

LEGISLATIVE PERFORMANCE AUDIT AND OVERSIGHT COMMITTEE MINUTES

April 4, 2025

The Legislative Performance Audit and Oversight Committee met on Friday, April 4, 2025 at 10:00 AM in the LOB, Room 212.

Members in attendance were as follows:

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

The meeting was called to order by Senator Rosenwald, Past Chair, at 10:00 AM.

VOTE ON CHAIR AND VICE CHAIR:

On a motion by Representative Weyler, seconded by Representative Erf, that Representative Griffin be elected Chair. **MOTION ADOPTED.**

On a motion by Senator Pearl that Senator Rosenwald be elected Vice Chair. **MOTION ADOPTED.**

VOTE ON ACCEPTANCE OF THE DECEMBER 3, 2024 MEETING MINUTES:

On a motion by Representative Weyler, seconded by Representative Weber, that the minutes of the December 3, 2024 meeting be accepted. **MOTION ADOPTED.**

STATUS OF ONGOING PERFORMANCE AUDITS:

Christine Young, Director of Audits, and Jay Henry, Supervisor of Performance Audits, provided the Committee with brief updates of ongoing performance audits:

- NH Commission for Human Rights – the audit is complete and was presented to the Fiscal Committee on February 21st and to the House Judiciary Committee on March 19th.
- State Oversight of Special Education – the audit team is working to conclude their fieldwork, and observations are continuously being developed for completed portions of the work. A draft report is anticipated to be completed by late summer or early fall.

- Education Freedom Account Program – fieldwork began in January and is expected to last through the summer. The process has been slow due to the Department’s staffing situation. Fieldwork continues, and we expect observations to be sent to the Department starting this summer. We are hopeful to have a draft report this fall, and a presentation to the Fiscal Committee by the end of the year.
- Doorway Program – the scope statement was approved in December. We are in the planning phase of the audit conducting interviews, performing risk assessments, and working on the audit plan. A Fiscal Committee presentation is targeted for the end of the year.

SUSPENDED, TABLED, AND POTENTIAL AUDIT TOPICS:

- DHHS Bureau of Elderly and Adult Services and Interplay between DHHS Division of Children, Youth, and Families and the Bureau of Children’s Behavioral Health – these audit topics are suspended due to ongoing litigation. No further action should be taken until litigation has been settled.
- DHHS Contract Management and DHHS Bureau of Developmental Services – remain on the list of potential audit topics.

Director Young asked the Committee for new audit topics for the next meeting.

OTHER BUSINESS:

Senator Lang expressed an interest in having more follow-up done on completed audits. He would like to know how many audit findings remain unresolved in order to determine if the Committee should take any further action. He recommended more oversight be performed on completed audits regularly.

After further discussion, it was agreed that the Audit Division will compile a list of performance audits completed during the past 10 years. The list should include the TransparentNH agency-reported status of the observations included in each audit report. The list will be brought to the Committee for the next meeting and the Committee will discuss the next steps to be taken in terms of audit follow-up.

DATE OF NEXT MEETING AND ADJOURNMENT:

Next meeting is scheduled for Friday, May 2, 2025, at 10:00 A.M. Representative Griffin adjourned the meeting at 10:37 A.M.

Gerald Griffin, Chair

State of New Hampshire
LBA Audit Division
Performance Audits - 10 Year Status Summary
Agency Progress In Implementing LBA Recommendations

Performance Audit Topics	Year of Release	# of Observations	# Concur	# Concur in Part	# Don't Concur	Fully Addressed Observations	% Fully Addressed	# of Updates Completed	Year of Last Update	Final Update?	Notes
Board of Pharmacy Inspections	2015	10	9	1	0	0	0%	1	2015	N	
Statewide Recycling - Liquor Commission	2015	1	0	1	0	0	0%	0	N/A	N	
DOC Sex Offender Treatment Program	2016	6	6	0	0	0	0%	0	N/A	N	
Naturopathic Board of Examiners - Board	2017	18	17	1	0	0	0%	0	N/A	N	
Naturopathic Board of Examiners - OPLC	2017	8	8	0	0	0	0%	0	N/A	N	
Real Estate Commission - NHREC	2017	13	8	4	1	0	0%	0	N/A	N	
Real Estate Commission - OPLC	2017	6	6	0	0	0	0%	0	N/A	N	
Prescription Drug Monitoring Program - Pharmacy Board	2017	26	21	5	0	0	0%	1	2018	N	A
Prescription Drug Monitoring Program - OPLC	2017	8	7	1	0	0	0%	0	N/A	N	A
Police Standards & Training Council	2019	16	14	2	0	9	56%	2	2023	N	
Adult Parole Board - Board	2019	26	21	5	0	0	0%	0	N/A	N	
Adult Parole Board - DOC	2019	13	11	2	0	0	0%	0	N/A	N	
DES Wetlands Bureau Permitting - Council	2019	10	3	4	3	0	0%	0	N/A	N	
Board of Dental Examiners & OPLC - Board	2022	33	22	11	0	0	0%	0	N/A	N	
Board of Dental Examiners & OPLC - OPLC	2022	10	10	0	0	0	0%	0	N/A	N	
Mental Health Workforce Licensing - BMHP	2023	11	11	0	0	0	0%	0	N/A	N	
Mental Health Workforce Licensing - BoM	2023	8	8	0	0	0	0%	0	N/A	N	
Mental Health Workforce Licensing - BoN	2023	9	9	0	0	0	0%	0	N/A	N	
Mental Health Workforce Licensing - Board of Psychologists	2023	11	11	0	0	0	0%	0	N/A	N	
Mental Health Workforce Licensing - LADC Board	2023	10	10	0	0	0	0%	0	N/A	N	
Mental Health Workforce Licensing - OPLC	2023	11	11	0	0	0	0%	0	N/A	N	
DRED Office of Workforce Opportunity, WorkReadyNH	2016	9	7	2	0	8	89%	1	2017	N	
DOS Division of Homeland Security & Emergency Mangement	2016	8	8	0	0	7	88%	5	2024	N	
DOT Bridge Maintenance	2016	20	3	15	2	14	70%	11	2025	N	
Department of Information Technology	2018	24	23	1	0	21	88%	12	2024	N	
Liquor Commission Division of Enforcement & Licensing	2021	47	44	3	0	32	68%	6	2023	N	B
NHED Bureau of Vocational Rehabilitation	2021	46	4	42	0	43	93%	3	2024	N	
DHHS Sununu Youth Services Center	2021	10	10	0	0	8	80%	5	2025	N	
Dept of Energy Weatherization Assistance Program	2023	6	6	0	0	4	67%	3	2024	N	
Commission for Human Rights	2025	25	24	1	0	0	0%	0	N/A	N	C
Statewide Recycling - DAS	2015	8	1	7	0	8	100%	8	2023	Y	
DHHS Public Health - Food Protection Section	2015	29	18	11	0	29	100%	11	2024	Y	
DES State Owned Dams	2015	12	12	0	0	12	100%	3	2017	Y	
DHHS Child Support Services	2015	7	6	1	0	7	100%	7	2020	Y	
DHHS Bureau of Development Services: Unspent Appropriations	2016	12	7	5	0	12	100%	6	2023	Y	
DAS Back Office Consolidation	2016	12	10	2	0	12	100%	1	2019	Y	D
Community College System of NH - CCSNH & Foundation	2017	29	22	6	1	29	100%	2	2023	Y	
DES Air Resources Division	2018	10	10	0	0	10	100%	4	2022	Y	
DES Wetlands Bureau Permitting - Department	2019	60	57	3	0	60	100%	8	2024	Y	
DHHS Therapeutic Cannabis Program	2019	9	9	0	0	9	100%	11	2024	Y	
DHHS Child Care Licensing	2022	8	8	0	0	8	100%	5	2024	Y	
NHED SPED Dispute Resolution Processes	2024	20	9	11	0	20	100%	3	2025	Y	

Legend

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

Notes

- A - Effective July 2021 (HB2), PDMP was moved from OPLC to DHHS.
- B - Parts of the unresolved observations have been addressed.
- C - Recently issued report - too soon for updates.
- D - Payable Shared Services was dissolved



STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

MARGARET WOOD HASSAN
Governor

BY HER EXCELLENCY
MARGARET WOOD HASSAN
EXECUTIVE ORDER 2014-03

An order directing all state agencies to report on progress implementing the recommendations of performance and financial audits

WHEREAS, state government is working continuously to use taxpayer dollars as efficiently and as effectively as possible to address important priorities and fulfill important responsibilities; and

WHEREAS, the Office of the Legislative Budget Assistant regularly conducts financial and performance audits of state agencies; and

WHEREAS, the recommendations in these audits should be used to improve the performance and outcomes of state government; and

WHEREAS, the public should be kept informed of actions taken to address issues raised in the performance audits;

NOW, THEREFORE, I, MARGARET WOOD HASSAN, GOVERNOR of the State of New Hampshire, by the authority vested in me pursuant to Part II, Article 41 of the New Hampshire Constitution, do hereby direct all agencies to:

- 1) Develop and publicly present a remedial action plan within 30 days of the release of an audit by the Office of the Legislative Budget Assistant. The report should identify what remedial actions the agency plans to take to respond to the audit, as well as identify actions that would require further approvals from the Governor and Council; the legislature; the federal government; or any other party;
- 2) Agencies shall semi-annually, on the month anniversary of the audit date, report on their progress in responding to the audits;
- 3) Within 60 days of this Executive Order, agencies shall report on their progress in responding to findings of any audit issued since January 2013; and

- 4) The Department of Administrative Services shall post all such reports, with a link to the original audit, on TransparentNH.

Given under my hand and seal at the
Executive Chambers in Concord, this
Sixteenth day of June, in the year of Our
Lord, two thousand and fourteen and of the
independence of the United States of
America, two hundred and thirty-eight.


GOVERNOR OF NEW HAMPSHIRE



STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

MARGARET WOOD HASSAN
Governor

STATE OF NEW HAMPSHIRE
BY HER EXCELLENCY
MARGARET WOOD HASSAN, GOVERNOR
EXECUTIVE ORDER 2016-08

An Order Relative to Executive Orders 2011-03, 2011-05, 2014-03 and 2014-08

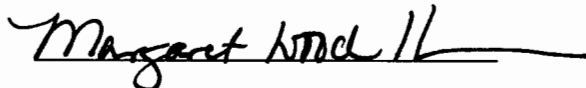
NOW, THEREFORE, I, MARGARET WOOD HASSAN, GOVERNOR of the State of New Hampshire, by the authority vested in me pursuant to Part II, Article 41 of the New Hampshire Constitution, do hereby order as follows:

1. Executive Order 2011-03 is amended to:
 - a. Replace a representative of the New Hampshire Children's Alliance with a representative of the New Hampshire Pediatric Society; and
 - b. Replace the Early Childhood Comprehensive Systems Coordinator from the Department of Health and Human Services with the Director of the Bureau for Children's Behavioral Health at the Division of Behavioral Health at the Department of Health and Human Services.
2. For part-time employees employed as of December 30, 2016, who have not received a salary step increase due to Executive Order 2011-5, Executive Order 2011-5 is lifted prospectively and increments will resume in accordance with RSA 99 and the Administrative Rules of the Division of Personnel.
3. Executive Order 2014-03 is amended to provide:

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.

4. Executive Order 2014-8 is repealed as of December 30, 2016.

Given at the Executive Chambers in Concord, this 29th day of December, in the year of Our Lord, two thousand and sixteen and of the independence of the United States of America, two hundred and forty-one.

A handwritten signature in black ink, appearing to read "Margaret Hodell", with a long horizontal line extending to the right.

GOVERNOR OF NEW HAMPSHIRE

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	April 2025

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 PMDP 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 has faced longstanding structural and operational limitations that have directly impacted its ability to initiate or complete rulemaking activities. Rules were initially promulgated under the Board of Pharmacy that were not fully comprehensive. When the PDMP moved to DHHS those rules were no longer applicable. The rulemaking process needed to start again but the Advisory Council could not adopt the former rules as being comprehensive and complete as is. PDMP efforts have been largely focused on addressing the persistent issue of vacant seats on the statutorily required Advisory Council. It is important to note the PDMP itself does not have the statutory authority to nominate or appoint members to this council, nor can it compel participation or attendance. These constraints have significantly hindered the program's ability to engage in the rulemaking process intended. Given these structural limitations, the observation could not be fully addressed. There are continued efforts to engage stakeholders and advocate for the appointment and participation of qualified advisory council members. All but 1 vacancy is currently filled, draft rules have been presented to the Advisory Council and specific areas needing Advisory Council feedback highlighted for them to discuss. With the Advisory Council meeting quarterly; Completion Date Estimated: July 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 faced longstanding structural and operational limitations that have directly impacted its ability to initiate or complete rulemaking activities. Rules were initially promulgated under the Board of Pharmacy that were not fully comprehensive. When the PDMP moved to DHHS those rules were no longer applicable. The rulemaking process needed to start again but the Advisory Council could not adopt the former rules as being comprehensive and complete as is. PDMP efforts have been largely focused on addressing the persistent issue of vacant seats on the statutorily required Advisory Council. It is important to note the PDMP itself does not have the statutory authority to nominate or appoint members to this council, nor can it compel participation or attendance. These constraints have significantly hindered the program's ability to engage in the rulemaking process intended. Given these structural limitations, the observation could not be fully addressed. There are continued efforts to engage stakeholders and advocate for the appointment and participation of qualified advisory council members. All but 1 vacancy is currently filled, draft rules have been presented to the Advisory Council and specific areas needing Advisory Council feedback highlighted for them to discuss. With the Advisory Council meeting quarterly; Completion Date Estimated: July 2026

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.
