVA is an Efficient Platform with Operating Expenses of Less than 1% of Total Assessment Income

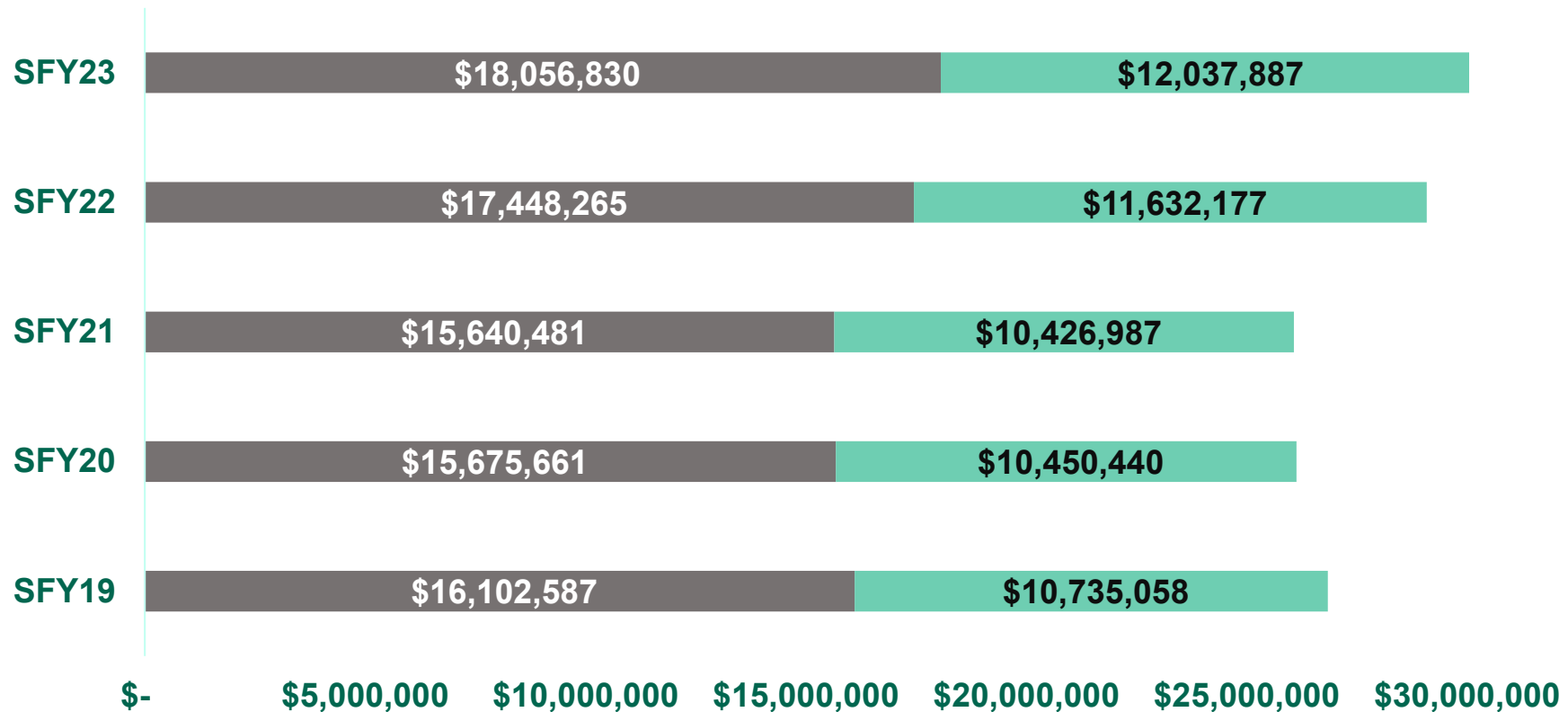
NHVA Governance



NH Childhood Immunization Program Expenditures

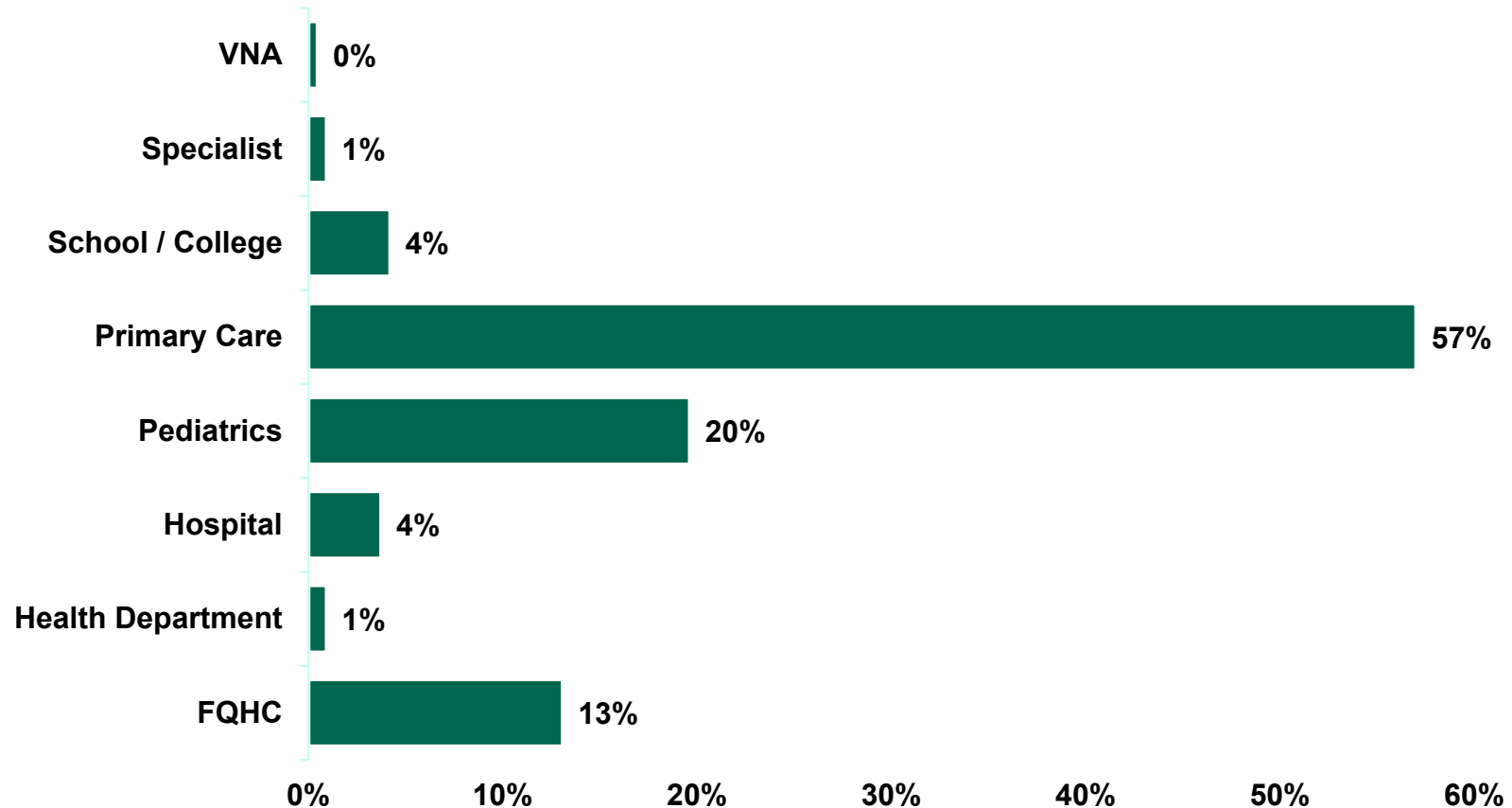
Total Proportional Program Expenditures SFYs 2019-2023

■ NHVA ■ VFC/State



NH Provider Enrollment – Vaccines for Children Program (VFC)

214 Total Provider Sites



How Funding Works

1



Payers Remit Child Lives Assessments Quarterly

2



Annual Payment

3



NHVA Funds Combined with Federal and State Funds

4



Provider Sites Order Vaccine Via CDC VTrckS

~95 Insurers and TPAs
NHVA Establishes Rates Annually



Helping Keep New Hampshire's Kids Healthy

The New Hampshire Vaccine Association partners with the state's insurers, providers, and the state to ensure that every child in New Hampshire who requires vaccines may receive them regardless of ability to pay.

Submit a Filing

News & Notices

CONTACT:

www.nhvaccine.org
Patrick B. Miller, MPH
Executive Director
pmiller@helmsco.com
603.415.8010 (o)



Access to RSV immunizations to reduce the burden of disease

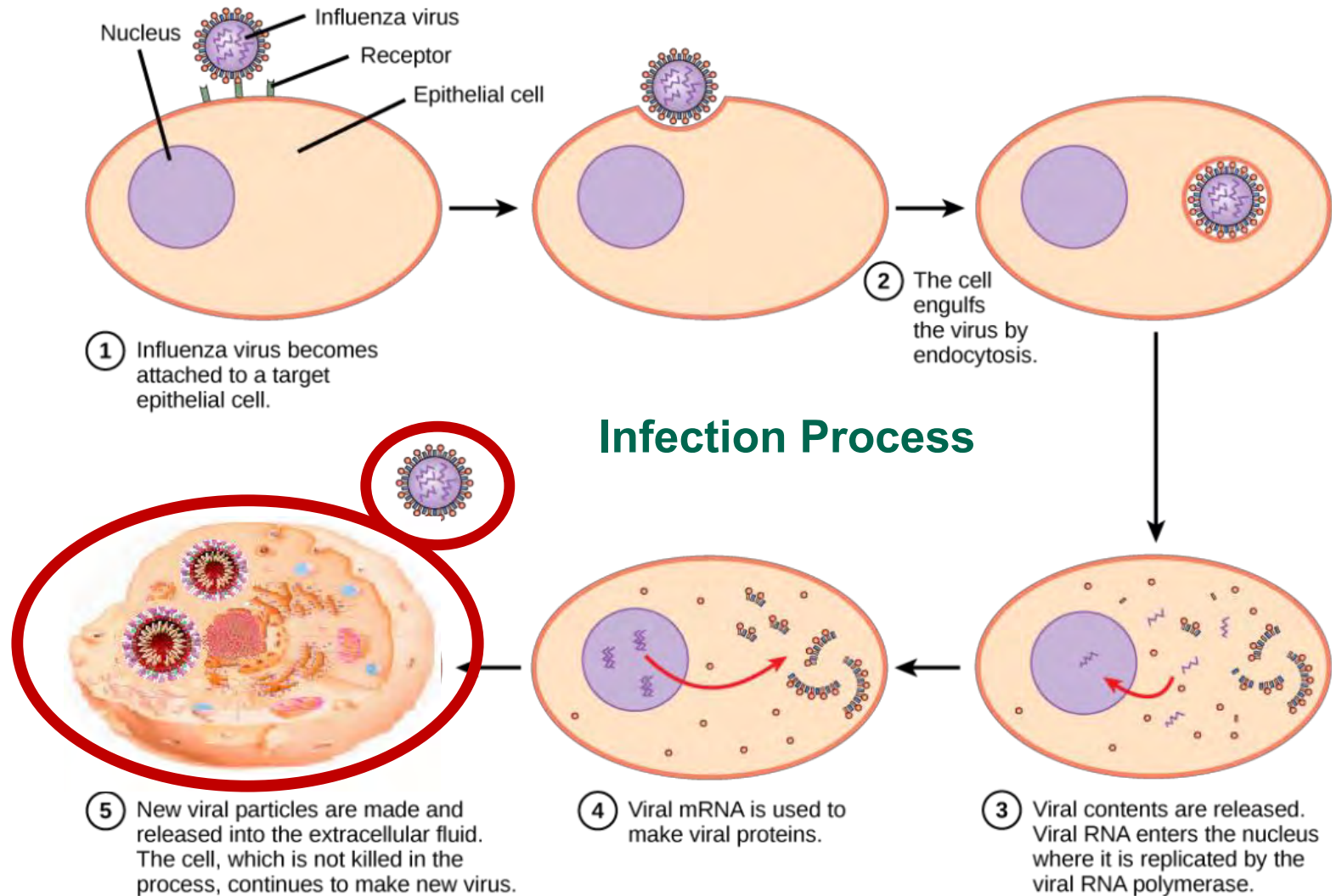
Susanne Tanski, MD MPH
Dartmouth Health Children's

Overview

- Quick review on how viral illness happens at the cell level
- How the immune system responds to illness
- How vaccination uses the immune system to create a response without disease
- Passive immunization
- RSV disease
- RSV immunization, and the need for legislative change to allow access for infants in NH

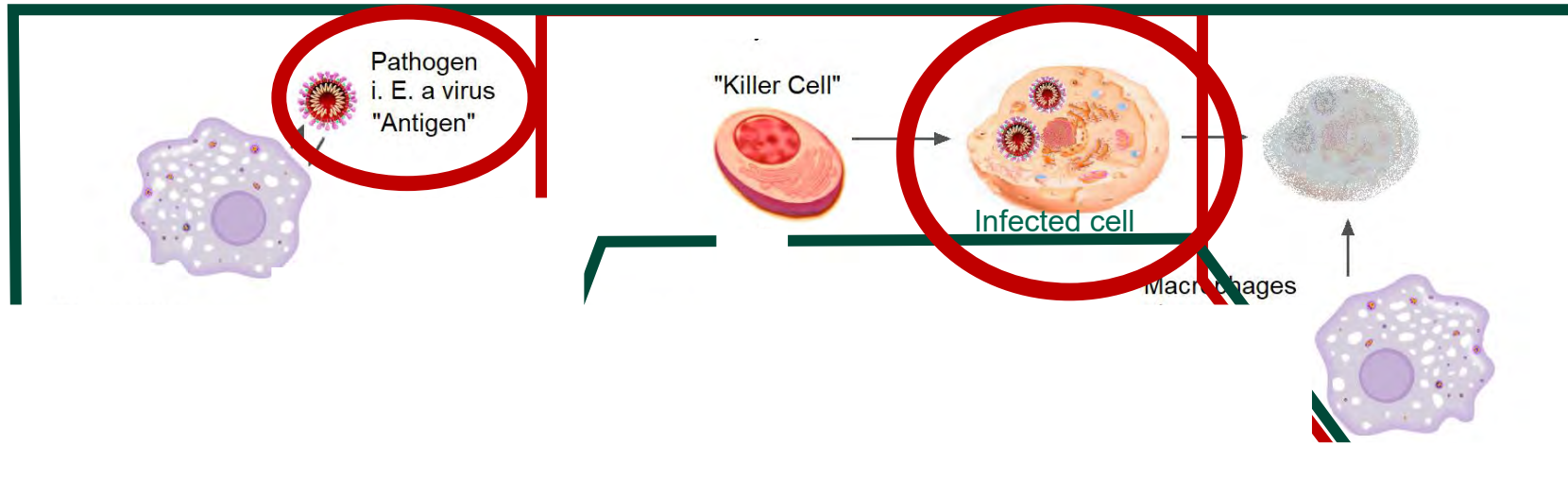
How a viral infection starts and multiplies:

- Our SKIN and MUCOUS membranes are our first line of defense
- Sweat, saliva, tears and acid secreted in the stomach also protect



Infection makes many copies of the virus that can infect other cells. The Immune System tries to stop it:

**Non-Specific
Immunity**
“innate”
“born with it”



**Specific
Immunity**
“acquired”
“learn it”

**Phagocytes &
Natural Killer
Cells**

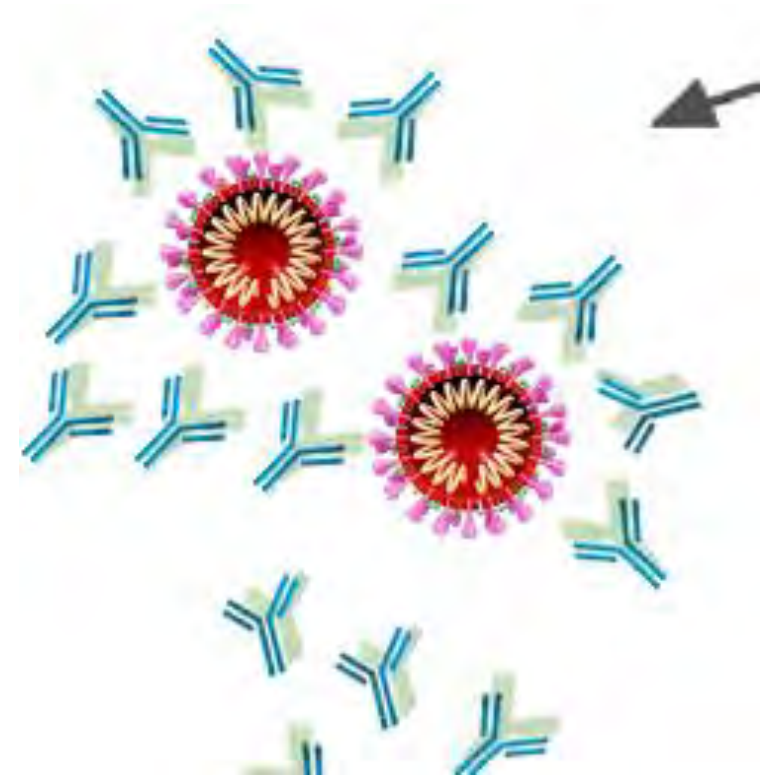
**T and B
Lymphocytes
Activated**

Vaccines prepare our immune systems with active immunity without the *disease*

- A ***training exercise*** for the immune system
- Vaccines contain a dead or weak form or fragment of the virus or bacteria to train the body **to fight off an infection**. The immune system can REMEMBER and can respond repeatedly
 - Viruses: influenza, measles, mumps, rubella, chicken pox, yellow fever, rotavirus, smallpox (now eradicated), RSV and Covid-19
 - Bacteria: diphtheria, tetanus*, whooping cough, some causes of meningitis, typhoid, tuberculosis, bubonic plague, anthrax and cholera

There is also passive immunization: getting the antibody directly – immune system does not need to do the “work”

- IMMEDIATE protection, but short-lived
- Examples:
 - maternal antibody transferred through placenta or breastmilk
 - Post-exposure prophylaxis with Rabies immunoglobulin, Hepatitis B immunoglobulin
 - PRE-exposure prophylaxis for RSV – palivizumab and now nirsevimab
 - NEW RSV monoclonal antibody (a specific immunoglobulin) lasts for MONTHS with single injection



Why immunize for RSV? Huge burden of disease

RSV is a VERY common respiratory illness that people get repeatedly throughout their lives.

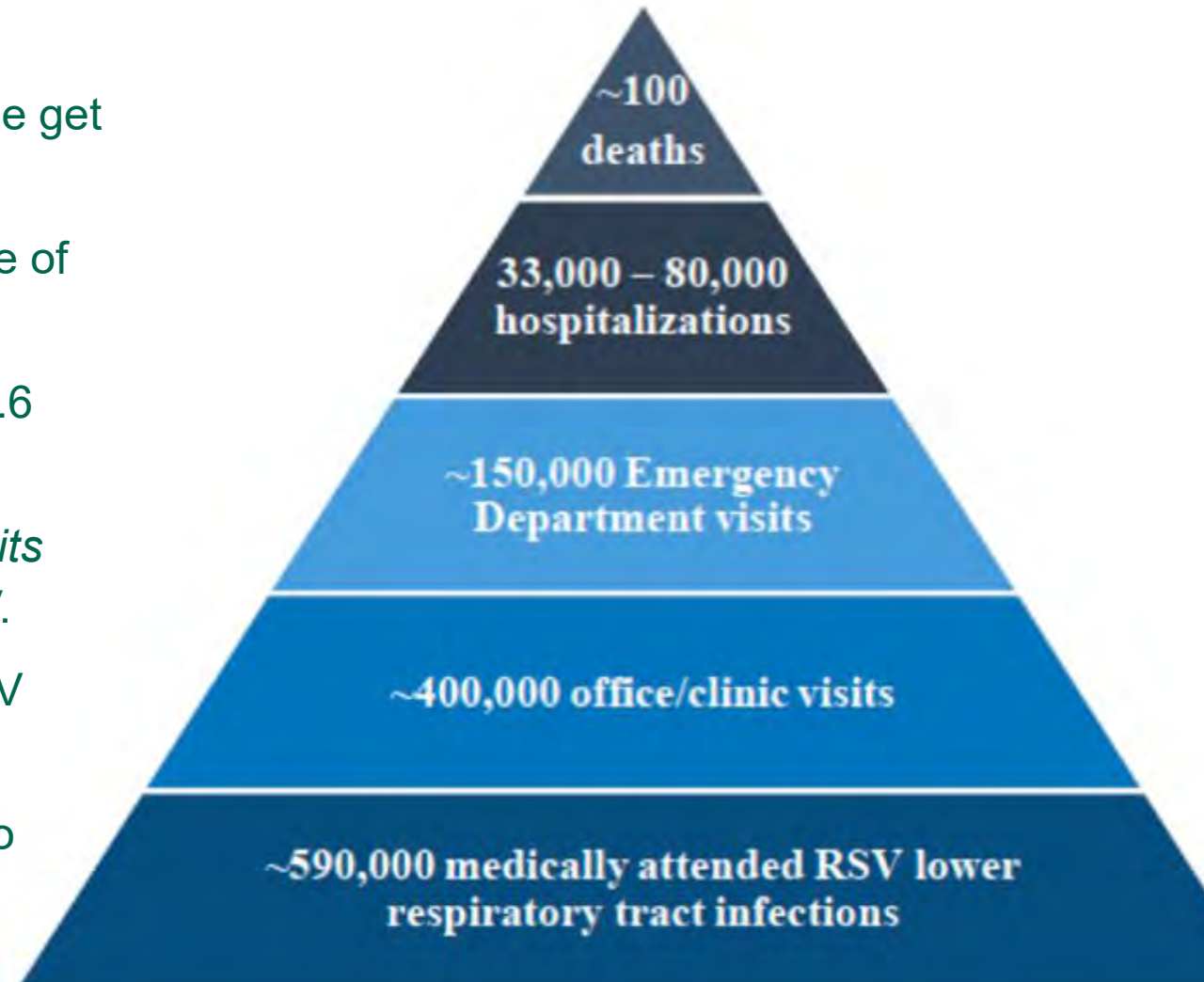
Nearly all children get an RSV infection before the age of 2, and the first infection is usually the most severe.

Annually worldwide 33 MILLION clinical cases and 3.6 MILLION hospitalizations for kids under 5.

In one US study, *18% of all child emergency room visits and 15% of all outpatient visits in winter* were for RSV.

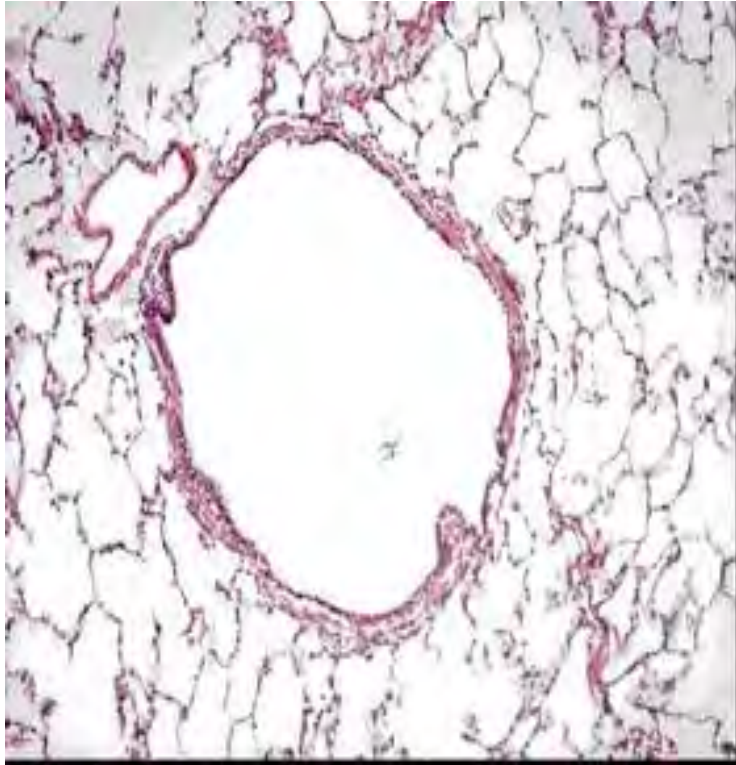
In babies under one year, hospitalization rates for RSV infection were 16 times HIGHER than for flu.

Every year, babies die from RSV infection. There is no treatment other than supportive care.

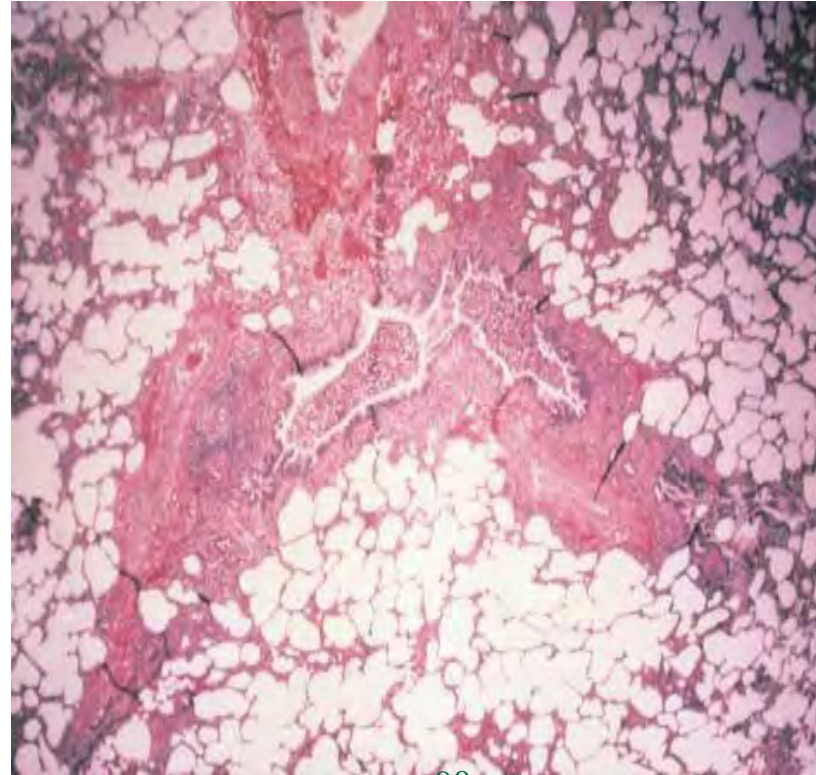


Why immunize for RSV? This is a normal airway, and one with RSV bronchiolitis – no place for air!

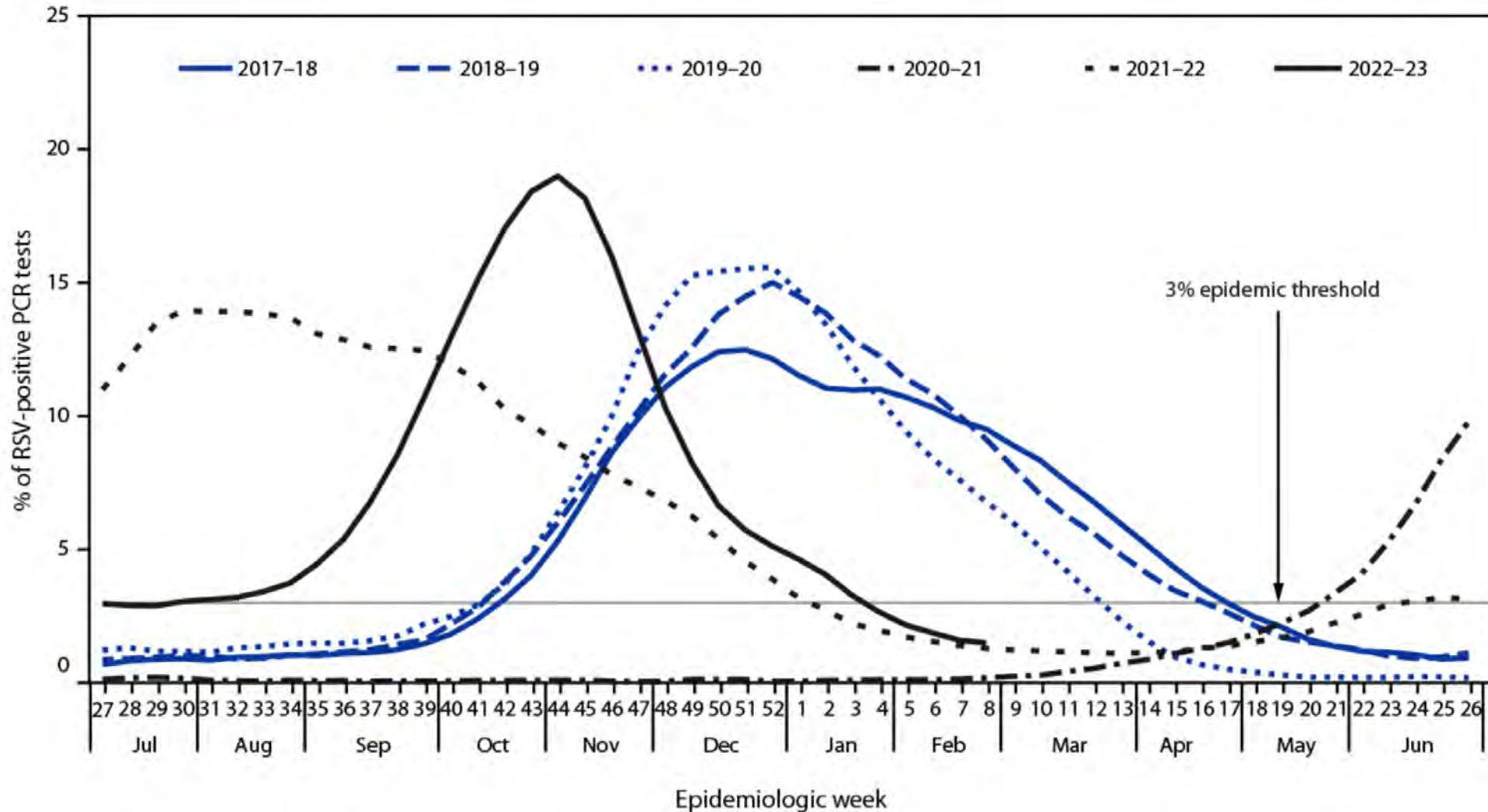
Normal



Bronchiolitis



Why immunize for RSV? It happens every year...



Rates of RSV were low during the pandemic and had an early & prolonged off-season epidemic summer of 2021.

This required a nationwide effort at children's hospitals. Infants were being transferred across multiple state lines for PICU care, as there were not enough beds to care for them.

Why immunize for RSV? Future effects from disease...

- There is a link between RSV infection and subsequent asthma. PREVENTING severe RSV infection may PREVENT asthma diagnosis.
- RSV immunization approved for *all* infants 0-7m old during the respiratory season. List price \$495/dose.
- Pediatricians everywhere rejoiced when we learned of a way to prevent severe RSV disease!

The NH Problem: Current definition of vaccine under statute does not allow for passive immunization with Monoclonal Antibody



Problem:

Current definition of a vaccine “means any preparations of killed microorganisms, living attenuated organisms, or living fully virulent organisms.” Means Nirsevimab excluded from vaccine program.

Required pediatric providers to procure RSV immunizations through commercial market, determine if private insurers would cover the immunization, and create a two-tiered system of immunization access. Immunization cost: \$495. Cost to families???

Created (major) access issues and anxiety for parents.

The NH Problem: Current definition of vaccine under statute does not allow for passive immunization with Monoclonal Antibody

Solution: HB559



Modifies the definition of vaccine to remove the specifics of how the immunization is *prepared*, and extends the NH vaccine association's coverage to include childhood vaccines ***or biological products***.

“Biological product” means any biological product, including monoclonal antibody products, that has been approved by the federal Food and Drug Administration and recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention to be added to the Vaccines for Children program and has been authorized by the commissioner of the department of health and human services for administration to children of the state of New Hampshire under the age of 19 years for the purposes of protecting against diseases caused by infectious pathogens.

Aligning with the practice for all other vaccines for children under age 19 – enabling access for all who want them

2024 NH Legislation

- **SB 559** – relative to the NH Vaccine Association



Introduced to House HHS
Public Hearing to be scheduled