

LEGISLATIVE PERFORMANCE AUDIT AND OVERSIGHT COMMITTEE MINUTES

March 6, 2026

The Legislative Performance Audit and Oversight Committee met on Friday, March 6, 2026 at 9:00 AM at 1 Granite Place, Room 234.

Members in attendance were as follows:

Rep. Gerald Griffin, Chair
Rep. Lucy Weber
Rep. Keith Erf (left early)
Rep. Ken Weyler (left early)
Rep. Mary Jane Wallner (left early)
Sen. Cindy Rosenwald, Vice Chair
Sen. Howard Pearl
Sen. Timothy Lang (left early)

The meeting was called to order by Representative Griffin at 9:00 AM.

VOTE ON ACCEPTANCE OF THE FEBRUARY 6, 2026 MEETING MINUTES

On a motion by Representative Weber, seconded by Senator Lang, that the minutes of the February 6, 2026, meeting be accepted. **MOTION ADOPTED.**

POTENTIAL AUDIT TOPICS

Representative Gerald Griffin informed the Committee that the Department of Health and Human Services (DHHS), Contract Management officials were in attendance to provide information as to how they are ensuring contracts are being fulfilled. Department of Justice (DOJ) officials were also in attendance to ensure controls are in place within the Medicaid Fraud Control Unit.

The Department of Justice, Director of the Medicaid Fraud Control Unit, Charles Bucca, provided an overview of the Department and explained that the Criminal Justice Bureau conducts investigations and initiates prosecutions in significant cases. Financial Investigator Timothy Brackett provided the Committee with an outline of the processes used by the Medicaid Fraud Control Unit.

The Department of Health and Human Services, Nathan White, Chief Financial Officer, and Meredith Telus, Director of the Division Program Quality and Integrity, were in attendance to brief the Committee as to how they are ensuring contracts are being fulfilled. A handout was provided to the Committee which detailed the contract management policies and practices.

OTHER BUSINESS

Representative Griffin asked Jay Henry to follow up with various agencies to check on their status of unresolved observations. If needed, they will be invited to come in and update the Committee on their progress.

Representative Griffin noted that the remaining agenda items from this meeting will be continued at next month's meeting.

DATE OF NEXT MEETING AND ADJOURNMENT

Next meeting is scheduled for Friday, April 10, 2026, at 9:00 AM. Representative Griffin adjourned the meeting at 10:39 AM.

Gerald Griffin, Chair



Deanna Jurius
Executive Director

Heather A. Kelley
Director

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AUDIT STATUS REPORT

Office of Professional Licensure and Certification
Board of Mental Health Practice Audit
November 2024
Status Update: April 2, 2026

Summary of Audit Observations/Findings					
Number	Observation Title	Status			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Improve License Portability				X
2	Improve Expedited Licensure Processes				X
3	Review Temporary Licensure Laws and Practice				X
4	Develop Rules for Military-related Applications			X	
5	Ensure Board Rules for Acting on Applications Align with State Laws			X	
6	Measure Timeliness of Application Processing			X	
7	Assess Whether More Licenses Can be Issued Without Full Board Review				X
8	Determine Whether all LADC Board Applications Need Full Board Review				X
9	Review Information Collected Regarding Applicants' Criminal History				X
10	Adopt Rules for Some Licensing Requirements and Processes			X	
11	Ensure Requirements are Clear and Consistently Applied			X	
12	Review Examination Requirements			X	

Observation 1: Improve License Portability

Summary of Finding: *OPLC, in consultation with the Boards of Mental Health Practice, Licensing for Alcohol and Other Drug Use Professionals, Medicine, Nursing, and Psychologists establish a process to identify states with equivalent, substantially equivalent, or greater licensing requirements and publish a list. OPLC and Boards Identify requirements for comparison; determine how much risk each requirement imposes considering applicants already hold a license in another state; consider establishing thresholds for how much other states' requirements could deviate from New Hampshire's and still be considered substantially equivalent; and periodically update the list. All boards address licensure by endorsement to ensure it reduces documentation burden and facilitates a faster process for individuals already licensed in other states.*

Current Status: On August 27, 2023, the legislature passed RSA 310:17 “License Reciprocity”, which established a universal statutory practice for the Office of Professional Licensure and Certification (OPLC), in consultation with the state boards, commissions, and councils within the office, to promulgate rules for determining whether another jurisdiction’s licensing requirements are substantially similar to New Hampshire’s. See [Section 310:17 License Reciprocity](#). The OPLC and Boards have acted upon that legislation by promulgating the Plc 313s which cover the endorsement process (See Plc 313.37, mental health practice; Plc 313.36, board of medicine; Plc 313.4, board of nursing; Plc 313.51, board of psychologists; and Plc 313.15, board of licensing for alcohol and other drug use professionals). See [gc.nh.gov/rules/state_agencies/plc300.html](https://www.gcnh.gov/rules/state_agencies/plc300.html). In addition to creating rules that establish a process and standard for endorsement, the OPLC has also established, and is well in to finalizing, an easy-reference list for each of these boards that shows what states have substantially similar requirements in order to reduce documentation burden and facilitate a faster process for individuals already licensed in other states. See [New Changes for Reciprocity in New Hampshire | NH Office of Professional Licensure and Certification](#)

Observation 2: Improve Expedited Licensure Processes

Summary of Finding: *OPLC develop a process to identify expedited applications posing higher licensing risk, seek Board input when necessary, and establish a process for Boards to periodically review approved expedited applications to ensure licensing standards are met. The BHMP, LADC, and Psych Boards review expedited licensure processes to consider if supplemental documents are necessary, processes reduce the time it takes those already licensed in another state to be licensed in New Hampshire, and conduct a risk assessment to determine whether some licensing factors could still require Board expertise during OPLC review.*

Current Status: On August 27, 2023, the legislature passed RSA 310:17 “License Reciprocity”, which established a universal statutory practice for the Office of Professional Licensure and Certification (OPLC), in consultation with the state boards, commissions, and councils within the office, to promulgate rules for determining whether another jurisdiction’s licensing requirements are substantially similar to New Hampshire’s. See [Section 310:17 License Reciprocity](#). Under the

statute, an applicant is entitled to licensure if they have an active license in good standing from another jurisdiction that has substantially similar requirements to New Hampshire's as determined by rules promulgated by the OPLC in consultation with the boards. The statute eliminates most applications that pose a higher licensing risk by requiring the applicant to have a license in good standing. The OPLC has adopted Plc 313.05 that requires the applicant to provide primary source verification from the jurisdiction in which they are licensed demonstrating they are in good standing. Further, Plc 313.03(a)(2), requires a criminal record check for these professions. Both of these rules are intended to strike the delicate balance of protecting the public while ensuring an expedited review and processing of applications. Plc 313.06 creates a system for the processing of applications for licensure by endorsement that allows for expedited granting of licensure. The OPLC can grant a provisional license, pending the results of a criminal background check. If the background check has a concerning finding, the OPLC can ask the board to hold an RSA 332-G:10 hearing on the criminal record check, following the Plc 200s. RSA 330-A:10, I, relative to rulemaking authority relative to expedited licensure was repealed in 2025.

Observation 3: Review Temporary Licensure Laws and Practices

***Summary of Finding:** The Legislature consider clarifying RSA 310:6 V and removed negated statutory time limits and exclusions in the BMHP, LADC, Psych, and BoN temporary licensure laws given more recent laws allowing the OPLC to issue temporary licenses.*

***Current Status:** RSA 310:6, V currently reads:*

Temporary licenses to out-of-state health care professionals who present evidence of an active license in good standing from another jurisdiction. The temporary license shall be valid for 120 days, or until the office acts on an application for full licensure, whichever happens first, and shall not be renewed, except that a complete application for full licensure before the expiration of the temporary license shall continue the validity of the temporary license until the office has acted on the application. All individuals licensed under rules adopted pursuant to this subparagraph shall be subject to the jurisdiction of the state licensing body for that profession.

The legislature repealed RSA 330-C:21 "Applicants from Other States", effective July 1, 2024. This applied to the board of licensing for alcohol and other drug use professionals. Other conflicting statutes relating to Mental Health Professions were repealed in HB 82 (2025).

OPLC is in the process of coordinating with Boards to eliminate rules that no longer comply with current law, including temporary licensure. The OPLC Rulemaking Bureau consists of two- full-time employees and is responsible for approximately 25% of the state of New Hampshire's rulemaking. The OPLC has recently developed a system and policy for accepting, prioritizing, and fulfilling rulemaking requests and is working with all boards on eliminating board rules that do not comport with new statutory requirements for licensure.

Observation 4: Develop Rules for Military-related Applications

Summary of Finding: *All Boards adopt rules defining military education, training, or service that may qualify towards licensure. OPLC, in consultation with Boards, establish processes to facilitate licensure for military spouses and for how military-related applications will be processed. OPLC develop a process to track military-related applications. Legislature consider if military members or their spouses should be required to hold a license in a state with substantially equivalent licensing requirements before a temporary license can be issued.*

Current Status: OPLC is in the process of coordinating with Boards to draft and implement the military education, training, or service rules by the statutory deadline of January 1, 2026. The OPLC Rulemaking Bureau consists of two full-time employees and is responsible for approximately 25% of the state of New Hampshire's rulemaking. The OPLC has recently developed a system and policy for accepting, prioritizing, and fulfilling rulemaking requests and is working with all boards on implementing rules pertaining to military equivalency.

Observation 5: Ensure Board Rules for Acting on Applications Align with State Laws

Summary of Findings: *The BoM align rules for requesting additional information on applications with the time limit established in law. All Boards in conjunction with OPLC, establish a process for identifying when statutory amendments render Board rules no longer accurate, and rulemaking is started timely. The BMHP and OPLC assess if having different time limits than other Boards to act on applications could create confusion in tracking. If different time limits are not needed, seek amendment to align time limits with the other Boards and ensure rules align with statute.*

Current Status: OPLC is in the process of coordinating with Boards to eliminate rules that no longer comply with current law, and to have boards create addendums to the universal application that request only information that is non-duplicitous and statutorily required. The OPLC Rulemaking Bureau consists of two part-time employees and is responsible for approximately 25% of the state of New Hampshire's rulemaking. The OPLC has recently developed a system and policy for accepting, prioritizing, and fulfilling rulemaking requests and is working with all boards on eliminating board rules that do not comport with new statutory requirements for licensure. This system includes input from the boards to ensure rules are accurate and timely started. The OPLC has also created the Plc 300s, which create universal time limits for the processing of applications. See gc.nh.gov/rules/state_agencies/plc300.html

Observation 6: Measure Timeliness of Application Processing

Summary of Finding: *OPLC and all Boards identify data needed to determine compliance with statutory time limits; establish process for Boards to assess if applications are processed timely; and ensure all application records are complete, and documents are accessible. OPLC establish retention schedules and clear guidance for staff about information that should be stored in the licensing system; ensure the new licensing system can capture all data necessary*

to monitor compliance and has adequate storage. Until a new system is procured, OPLC and the Boards establish alternative methods to monitor compliance with time limits.

Current Status: The OPLC has promulgated the Plc 300s which establish universal timelines for the processing of applications across all boards. Because RSA 310 places the OPLC, not Boards, in charge of the application process, the OPLC has established and/or is in the process of creating internal supervisory systems and policies intended to ensure that application limitations are followed. The OPLC has also established and/or is in the process of creating multiple policies that address record retention and the processing of applications. The OPLC is also in the process of building a new licensing system and vamping many of its future processes, policies, and rules to comport with its capabilities.

Observation 7: Assess Whether More Licenses Can Be Issued Without Full Board Review

Summary of Finding: *OPLC develop a process to identify applications posing higher licensing risk, seek Board input on applications when necessary, and establish a process for Boards to periodically review approved applications to ensure licensing standards are met. The Board of Psych and BMHP conduct a risk assessment to determine which applications may still warrant Board input by identifying risk factors, the complexity of assessing compliance with licensing requirements, assigning a risk rating to each factor, and identifying factors that may not warrant Board input. After conducting a risk assessment, identify the types of applications that could require Board expertise during OPLC review. The Legislature consider removing negated statutory authority regarding approval of license applications in RSA 329:2, II and RSA 326-B:4, III*

Current Status: The OPLC has promulgated the Plc 300s and Plc 200s, which directly address the process by which an application is reviewed by a Board before the OPLC makes a determination on the application (*see* Plc 304.08 and Plc 304.09) or as part of a hearing on a denial of an application (*see* RSA 310:14 and Plc 206.31, 206.32, and 206.32). Additionally, the OPLC has also established and/or is in the process of creating multiple policies and processes for implementing those rules. The legislature has removed conflicting statutory authority in RSA 329:2, II ([Section 329:2 Board; Duties.](#)). RSA 326-B:4, III does not conflict with RSA 310, which leaves the Board in charge of determining and enforcing sanctions in disciplinary matters if there is a finding of professional misconduct. *Compare* RSA 326-b:4, III ([Section 329:2 Board; Duties.](#)) with RSA 310:10, VII ([Section 310:10 Disciplinary Proceedings; Non-Disciplinary Remedial Proceedings.](#)).

Observation 8: Determine Whether all LADC Board Applications Need Full Board Review

Summary of Finding: *OPLC develop a process to identify applications posing higher licensing risk, seek LADC Board input on applications when necessary, and establish a process for the LADC Board to periodically review approved applications to ensure licensing*

standards are met. The LADC Board conduct a risk assessment to determine which applications may still warrant Peer Review Committee and/or full Board input by identifying licensing risk factors, reviewing the complexity of assessing compliance with each licensing requirement, assigning a risk rating, and identifying factors posing a low enough risk to not warrant additional input. After conducting a risk assessment, identify the types of applications that could require LADC Board expertise during OPLC review. The Legislature consider removing negated statutory authority regarding approval of license applications in RSA 330-C:5, I

Current Status: The OPLC has promulgated the Plc 300s which establish universal timelines for the processing of applications across all boards. Because RSA 310 places the OPLC, not Boards, in charge of the application process, the OPLC has established and/or is in the process of creating internal supervisory systems and policies intended to ensure that application limitations are followed. The OPLC has also established and/or is in the process of creating multiple policies that address record retention and the processing of applications. The OPLC is also in the process of building a new licensing system and vamping many of its future processes, policies and rules to comport with its capabilities.

Observation 9: Review Information Collected Regarding Applicants' Criminal History

Summary of Finding: *All Boards and OPLC review rules and application forms to ensure alignment with State policy by determining criminal convictions that may have a substantial and direct relationship to each profession; ensuring only convictions for crimes with a substantial and direct relationship are used to disqualify applicants from licensure; and ensuring application and related forms are designed to collect only information to make licensing decisions. Board of Psych, BOM, and BMHP ensure review of past criminal histories only consider convictions. All Boards consider establishing the amount of time each type of criminal conviction, that is substantially and directly related to their profession, could affecting licensing decisions in their rules, its practice regarding the amount of time that passes when a criminal conviction will no longer required review by the full Board. The OPLC establish a process for the public to petition for review of whether their criminal history would disqualify them from licensing or certification; track data on petitions received, the petitions approved and denied, and type of criminal offense each board approved and denied; and report data on petitions annually.*

Current Status: The OPLC has promulgated universal rules in the Plc 300s and Plc 200s for how to handle situations involving criminal background checks and board review of the same. These rules are in compliance with RSA 332-G:10 and RSA 310:14. Additionally, the OPLC has also established and/or is in the process of creating multiple policies that ensure OPLC and Board compliance with these statutes and rules, as well as federal and state laws and rules regarding the handling and confidentiality of criminal background checks.

Observation 10: Adopt Rules for Some Licensing Requirements and Processes

Summary of Finding: *The BMHP adopt rules to establish requirements for Licensed Social Worker, Licensed Social Work Associate, and School Social Worker licenses; waive supervised work experience for applicants licensed in another state for five years or more; and clearly establish the "Fast-Track" application process. The LADC Board adopt rules establishing the Peer Review Committee's duties in the licensing process. The Board of Psych adopt rules on requirement for School Psychologist-Doctorial and School Psychologist-Specialist licenses. OPLC, in consultation with Boards, adopt rules to facilitate licensing for military members and their spouses.*

Current Status: RSA 310:17, supplants the board of mental health practice's endorsement statute, and HB 82 (2025) eradicated it from the statutory scheme. The Board has promulgated rules related to those new license types, and will continue to do so in furtherance of its statutory obligations. [2024-5-exrf-rule-mhp-302.01c-mhp-302.05b1-b2a-b3-and-b4_0.pdf](#); see also [CHAPTER Mhp 300 LICENSE AND REGISTRATION REQUIREMENTS, APPLICATIONS AND FEES](#). OPLC is in the process of coordinating with Boards to create rules under newly enacted legislation. The OPLC Rulemaking Bureau consists of two full-time employees and is responsible for approximately 25% of the state of New Hampshire's rulemaking. The OPLC has recently developed a system and policy for accepting, prioritizing, and fulfilling rulemaking requests and is working with all boards on eliminating board rules that do not comport with new statutory requirements for licensure. This system includes input from the boards to ensure rules are accurate and timely started.

Observation 11: Ensure Requirements are Clear and Consistently Applied

Summary of Finding: *The OPLC and all Boards determine if all documents must be received before the application is sent for review. If incomplete applications can be reviewed by the Board in some circumstances, develop a policy and ensure consistency for all applicants. All Boards ensure forms and other license guidance clearly and correctly state requirements, including the applicable fees.*

Current Status: The OPLC has promulgated the Plc 300s which establish universal timelines for the processing of applications across all boards and determine when they are complete and are sent to the Board for review. The OPLC has also established and/or is in the process of creating multiple policies that address comport with these rules. The OPLC is also in the process of building a new licensing system and vamping many of its future processes, policies and rules to comport with its capabilities. Additionally, OPLC is in the process of coordinating with Boards to create rules under newly enacted legislation (including the elimination or recreation of forms). The OPLC Rulemaking Bureau consists of one full-time and two-part time employees and is responsible for approximately 25% of the state of New Hampshire's rulemaking. The OPLC has recently developed a system and policy for accepting, prioritizing, and fulfilling rulemaking requests and is working with all boards on eliminating board rules

that do not comport with new statutory requirements for licensure. This system includes input from the boards to ensure rules are accurate and timely started.

Observation 12: Review Examination Requirements

Summary of Finding: *The Board of Psych continue assessing if written essays should be required, evaluate if applicants can take the licensing exam sooner, and amend rules as necessary. The BMHP review if other examinations are comparable for individuals applying for a Licensed Clinical Mental Health Counselor and Marriage and Family Therapist license. If it determine other examinations are comparable, seek legislative amendment to allow more flexibility and amend rules accordingly.*

Current Status: Both the board of psychologists and board of mental health practice have been actively engaged in how to revamp the criteria noted in observation 12. OPLC is in the process of coordinating with Boards to create rules under newly enacted legislation (including the elimination or recreation of rules related to criteria that needs to be changed or may be considered subjective). The OPLC Rulemaking Bureau consists of two full-time employees and is responsible for approximately 25% of the state of New Hampshire's rulemaking. The OPLC has recently developed a system and policy for accepting, prioritizing, and fulfilling rulemaking requests and is working with all boards on eliminating board rules that do not comport with new statutory requirements for licensure. This system includes input from the boards to ensure rules are accurate and timely started.

New Hampshire Commission for Human Rights

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March 27, 2026

Governor Kelly Ayotte
 State House
 107 N. Main Street
 Concord, NH 03301

RE: NH Commission for Human Rights – 2025 LBA Performance Audit Update, March 2026

Dear Governor Ayotte:

The NH Commission for Human Rights (NHCHR, HRC, Commission) is pleased to provide you with the attached six-month update regarding the February 2025 Performance Audit Report (Performance Audit, Audit, Report), of the HRC.

In the interest of time and ease of use, we have included a summary matrix where the status of each item in the Report is noted. The status of each item is shown in the attached Report, along with the most recent actions taken. In subsequent Reports, when an item is Fully Resolved, it will be dropped from subsequent reports. Also, responses for each item will be preceded by the date of the update. For this update we are using 3-27-26.

I wish to thank you, our staff, our commissioners, the Executive Council, our colleagues at the DOJ and other state departments who have contributed towards improving the performance of the HRC. We are making good progress.

Please call or write with any questions.

/s/ Katrina E. Taylor

/s/ Raymond E. Pinard

Executive Director
 NH Commission for Human Rights

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Agency Name	Human Rights Commission
Audit Name	LBA Performance Audit 2025
Audit Period	SFY 2020 – SFY 2023
Status Report Date	March 27, 2026

Summary of Audit Observations/Findings					
Number	Observation Title	Status (place X in status column)			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Ensure cases are processed timely			X	
2	Clarify oversight responsibilities of Commissioners				X
3	Ensure case data are accurate				X
4	Identify need for case management system				X
5	Develop a strategic plan and define objectives				X
6	Conduct formal risk assessment			X	
7	Institute comprehensive performance measurement			X	
8	Develop and implement comprehensive policies and procedures				X
9	Confidential information should be removed from instruction manuals				X
10	Review and improve conciliation process				X
11	Resolve prior audit findings				X
12	Define legal concepts and terms in administrative tools				X
13	Clarify complaint acceptance process				X

14	Establish a clear investigative process				X
15	Investigator should focus on investigations				X
16	Provide investigators with adequate training				X
17	Improve interview rules and guidance				X
18	Establish supervisory investigator position				X
19	Use encrypted email				X
20	Immediately promulgate administrative rules				X
21	Administrative fees must be authorized and reasonable				X
22	Adopt forms in administrative rules				X
23	File statements of financial interest timely and correctly				X
24	File biennial reports as required				X
25	Reconcile commission records to federal database				X

Issues per February 2025 Audit

1. *Process cases timely by tracking dates of important milestones, developing administrative rules to establish deadlines for amendments and extensions, and evaluating the costs and benefits of differing methods of tracking cases.*

The NHCHR contracted with a vendor to build and implement a new case management system to ensure accurate case reporting information. The contract was approved by G&C in August 2024 and staff at the NHCHR have been working directly with the vendor to tailor the software to the agency's specific needs. The agency will be able to provide clear and concise reports and case tracking details.

While we await Legal Files to go live, which the NHCHR anticipates will occur in June 2025, we have created an internal reporting mechanism to track date case filed, date case assigned, date case resolved/closed, and other milestones.

The proposed administrative rules were developed by prior staff and have been reviewed by counsel for submission to OLS/JCLAR. The Commissioners plan to review the drafted proposals and work to ensure proposals, in correlation with some of the audit recommendations, are moved towards adoption.

9-15-25.

The software, Legal Files, was successfully installed by June 2025 and our staff has been trained. All current cases have been loaded into the system. New cases are being loaded into the system as they are received. Management is evaluating the reporting available from the system. At this time, the HRC's goal is to use metrics to evaluate individual performance, agency performance, case timelines, and identify areas of opportunity for process improvement.

The HRC is well aware, that our current bottleneck is moving cases through the investigative process. As noted in the Audit, for years, the HRC was understaffed, which led to the creation of a challenging work environment. Many qualified employees left the HRC because of this.

The HRC is working with the Department of Justice, the Legislature, and the Governor's office in meeting budget requirements and filling those positions that will make a real impact.

March 27, 2026

Action items:

1. New reporting is being developed.
2. A monthly scorecard is being developed.
3. Identify areas for real process improvement.
4. Hire three investigators. We have received dozens of applications with few qualified candidates. One new investigator started three weeks ago.
5. Current case timeline from start to finish is about 22-24 months.
6. We have established ongoing caseloads for each investigator.

7. We have about 430 cases in various stages of the process.
8. Case intake continues to exceed prior years.
9. Public hearing on revised rules scheduled tentatively for April 2026.

Status: Substantially resolved

2. *Develop a system of internal controls; agree on Commission's responsibilities; and update policies, procedures and manuals.*

The Acting Chair has initiated discussions with the other Commissioners to develop and implement clear responsibilities of the Commissioner position. The Commissioners have been in discussion with interim management to review and revise the Commissioner Manual and create a defined list of duties establishing oversight of Commission operations.

9-15-25

A permanent Chairman/Commissioner, Raymond E. Pinard (Pinard) of Concord, NH was approved by the Executive Council on April 23, 2025. Pinard has a career background of turning around for-profit businesses and non-profit organizations, business consulting, business valuations and investment banking. Pinard is currently retired from gainful employment.

Pinard is using a unique process in turning around the HRC. He estimates the turnaround process to take two years. A few variables which may impact this timeline are issues which must be addressed by the Legislature, OLS, JLCAR, staffing and the biennial fiscal budget.

The issues cited in the Audit cannot be solved solely by part-time Commissioners and an understaffed agency. Pinard has taken up part-time residence at the HRC and is working with management, staff, Commissioners, the DOJ and other state agencies as required, to solve the issues noted in the Audit.

The HRC has brought on one new Commissioner, Dr. Stewart I. Levenson. MD of Hopkinton. Dr. Levenson has an extensive background in management and human resource/employment matters. Dr. Levenson is currently on staff at Hitchcock Clinic in Concord, and Mary Hitchcock Hospital in Lebanon, NH.

The Commission currently has two open seats. Efforts are underway to fill these positions.

March 27, 2026

Action items:

1. Develop a system of internal controls.
 - a. The Audit does not mention specific controls. The HRC is reviewing current controls and developing new internal controls on an ongoing basis to ensure

timely and accurate performance. Complete.

2. As to the issue of defining clear responsibilities for Commissioners, these are described in RSA 354-A (RSA) and HRC rules Chapter HUM 100, Part 101. We believe the role of a commissioner is adequately defined and does not need adjustment at this time. Complete.
3. One major role of a commissioner is to process/review cases as the “Investigating Commissioner”. We have altered our process/control in this area by resorting to mailing cases to Commissioners, with return mail materials, or allowing Commissioners to review cases on premises. Complete.
4. We previously sent cases by email until Pinard identified that this method, using personal emails of the Commissioners, for transferring confidential files is totally unsecured, and susceptible to malware and hacking. Also, should an HRC communication or work product be subpoenaed, the Commissioners risk having their personal computer, laptop, tablet and phone be confiscated for an unknown period of time. The best solution to this issue is to provide Commissioners with iPads or inexpensive laptops. Through intelligence gathering, we located state-owned laptops that were perfectly good but were going to White Farm. We gained possession of enough computers to outfit each commissioner. These will be distributed in April 2026. The Commission further implement encrypted email usage with the assistance of DoIT.

Status: Resolved.

3. Develop policies and procedures for recording accurate data reflecting precise dates of case events and consistent closure codes, develop quality control policies and procedures to ensure accuracy, update the Investigator Manual to reflect all codes in use, and consider implementing a case management system that can accurately record and report case events.

As referenced in the response for observation one, the NHCHR has contracted with a vendor to build a case management system that is tailored to the needs of the NHCHR. The case management system, LegalFiles, has a tentative “go-live” date for June 2025 and will provide the NHCHR to accurately track and record case events and dates.

Senior staff at the NHCHR created a comprehensive new training curriculum for new investigative staff and overhauled the existing and outdated *Investigator Manual* in January 2025. During the Commission’s leadership transition, staff initiated ongoing, regular discussions relative to investigator best practices and reviewing current legal standards. Interim management has initiated ongoing conversations with staff, legal counsel and the Commissioners to ensure policies are reviewed, revised and implemented as required and ensure reporting is completed.

9-15-25

Action:

1. Legal Files has been installed, and is being used, and we are examining what

- type of reports it can provide that best fits our needs.
2. We will prepare a schedule of processes, manuals, etc., that require periodic review. This review process will be a part of the job duties of the parties responsible. A two-person review will be enacted for quality control purposes.

March 27, 2026

1. Action item 1, above, complete.
2. Action item 2, above, complete.

Status: Resolved.

-
3. *Complete the 2024/2025 State information technology plan and identify the need and available funding for a case management system, complete documentation required by the Department of Information Technology to identify requirements and consider defining “verified” in administrative rules to mirror provisions of RSA 641:3 to allow complaints to be submitted electronically. Enhance existing spreadsheets to capture and report on caseload statistics.*

Interim management will reach out to DoIT to ensure compliance with this recommendation. Current spreadsheets have been enhanced to capture additional data not previously recorded such as date of case assignment. Interim management will continue to work with the Commissioners and legal counsel to develop language for amending administrative rules.

The case management system funding was approved by the Executive Council in 2024.

The case management system is in place and is being used. Complete.

Our web site now allows for electronic submission of complaints. Complete.

Action

1. We are rewriting our Administrative Rules. This is a joint effort between NHDOJ and the HRC. We are aiming to submit same to OLS by the time the new Advisory Board meets in November 2025.

March 27, 2026

1. Public hearing on proposed administrative rules, HUM series 100-300 scheduled for April 2026.
2. State DoIT plan complete; 2028-2029 AITP submitted to DoIT.

Status: Resolved.

4. *Engage in strategic planning to link the Commission’s mission to defined, measurable objectives.*

Interim management and the current Acting Chair have initiated discussions to determine how to best develop a strong strategic plan for the agency which has demonstrable objectives and measurements, as well as establishing a mechanism to assess whether the Commission is achieving its objectives. The Commissioners provide input, develop requirements and provide overall approval and oversight for this project.

9-15-25

The Commission held a Strategic Focus Session during the late spring of 2025. All internal staff participated in this two-hour session. The staff identified the three major dangers that need to be eliminated, the three opportunities that we can capitalize on, and the three major strengths that we can leverage.

In summary, we use our strengths to eliminate our dangers, which allows us to capitalize on opportunities. Please see the attached document.

Strategic matters have also been discussed with our legal and administrative support at the NHDOJ.

A Strategic Focus Session has not been held with the Commissioners. Since April 2025, two commissioners resigned, two were newly appointed. We currently have five commissioners with two vacancies. Previously, much of the day-to-day oversight has been delegated to Commission staff, including the Executive and Assistant Directors. Thus, limited information was available to the entire Commission. With the change in management and the introduction of new Commissioners, all Commissioners are involved in strategic and long-term issues as they arise.

Action:

1. The Strategic Focus Session in 2026 will be held for both staff and support personnel.

Status: Resolved.

5. *Establish periodic, formal written risk assessment.*

Interim management and the Commissioners will seek assistance from the Department of Administrative Services, as well as other agencies who may be able to provide guidance in developing a proper risk assessment plan.

9-15-25

Previously discussed.

Action:

1. The Commission will take responsibility for locating a risk assessment plan, along with implementation of said plan.

March 27, 2026

DAS supplied the commission with model risk assessment plans which were not helpful to the NHHRC.

Action:

1. NHHRC has developed its own plan model and will be working on developing the plan once we have completed writing biennial reports, 2019 financial audit reports, manuals (three), and this report.

Status: Substantially complete.

7. *Institute a comprehensive performance measurement system and choose performance measures based on available data.*

The NHCHR will initiate discussions to develop formal performance measurement objections. As outlined in response to observation 5, the NHCHR is looking to implement policies and procedures to clarify performance objectives and establish a mechanism for assessment.

9-15-25

Previously discussed. In short, our focus is on reducing the processing timelines in all aspects of what we do.

Action:

1. At this time, the Commission's primary objective is to fill all vacant investigator positions. Hiring for three investigator positions is delayed due to the current hiring freeze. Delays at any stage of the hiring process delay the Commission's ability to become fully staffed and operate at maximum effectiveness and capacity. Addressing the remaining observations will only have marginal impact unless and until the Commission becomes fully staffed.

March 27, 2026

Previously discussed in this report.

Status: Substantially complete.

8 Perform a thorough review and revision of existing policies and procedures supporting Commission operations, develop and implement policies and procedures to support all significant Commission operations, periodically review case law and statutes to ensure policies and procedures are kept current, ensure investigators and commissioners receive periodic training, and organize policies and procedures in a logical manner.

Current management and Commissioners recognize the important need to develop and implement clear and concise policies and procedures related to all operations. While this will remain an on-going initiative, current staff have already revised the *Investigator Manual* (January 2025) to ensure accurate legal guidance and current practices, finalized and implemented a new website (December 2024), created an *Investigator Reference Guide* (January 2025), and consistently review legal guidance provided by the Department of Justice, EEOC, and other partners which will remain ongoing.

The Commission will continue to review all internal policies and procedures and make necessary revisions for efficient and transparent operations.

The Commission intends to initiate discussions with partner agencies and organizations to determine if alternative best practices should be implemented for enhanced efficiency.

Several procedures have already been updated by interim management and the Commission will continue to work to provide on-going and supplemental training to its staff.

9-15-25

Action:

1. As the Commission adapts to new management, new Commissioners, a new case management system, and updated administrative rules, it reviews its internal policies and procedures to update manuals, training, and other protocols. As those higher priority issues are addressed, the Commission can dedicate resources to consolidating those changes into new manuals and materials to aid staff and Commissioners.

March 27, 2026

1. Commissioners' Manual, complete.
2. Investigators' Manual, complete.
3. Legal Manual, complete.
4. Risk assessment manual, in process.
5. Process Manual, a continuous process and always will be.
6. All manuals will have materials added throughout the year and updated annually.

Status: Resolved.

10. The Legislature may wish to clarify whether commissioners should be involved in the conciliation process due to the potential for conflicts of interest. Commission management should consider removing the assistant director from investigative oversight responsibilities, revise manuals to reflect conciliation practices authorized by statute, and consider seeking a part-time mediator.

The NHCHR submitted statutory language to members of the House & Senate to provide clarification of our statute.

The NHCHR is currently reviewing the organizational structure and recognizes the need for potential reclassification and redistribution of duties.

The Commission will work with the NH Division of Personnel to discuss reclassification and seek guidance from G&C and other applicable stakeholders.

9-15-25

Statutory language provided by the HRC was not included in House Bill 2 or other legislation in 2025.

1. Statutory language which the Commission sought during the 2025 legislation session will be re-introduced in the 2026 session.
2. The Commission is currently working with our Administrative Director to effect changes in personnel classifications towards building a more efficient organization.

March 27, 2026

1. Statutory language changes sought by the Governor and NHDOJ was introduced in the 2026 session. SB420. The committee voted to send the bill to study. Try again next year. Complete.
2. Commissioners are not involved in the conciliation process. Complete.
3. Executive Director is not involved in oversight of investigative activity. Complete.
4. Due to a general widespread retrenchment in volunteer activities, (due to bad press, personal attacks, public scrutiny, etc.), new mediators are difficult to solicit. Due to a tight State budget, we are not in a position to hire a part-time mediator. Complete.
5. The Commission is waiting for the Dept. of Personnel to change two job classifications, which would provide us with a Supervisor of Investigations, and in-house Legal Counsel (two positions). We have been waiting since December 2025 for personnel to grant reclassifications which were approved by the Governor in October 2025.

Status: Resolved.

11. Develop written policies and procedures to track and report progress in resolving audit findings, resolve audit findings in a timely manner, and timely submit required reports to TransparentNH pursuant to Executive Order 2014-03.

Interim management submitted an overdue status report on the NHCHR's 2019 financial audit in March 2025 and will continue to submit regular reports as required. Interim management and the Acting Chair are working to formalize a policy to ensure compliance.

9-15-25

We submitted a follow-up report for the 2019 financial audit in August 2025.

Reports are posted to *TransparentNH*.

Action:

1. Our process for monitoring and follow-up is as follows:
 - A. The 2019 and 2025 audits are present on the Chairman's and Assistant Executive Director's desk at all times as priority items.
 - B. Select issues are prioritized for completion.
 - C. As priority issues are addressed, staff begin working on the remaining issues.
 - D. Once an issue is resolved, another issue moves up the list for attention.
2. The Chairman is working with the Assistant Executive Director, staff, and others, towards developing solutions and facilitating movement towards solving the issues noted in the audits.

March 27, 2026

Chairman, Executive Director, and staff are continuously working on resolving these items.

Status: Resolved.

12. Define key legal concepts in administrative rules and develop policies and procedures describing how these concepts should be used in investigations.

The Commission is working to review previously drafted rules by former staff. Prior to submitting for the process of adoption, the Commissioners and management wish to determine how to incorporate observations and suggestions made by the audit report.

9-15-25

Action:

1. All rules (Hum 100-300) have been rewritten.
2. They have been sent to the Commissioners for their review.
3. They will be voted upon at our next monthly meeting.
4. They will then go on to governing authorities for review, adjustments, hearings, etc.
5. Terms and definitions will be reviewed in detail and upgraded as necessary.
6. Commissioners, investigators, and staff will receive training on these new and existing rules and the legal concepts at issue.

March 27, 2026

1. HUM rules hearing scheduled for April 2026.
2. Finalization to follow receipt of comments.
3. Final review by State authorities.
4. Commission will vote on acceptance.
5. Rules published.
6. Training.

Status: Substantially complete.

13. Review and determine to what extent, if any, a prima facie analysis should be used to determine jurisdiction. If it is determined useful to screen cases, the Commission management should seek legislation to amend RSA 354-A:21, II(a) to allow jurisdictional screening and specify who should be responsible for making jurisdictional determinations. At a minimum, the Commission's administrative rules should disclose its screening practices. Until then, all complaints filed with the Commission should go to a commissioner for investigation.

The Commission demonstrated it has considered and adopted a complaint screening process. Upon advice from legal counsel, the Commission screens out complaints where an individual does not allege that they have been aggrieved by an unlawful discriminatory practice as defined by the statute. The Commission provides referral services to those who do not allege an unlawful discriminatory practice.

The Commission does acknowledge that its administrative rules should clarify the screening process and is working to move draft rules towards adoption.

9-15-25

Status: The last sentence above is in process.

March 27, 2026

March 27, 2026

Administrative rules submitted to OLS, public hearing to be held in April 2026.

Status: Resolved.

14. Provide more guidance to investigators and transparency to the public by reviewing the current investigation process and adopting relevant administrative rules and policy, review with legal counsel standards necessary for determining “probable cause” and ensure investigators are provided with adequate guidance.

The Commission is reviewing previously drafted rules by former staff. Prior to submitting for the process of adoption, the Commissioners and management wish to determine how to incorporate observations and suggestions made by the audit report.

The NHCHR is currently reviewing the organizational structure and recognizes the need for potential reclassification and redistribution of duties, specifically the need for an attorney position. The Commission will work with the NH Division of Personnel to discuss reclassification and seek guidance from G&C and other applicable stakeholders.

9-15-25

Action:

1. The Investigator’s manual complete.
2. Rules regarding the investigatory and adjudicative processes have been rewritten.
3. Staff restructuring has been previously discussed.

Status: Resolved.

15. Assign investigators only to work that is directly related to investigations.

As the Commission assesses the need for changes in leadership, more defined duties and responsibilities will be distributed amongst management employees. Due to current staffing limitations, the Commission is required to utilize staff in various capacities to meet all operational needs.

The NHCHR is currently reviewing the organizational structure and recognizes the need for potential reclassification and redistribution of duties. The Commission will work with the NH Division of Personnel to discuss reclassification and seek guidance from G&C and other applicable stakeholders.

9-15-25

Action:

1. Staff restructuring has been previously discussed.

Status: Resolved.

16. Develop and implement a training curriculum for new hires, evaluate existing instruction manuals, and document training provided.

Interim management has implemented this observation, and it has been fully satisfied/resolved. Throughout December 2024 and January 2025, current staff created a comprehensive, new training curriculum for new staff which requires over 40 hours of initial one-on-one training. Investigator Manuals have been revised and outdated materials have been replaced with current guidance and legal standards. Commission management and staff will continue to monitor and update these materials biennially, or more frequently as needed. Under interim management, current staff has collaborated to create internal training by initiating legal roundtable discussions to ensure universal understanding of applicable laws and legal terms. Interim management will work with the Commissioners to ensure Commissioner Manual materials are also comprehensive and up to date.

9-15-25

Action:

1. Commissioner's manual.
2. Investigator's manual.
3. Legal manual.
4. Process manual.

March 27, 2026

All manuals complete.

Status: Resolved.

17. Adopt administrative rules defining the minimum individuals required to be interviewed, alternatives to interviews such as written statements or affidavits, and a requirement that investigative reports articulate why some witnesses were not interviewed. Develop policies and procedures to guide investigators in conducting interviews with all relevant parties to a case.

The Commission is reviewing previously drafted rules by former staff. Prior to submitting for the process of adoption, the Commissioners and management wish to determine how to incorporate observations and suggestions made by the audit report.

9-15-25

The Commission currently interviews the complainant, the respondent, and a number of witnesses, which is determined on a case-by-case basis. Every case is different. The Commission also requests and accepts written statements and affidavits as warranted and sufficient to allow the investigator and investigating Commissioner to make a well-informed determination on each case.

Action:

1. The Commission will continue to discuss the audit recommendation to ensure that sufficient parties are interviewed and the rules are updated accordingly.

March 27, 2026

The Commission has determined that sufficient witnesses are being interviewed in order to meet our statutory obligation. Complete.

Status: Resolved.

18. Seek approval to create a supervisory investigator position to oversee the work of investigators and provide adequate, continuous supervision.

The NHCHR is currently reviewing the organizational structure and recognizes the need for potential reclassification and redistribution of duties. The Commission will work with the NH Division of Personnel to discuss reclassification and seek guidance from G&C and other applicable stakeholders. The Commission has submitted hiring waivers for 4 full-time and 1 part-time positions.

9-15-25

Status: In process.

March 27, 2026

Reorganization plan has been approved by the Governor. Still awaiting approval from Dept. of Personnel (12/30/2025).

Status: Resolved.

19. Review email practices with an appreciation for the sensitivity of the messages, write an encrypted email policy on transmitting sensitive information, and implement the policy to better protect confidential information.

Interim management will seek assistance from DoIT in learning about options to adopt encrypted

email. The Commission has also taken this into consideration when discussing plans for risk assessment.

9-15-25

After taking office, Pinard pointed out that the Commission's use of personal email addresses for Commissioner's was a communication risk, unsafe, and subjected all Commissioner's to potential discovery of their computers, phones, and tablets. Also, it is not clear that the public Wi-Fi at the Commission is secure without using a Virtual Private Network (VPN).

Action:

1. Our solution to this issue is to issue iPads or small laptop computers to the Commissioners and assign a state email address to all Commissioners.
2. The issue of encrypted communications is being discussed with DoIT.

Status: In process

March 27, 2026

Actions one and two, above, have been completed.

Status: Resolved.

20. Immediately prioritize, complete, and present draft rules to the Joint Legislative Committee on Administrative Rules.

Drafted revised rules were created by former staff and prepared for submission to JCLAR. As a result of the audit findings, the Commissioners and management wish to determine how to incorporate observations and suggestions made by the audit report to ensure full resolution.

9-15-25

All rules have been rewritten.

Action:

1. NHDOJ has circulated new rules.
2. They have been reviewed by Pinard and the Commission Asst. Executive Director.
3. Recommendations have been forwarded to NHDOJ.
4. Draft rules have been sent to all Commissioners for review.
5. We intend to discuss and vote on the new rules at our next monthly meeting.
6. They will then be sent off to OLS and JCLAR for review.

March 27, 2026

A public hearing on the new rules will be held in April 2026.

Status: Resolved.

21. Charge only statutorily authorized fees and adopt them in administrative rules. Document how the Commission determines reasonable fees, periodically analyze the cost of providing services, and publish the fee schedule on the Commission's website to ensure transparency.

The Commission suspended the charging of any administrative fees (effective 11/15/2024) as it revises its administrative rules. New rules, consistent with statutory authority, will clarify the costs and support any administrative fees charged. The Commission will establish a policy and procedure to regularly monitor its fee schedule and publish the fee schedule on its website to ensure access to the public.

9-15-25

Status: In process with the revision of administrative rules.

March 27, 2026

Please refer to item 20.

Status: Resolved.

22. Adopt administrative rules to enable the use of forms created by the Commission.

Pending draft rules and any future administrative rules will document the information collected in the Commission's forms and enable to use of those forms.

9-15-25

Action:

1. Inventory all forms used by the Commission; develop a manual of all forms used and their purpose.
2. Incorporate descriptions of the information gathered in all forms into the Commission's administrative rules.

March 27, 2026

All forms have been assembled, reviewed, updated where needed, and are available on the S: drive.

Status: Resolved.

23. Establish written policies and procedures for timely submission of statements of financial interests, inform and educate commissioners in completing the form correctly, and only allow commissioners to serve in their appointed capacity with proof that forms were timely filed.

The Commission will work with legal counsel to ensure training and compliance with financial interests reporting.

9-15-25

It is the understanding of the Commission that the Secretary of State is to send a financial interest questionnaire when a new Commissioner is appointed. This has not occurred for the latest two Commissioners. It is also our understanding that legacy Commissioners are to receive forms on an annual basis. Legacy Commissioners recall filling out a form, but not recently.

Action:

1. Work with NHDOJ and the SOS to ensure the process is working and timely.

March 27, 2026

All commissioner financial interest forms have been completed for 2026.

Status: Resolved.

24. Ensure the required biennial report is submitted to the Governor and Council.

Biennial reports for 2020-2021 and 2022-2023 were completed in April 2024 and presented for Commissioner approval in August 2024. The reports were presented to and accepted by G&C on October 30, 2024. Interim management will continue to complete this project regularly and submit the required reports to TransparentNH.

March 27, 2026

The latest Biennial Report will be voted on at the next Commissions' meeting and subsequently submitted to Governor & Council for approval. Once approved, the report will be filed on TransparentNH.

Status: Resolved.

Agency Name	Department of Safety
Audit Name	Division of Homeland Security and Emergency Management
Audit Period	August 2016
Status Report Date	March 13, 2026

Summary of Audit Observations/Findings					
Number	Observation Title	Status			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Develop A Continuity Of Government Plan			X	
2	Improve After-Action Report Policies And Practices				X
3	Improve Training Program				X
4	Test Alternate Facility				X
5	Adopt Rules For Incident Command System				X
6	Ensure Compliance With Information And Analysis Center Statute				X
7	Adopt Rules For Nuclear Plant Assessment Fee				X
8	Improve Nuclear Planning And Response Fund Reporting				X

Observation 1: Develop A Continuity Of Government Plan

Summary of Finding: **HSEM did not have a Continuity of Government plan. HSEM should keep working with top governmental officials within the Governor's office, Legislature, Judicial Branch, and State agencies to ensure continuation of State leadership and services in the event of a disaster.**

Current Status: Substantially Resolved

HSEM was unable to secure federal funding to hire a contractor to assist in developing a State COG therefore, HSEM staff have continued to work with Department's leadership to develop their Continuity of Operations Plans (COOP) which feed into the development of a State Continuity of Government Plan.

A draft was developed under the previous administration. We anticipate presenting this planning initiative to the Advisory Council for Emergency Preparedness later this quarter. Following that presentation, we will establish a review process for an updated draft, which will ultimately lead to the formal adoption of the Continuity of Government Plan.

Observation 2: Improve After-Action Report Policies And Practices

Summary of Finding: **HSEM inconsistently utilized and implemented AARs to improve its emergency management program. HSEM should comply with policy and generate an AAR after each exercise.**

Current Status: Fully Resolved

HSEM hired a part-time position to focus solely on completing after action reports following each exercise.

Observation 3: Improve Training Program

Summary of Finding: **HSEM should develop an Emergency Management Accreditation Process compliant training program.**

Current Status: Fully Resolved

HSEM has developed an Emergency Management Accreditation Process compliant Multi-Year Training and Exercise Plan (MYTEP) that is updated annually with input from state, local and private sector stakeholders through the use of an online survey to identify the needs of our stakeholders that will fill gaps with targeted training and exercises.

Observation 4: Test Alternate Facility

Summary of Finding: **HSEM management should fully test its primary alternate facility to ensure it can successfully function at that location.**

Current Status: Fully Resolved

HSEM has conducted two (2) successful functional exercises of the primary alternate facility at the NH National Guard Headquarters in Concord and identified gaps and have subsequently filled those gaps to ensure that we are fully functional when/if we need to utilize that location.

Observation 5: Adopt Rules For Incident Command System

Summary of Finding: **DOS management should comply with State law and adopt administrative rules for a statewide ICS to be used in responding to any natural or man-made cause that requires emergency management by multiple agencies or departments.**

Current Status: Fully Resolved

The Fire Marshal's Office, in conjunction with the Department of Safety Legal Unit, developed proposed administrative rule set to comply with the statute requiring emergency services organizations to utilize the National Incident Management System/Incident Command System. These comprehensive rules were vetted through the NH Association of Fire Chiefs, the Professional Firefighters of NH, the NH State Fireman's Association, and the NH Fire Academy. The Saf-C 7600 rules were adopted by the Joint Legislative Committee on Administrative Rulemaking on 8/24/21 and were effective 8/26/21.

Observation 6: Ensure Compliance With Information And Analysis Center Statute

Summary of Finding: **Certain policies and procedures of the DOS's Information and Analysis Center (IAC), co-directed by the Divisions of State Police and Homeland Security and Emergency Management, did not fully comply with statutory requirements.**

Current Status: Fully Resolved

The use of random sampling has been incorporated into calendar year audits to ensure that the intelligence database contains accurate data that was accessed for legitimate reasons and formal

policies and procedures have been developed to document authority to screen, reject for employment, transfer, or remove personnel with authorized access to the system.

Observation 7: Adopt Rules For Nuclear Plant Assessment Fee

Summary of Finding: **No administrative rules existed governing the nuclear plant fee assessment process.**

Current Status: Fully Resolved

The Department of Safety began the process of rulemaking associated with the Nuclear Plant Assessment Fee. During that process, the Department reviewed the statute and existing procedures related to the assessment as well as feedback from those impacted and determined that administrative rules were not necessary for the accurate and timely execution of the assessment process.

Observation 8: Improve Nuclear Planning And Response Fund Reporting

Summary of Finding: **Out of three statutory reporting requirements, the DOS partially completed two reports and did not produce a third report regarding the Nuclear Planning and Response Fund.**

Current Status: Fully Resolved

HSEM has worked with the Department's Business Office to ensure reports are filed in a timely manner with Seabrook Station to ensure compliance with the Statute.

Agency Name	Department of Health and Human Services
Audit Name	State of New Hampshire Pharmacy Board Controlled Drug Prescription Health and Safety Program Performance Audit Report
Audit Period	December 2017
Status Report Date	March 13, 2026

Completion Status:	
Unresolved	0
Partially	1
Substantially	1
Fully	24
Total Action Items	26

Summary of Audit Observations/Findings					
Number	Observation Title	Status [place X in status column]			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Improve Focus on outcomes and Effectiveness Measures				X
2	Improve Assessment and Measurement of Plausible Outcomes and Effectiveness Measures				X
3	Improve Assessment and Measurement of Somewhat Plausible Outcomes and Effectiveness Measures				X
4	Refine or Eliminate Less Plausible Outcomes and Effectiveness Measures				X
5	Formalize a Risk Based PDMP Strategy and Plans				X
6	Create a Performance Measurement System				X
7	Establish Criteria and Thresholds				X
8	Establish a System to Address Possible Doctor Shopping				X
9	Improve Knowledge and Internal Information Management				X
10	Improve External Reporting and Communications				X
11	Clarify and Improve Board Enforcement				X
12	Improve Inspection Practices				X
13	Improve Integration with Other Responsible Regulatory Boards				X

14	Clarify and Improve Law Enforcement Access to the PDMP				X
15	Improve Registration Management				X
16	Improve Management Of PDMP Utilization				X
17	Improve Management Of Data Quality And Timeliness				X
18	Improve Management Of Security And Confidentiality				X
19	Clarify And Formalize Organizational Structure			X	
20	Improve Compliance With The Right-to-Know Law				X
21	Ensure The Board Meets With A Quorum				X
22	Ensure The Council Meets With A Quorum				X
23	Improve Compliance With The Financial Disclosure Statute				X
24	Improve Rulemaking			X	
25	Improve Records Management				X
26	Prioritize And Timely Resolve Prior Audit Findings				X

EXAMPLE Observation 1: No Formal Risk Assessment over XYZ program

Summary of Finding: Agency has not performed a formal risk assessment. An effective assessment is the foundation for developing and implementing effective internal controls to eliminate, mitigate or otherwise manage identified risks.

Current Status: Substantially Resolved. Agency in connections with DAS, utilized the Internal Control Toolkit and performed a formal risk assessment. The next step is to implement new processes and controls to minimize the identified risks. Completion Date estimated: August 2019

Observation 1: Improve Focus On Outcomes And Effectiveness Measures

Summary of Finding: The lack of clearly defined and achievable outcomes, a performance measurement system to demonstrate effect, and integration with other regulatory boards and State agencies inhibited measuring or reporting on effectiveness. These inadequacies contributed to ineffective PDMP implementation and prevented the Board from demonstrating PDMP effectiveness or providing accountability to stakeholders and the public.

Current Status: Fully Resolved. PDMP currently utilizes 6 trackable outcomes measures related to PDMP effectiveness. 3 are related to patient care and evidence-based modifiable risk factors of substance use disorder: total opioid prescription dosage higher than the equivalent of 90 milligrams of morphine daily, overlapping prescriptions for benzodiazepines and opioids and a single patient receiving controlled substance prescriptions from 3 or more prescribers and 3 or more pharmacies within a 90-day period. Additionally, the PDMP tracks data accuracy rates, mandatory registration rates and prescriber utilization rates. The PDMP regularly evaluates additional potential effectiveness measures annually.

Observation 2: Improve Assessment And Measurement Of Plausible Outcomes And Effectiveness Measures

Summary of Finding: Stakeholders inconsistently agreed whether the PDMP's influence on helping practitioners provide better care and medical treatment, changing the number of instances of overprescribing, and reducing doctor shopping would be direct or indirect and whether its influence would be observable in the short- or long-term.

Current Status: Fully Resolved. The PDMP uses automatic clinical alerts to notify prescribers when any of their patients exceed the thresholds set for the 3 evidence-based modifiable risk factors listed in Observation 1 above. Clinical alerts are provided to prescribers at time of care to allow for informed prescribing. Additional clinical alerts are being investigated to further expand and refine PDMP utility.

Observation 3: Improve Assessment and Measurement of Somewhat Plausible Outcomes and Effectiveness Measures

Summary of Finding: Stakeholders generally agreed the PDMP could have reasonably been expected to: create a greater sense of safety, security, and comfort in the practitioner-patient relationship; reduce patient morbidity; change the number of instances of drug abuse; change the type of drug deaths; and reduce the diversion of drugs. However, Board staff reported anecdotes indicating the PDMP was *not* achieving a greater sense of safety, security, and comfort for practitioners, as some registrants were purportedly uncomfortable using the PDMP and thought its use took time away from medical practice.

Current Status: Fully Resolved. The PDMP currently utilizes the 3 clinical alert flags to inform practitioner-patient relationships. Regular feedback from prescriber boards and professional associations on these and future clinical alerts is solicited through the Advisory Council.

Observation 4: Refine or Eliminate Less Plausible Outcomes and Effectiveness Measures

Summary of Finding: Stakeholders generally agreed the PDMP could have reasonably been expected to: reduce mortality, change the number of drug deaths, and reduce the diversion of controlled drugs. Some stakeholders noted mortality outcomes and the number of drug deaths affected by the PDMP should be restricted either to controlled drugs or to controlled opioids due to the limited scope of the PDMP and related regulatory board rules on prescribing and querying requirements.

Current Status: Fully Resolved. Statutory outcomes related to patient mortality and the number of drug deaths are not present in RSA 126-A:89-96.

Observation 5: Formalize a Risk Based PDMP Strategy and Plans

Summary of Finding: The Board had implemented and operated the PDMP since its inception without a strategy or overarching plans. The PDMP remained in implementation through SFY 2017, due in part to the lack of established and well-understood strategic goals and objectives to help move the PDMP through implementation and towards optimization.

Current Status: Fully Resolved. The PDMP holds monthly strategic planning meetings internally to identify long term goals related to PDMP optimization and presents ideas to the Advisory Council during

quarterly meetings to solicit feedback from stakeholders. Regulatory boards, professional associations and additional stakeholder groups have dedicated seats on the Advisory Council to help inform long term strategic initiatives.

Observation 6: Create a Performance Measurement System

Summary of Finding: The Board's ability to monitor and report on PDMP effectiveness and other Board operations was hindered by the lack of a formal performance measurement system. The large volume of PDMP data collected since CY 2014 essentially went unanalyzed and was never systematically used to create knowledge or improve understanding of PDMP outcomes and effectiveness.

Current Status: Fully Resolved. The PDMP monitors the measures listed above as well as prescribing trends throughout the state, presents ongoing monitoring and emerging trends of interest to the Advisory Council during the quarterly meetings and compiles an annual report. The annual report is presented to the Advisory Council, the DHHS legislative oversight committee then published on the PDMP website for public view. <https://www.dhhs.nh.gov/programs-services/population-health/prescription-drug-monitoring-program>

Observation 7: Establish Criteria and Thresholds

Summary of Finding: The lack of quantified criteria and thresholds to objectively identify cases of potential abuse, diversion, or violation of professional standards undermined PDMP effectiveness, as related Board and Council statutory obligations remained unfulfilled. The Board was required to design and establish the PDMP; promulgate rules defining the criteria for: 1) reviewing prescribing and dispensing information, 2) reporting to regulatory boards with jurisdiction to further investigate matters, 3) notifying practitioners of patients engaged in obtaining controlled drugs from multiple practitioners or dispensers, and 4) any other measure necessary to implement the PDMP; and annually report on PDMP effectiveness.

Current Status: Fully Resolved. The PDMP has an established mechanism for unsolicited notifications to practitioners for patients with evidence-based modifiable risk factors for abuse and an established mechanism for reviewing compliance with mandatory registration and mandatory reporting. Establishing criteria for board investigation of prescribers and dispensers beyond mandatory registration is outside of the purview of the PDMP and is under the authority of the professional licensing boards.

Observation 8: Establish a System to Address Possible Doctor Shopping

Summary of Finding: The Board's system to identify instances of potential doctor shopping indicated in PDMP data was at an initial stage of maturity. The system to address doctor shopping envisioned in statute included criteria developed by the Council and adopted into Board rules, routine analysis of PDMP data for indications of improper prescribing, routine reporting to cognizant regulatory boards for follow up investigation and enforcement, and evaluation of process and PDMP effectiveness.

Current Status: Fully Resolved. The PDMP utilizes an automated unsolicited alert supplied directly to practitioners at time of prescribing to inform practitioners of the risk of doctor shopping. Establishing criteria for board investigation of practitioners that may be knowingly facilitating doctor shopping is outside of the purview of the PDMP and is under the authority of the professional licensing boards.

Observation 9: Improve Knowledge and Internal Information Management

Summary of Finding: The PDMP was implemented without relevant data collection activities, reporting mechanisms and cycles, and formats necessary to effectively communicate PDMP operation and performance internally. Further, basic data the Board could have utilized to systematically understand and refine PDMP operations were inconsistently collected. Data related to process and output metrics specified in State law, as well as intended outcomes, were similarly not tracked.

Current Status: Fully Resolved. The PDMP offers multiple data submission options to dispensers, automated error checking, error correction and independent audit verification. Data collected is analyzed through visualization software in real time including outcomes measures described in Observation 1 above. The PDMP creates, presents and makes publicly available its annual report based on this data collection and analysis as described in observation 6 above.

Observation 10: Improve External Reporting and Communications

Summary of Finding: The Board inconsistently complied with external reporting requirements, lacking adequate management controls, such as an external communications strategy and related policies and procedures, to ensure reporting requirements were met. Publicly communicating performance facilitates achieving objectives and managing risk, enables oversight, and underpins transparency.

Current Status: Fully Resolved. The PDMP publishes its annual report after presentation to the DHHS legislative oversight committee and publishes the Advisory Council meeting minutes after approval by the Advisory Council on the PDMP website. Advisory Council meeting minutes and Annual reports dating back to 2016 are all currently accessible to the public.

Observation 11: Clarify And Improve Board Enforcement

Summary of Finding: The Board never formally defined the boundaries between enforcement entities, nor did it structure how those entities were to interoperate. Seven of the eight regulatory boards that oversaw professions required to register with the PDMP, including the Board, were responsible for enforcing compliance with registration, querying, and confidentiality and security requirements, as well as prescriber and dispenser conduct, through penalties and disciplinary actions.

Current Status: Fully Resolved. All enforcement activities fall outside of the purview of the PDMP and are the sole responsibility of the professional licensing boards. Standardized mechanisms for requesting PDMP data by licensing boards for the purposes of board investigations are in place. All licensing boards representing professions required to register with the PDMP have designated seats on the Advisory Council. Advisory Council meeting minutes are published on the PDMP website following adoption by the Advisory Council.

Observation 12: Improve Inspection Practices

Summary of Finding: The Board: 1) failed to remediate inspection management-related deficiencies identified initially in our 2008 audit and again during our 2015 audit, 2) had not incorporated PDMP compliance or naturopaths into inspection practices, and 3) did not track inspection and investigative resources dedicated to other regulatory boards whose licensees were subject to Board and PDMP regulation. These inadequacies contributed to ineffective PDMP implementation.

Current Status: Fully Resolved. Inspection of licensees is outside of the purview of the PDMP and is the sole responsibility of the professional licensing boards. Standardized mechanisms for requesting PDMP data by licensing boards for the purposes inspection and compliance enforcement are in place. All licensing boards representing professions required to register with the PDMP have designated seats on the Advisory Council. Advisory Council meeting minutes are published on the PDMP website following adoption by the Advisory Council.

Observation 13: Improve Integration With Other Responsible Regulatory Boards

Summary of Finding: The lack of a functioning system of controls and routine regulatory board interactions undermined the value and utility of the PDMP and limited its effectiveness. The Board was responsible for enforcing requirements related to registration and submitting accurate PDMP information, as well as imposing certain penalties.

Current Status: Fully Resolved. Enforcement actions are outside of the purview of the PDMP and is the sole responsibility of the professional licensing boards. Standardized mechanisms for requesting PDMP data by licensing boards for the purposes of investigation and enforcement are in place. All licensing boards representing professions required to register with the PDMP have designated seats on the Advisory Council. Advisory Council meeting minutes are published on the PDMP website following adoption by the Advisory Council.

Observation 14: Clarify And Improve Law Enforcement Access To The PDMP

Summary of Finding: The Board did not: formally clarify confusion surrounding when and how law enforcement officials could access or receive PDMP information, formally clarify who met and did not meet the definition of law enforcement, reconcile the prohibition on direct law enforcement access with the level of access necessary to achieve certain PDMP outcomes, develop objectives or performance measures associated with law enforcement use of PDMP information, or create processes to track outcomes associated with law enforcement use of PDMP information.

Current Status: Fully Resolved. State, county, and local law enforcement access to PDMP data is limited to response to court order based on probable cause in accordance with RSA 126-A:93(I)(b)(3) and one seat on the Advisory Council is reserved for law enforcement representation.

Observation 15: Improve Registration Management

Summary of Finding: Registration management included various functions, such as registering prescribers and dispensers, managing delegates, de-registration, compliance, enforcement, working with other regulatory Boards, and contract oversight. The Board did not implement a holistic system to sufficiently manage practitioners or dispensers and their delegates and ensure: 1) all individuals required to register were registered; 2) those ineligible or no longer eligible to register were de-registered; or 3) enforcement of noncompliance with registration requirements was carried out.

Current Status: Fully Resolved. The PDMP maintains an electronic registration process for prescribers and dispensers that includes delegate management, automatic credential verification for de-registration and registration compliance monitoring. Enforcement of penalties for non-compliance are outside the purview of the PDMP and is the sole responsibility of the professional licensing boards. Standardized mechanisms for requesting PDMP data by licensing boards for the purposes inspection and compliance enforcement are in place.

Observation 16: Improve Management Of PDMP Utilization

Summary of Finding: The PDMP: 1) was implemented without a statutory obligation for registrants to utilize it for established purposes, 2) set other utilization requirements without clear underlying statute or rule, and 3) lacked a control structure establishing goals and objectives to assess performance and enforce compliance. These deficiencies contributed to ineffective PDMP implementation and a lack of clear, quantifiable outcomes derived from PDMP utilization to date.

Current Status: Fully Resolved. The PDMP has prescriber utilization tracking in place and the ability to provide PDMP utilization reports to the licensing boards. Enforcement of penalties for non-compliance are outside the purview of the PDMP and is the sole responsibility of the professional licensing boards. Standardized mechanisms for requesting PDMP data by licensing boards for the purposes of compliance enforcement are in place.

Observation 17: Improve Management Of Data Quality And Timeliness

Summary of Finding: The Board did not: 1) quantify PDMP data quality, 2) implement a system of controls to understand data quality or ensure sufficient quality was achieved and maintained, or 3) establish a threshold specifying what degree of quality was sufficient. The Board also did not develop and implement controls over timeliness factors.

Current Status: Fully Resolved. The PDMP has a live data quality monitoring dashboard with a current quality rate of 99.86% accurate, data submission error checking, error corrections procedures and pharmacy chart audits for data validation.

Observation 18: Improve Management Of Security And Confidentiality

Summary of Finding: The Board lacked comprehensive rules, policies, and procedures to adequately ensure the security and confidentiality of PDMP data and information. Consequently, no system was implemented to monitor breaches of security and confidentiality by those with access or ensure ongoing security and confidentiality was being assured by the database management or analytics vendors.

Current Status: Fully resolved. Automated user verification disables users within 24 hours of losing eligibility for PDMP access. Deidentified PDMP data is included in the PDMP annual report and

published on the PDMP website after presentation to the DHHS legislative oversight committee. The PDMP software vendor is required to attest to adequate confidentiality and security controls in the competitive bid process and the current contract includes obligations for breach monitoring and notification. All requests for patient records include a full audit trail of PDMP users that accessed the patient's PDMP record.

Observation 19: Clarify And Formalize Organizational Structure

Summary of Finding: The Board did not establish a clear organizational structure or lines of reporting, define the general course and methods of Board and Council operations, describe formal and informal Board and Council procedures, or adopt related administrative rules. The Board operated under expired organizational rules since CY 2013 and did not resolve the conditions that led to prior audit findings related to its organizational structure.

Current Status: Substantially Resolved. The PDMP program has a clear formalized organizational structure within DHHS including detailed lines of reporting. The Advisory Council has discussed proposed rules for Council Chair appointments, term expectations and succession planning. It is currently working on refining the proposed rules prior to adoption. The Advisory Council meets only quarterly for 2 hours and covers a variety of topics. To keep momentum going with Rules discussion and adoption, the Advisory Council created a permanent place in the agenda for rules discussion. With the Advisory Council meeting quarterly; Completion Date Estimated: December 2026

Observation 20: Improve Compliance With The Right-to-Know Law

Summary of Finding: We found broad noncompliance with numerous requirements, jeopardizing the public's right to know. Board and Council minutes inconsistently recorded the bodies: properly moved into nonpublic session from a public meeting, cited specific authority to enter into nonpublic session, took roll call votes to enter into nonpublic session, voted to seal nonpublic session minutes in public meetings, and took a roll call and obtained the votes of two-thirds of the members present to seal nonpublic session minutes.

Current Status: Fully Resolved. Advisory Council meeting times, attendance and meeting minutes are posted for public view on the PDMP website <https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/prescription-drug-monitoring-program-advisory-council> and the PDMP Advisory Council does not move into non-public session. When new members are added to the Advisory Council, the PDMP Administrator directs them to complete their Financial Disclosure and notifies them that they are unable to participate in making motions, seconding or voting on Advisory Council agenda items until

after the Financial Disclosure is complete. Additionally, the Advisory Council chair confirms with new members that they have completed required Financial Disclosures at the first meeting.

Observation 21: Ensure The Board Meets With A Quorum

Summary of Finding: The Board consisted of seven members, and four eligible members were required to achieve a quorum and conduct public business. The Board inconsistently conducted meetings with a quorum due in part to a failure to file financial disclosure statements, which made members ineligible to serve.

Current Status: Fully Resolved. The PDMP and the PDMP Advisory Council are no longer connected with the Board of Pharmacy. Ensuring Board of Pharmacy quorum falls outside the purview of the PDMP and is the sole responsibility of the Board of Pharmacy.

Observation 22: Ensure The Council Meets With A Quorum

Summary of Finding: Since its inception, the Council held meetings without a quorum due to a failure to file statements of financial interest, as we discuss in Observation No. 23, and additionally due to a lack of a physical quorum at certain meetings.

Current Status: Fully Resolved. Verifying quorum is the first action that the Advisory Council chair takes at the start of each meeting, a record of attendance is included in the Advisory Council meeting minutes which are posted on the PDMP Advisory Council website.

Observation 23: Improve Compliance With The Financial Disclosure Statute

Summary of Finding: At least since CY 2012, the Board inconsistently complied with the requirements of *Financial Disclosure*, and the Council was noncompliant from its inception through at least August 2017.

Current Status: Fully Resolved. All new PDMP Advisory Council members are notified of the Financial Disclosure requirement at the point of nomination and the Advisory Council chair verifies that the necessary forms have been completed at first meeting attendance. In the event that Financial Disclosure forms have not been completed by the first meeting, members are notified that they must abstain from all motions, seconds and votes until the Financial Disclosure form is submitted.

Observation 24: Improve Rulemaking

Summary of Finding: We found ongoing rule-related inadequacies noted in prior audit work, and additional mechanical inadequacies, such as forms without version or edition control; substantive inadequacies, such as ad hoc rulemaking and subsequent enforcement; and form inconsistencies with rule.

Current Status: Partially Resolved. The PDMP has divided the draft rules into sections for review and discussion at each Advisory Council Meeting. As each section is reviewed, discussed and agreed upon, the Advisory Council is presented with the next draft section to review. The PDMP Advisory Council meets only quarterly for 2 hours and proposed rules that would impact licensing board processes need to be brought back to the respective licensing boards for discussion prior to adoption to ensure alignment. As a result, portions of rules will take longer adopt. Completion Date Estimated: July 2027

Observation 25: Improve Records Management

Summary of Finding: The Board lacked a functional program controlling Board and Council records. The Board lacked current, relevant policies and procedures. Records were in various forms and in multiple locations without adequate indexing or an inventory to readily locate even permanent records. Older hardcopy Board records held in storage were subject to deterioration.

Current Status: Fully Resolved. The PDMP utilizes electronic records storage in secure share drive folders for retention and organization. Records that are intended for public access such as annual reports and PDMP Advisory Council meeting minutes are posted publicly in on the PDMP website for ease of access. Maintenance of Board records falls outside the purview of the PMDP and is the sole responsibility of the licensing boards.

Observation 26: Prioritize And Timely Resolve Prior Audit Findings

Summary of Finding: The Board failed to resolve prior audit findings and lacked relevant management controls. Taking corrective actions to timely resolve audit findings was essential for the Board to operate efficiently and effectively, and achieve its objectives.

Current Status: Fully Resolved. Prior audit findings related to Board of Pharmacy activities such as controls over financial operations, licensing fraud, and inspection scheduling fall outside the purview of the PDMP and are the sole responsibility of the Board of Pharmacy.



State of New Hampshire
LBA Audit Division
Performance Audits: Ten Year Status Summary
Agency Progress in Implementing LBA Recommendations As Of February 23, 2026

Performance Audit Topics	Month of Release	Year of Release	# of Observations	# Concur	# Concur In Part	# Don't Concur	Fully Addressed Observations	% Fully Addressed	# of Updates Completed	Month of Last Update	Year of Last Update	More Than Six Months Since Update	LPAOC Received Update	Notes	1st Month Due Per Ex Order	2nd Month Due Per Ex Order
Adult Parole Board - DOC	4	2019	13	11	2	0	0	0%	0		N/A	Late			4	10
DOS Division of Homeland Security & Emergency Management	8	2016	8	8	0	0	7	88%	6	4	2025	Late			2	8
DHHS Prescription Drug Monitoring Program	12	2017	26	25	1	0	24	92%	2	4	2025	Late	✓		6	12
OPLC Mental Health Workforce	10	2023	12	12	0	0	1	8%	1	5	2025	Late	✓		4	10
DRED Office of Workforce Opportunity, WorkReadyNH	4	2016	9	7	2	0	8	89%	2	8	2025		✓		4	10
DOT Bridge Maintenance	9	2016	20	3	15	2	14	70%	12	9	2025			3	9	
Naturopathic Board of Examiners - OPLC	4	2017	18	17	1	0	8	44%	1	9	2025		✓		4	10
Adult Parole Board - Board Council	4	2019	26	21	5	0	18	69%	1	9	2025		✓		4	10
Police Standards & Training Council	2	2019	16	14	2	0	12	75%	3	9	2025		✓		2	8
Board of Dental Examiners & OPLC	11	2022	36	25	11	0	16	44%	1	9	2025		✓		5	11
Commission for Human Rights	2	2025	25	24	1	0	2	8%	1	9	2025			C	2	8
Real Estate Commission - OPLC	9	2017	13	8	4	1	6	46%	1	10	2025		✓	B	3	9
DHHS Sununu Youth Services Center	3	2021	10	10	0	0	8	80%	8	10	2025				3	9
Board of Pharmacy Inspections - OPLC	5	2015	10	9	1	0	2	20%	2	10	2025		✓	B	5	11
DOC Sex Offender Treatment Program	11	2016	6	6	0	0	5	83%	1	10	2025		✓	B	5	11
Dept of Energy Weatherization Assistance Program	3	2023	6	6	0	0	4	67%	5	11	2025				3	9
Department of Information Technology	3	2018	24	23	1	0	21	88%	14	12	2025				3	9

Legend
 Red = Agency Not Demonstrating Progress
 Yellow = Agency Made Progress
 Green = Agency Reports Corrective Actions Are Completed

Notes
 A - LPAOC recently received an update; it has not been posted on TransparentNH
 B - Recently moved down the list based on new submissions
 C - Statutorily required to address findings

Executive Order 2014-03: Agencies shall semi-annually, on the month anniversary of the audit date, report on their progress in responding to the audits, until such time as the findings have been resolved in accordance with guidance issued by the Department of Administrative Services.