



Deanna E. Jurius  
Executive Director

Heather A. Kelley  
Director

STATE OF NEW HAMPSHIRE  
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
OFFICE OF THE EXECUTIVE DIRECTOR

7 EAGLE SQUARE, CONCORD, NH 03301-4980  
Telephone: 603-271-2152  
TDD Access: Relay NH 1-800-735-2964  
www.oplc.nh.gov

19B<sup>CJG</sup>  
JAN 07 2026

November 24, 2025

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Office of Professional Licensure and Certification (OPLC) to enter into a **Retroactive** amendment to an existing contract with Peter P. Reich, DMD (VC#488326), Dover, NH, for Dental Anesthesia Inspection Services, by extending the completion date from December 31, 2025, to December 31, 2026, with no change to the price limitation. The original contracts were approved by the Governor and Executive Council on May 1, 2024, Item #53, and most recently amended with Governor and Executive Council approval on February 26, 2025, Item #40. 100% Agency Funds.

<b>01-21-21-211010-240400000 Division of Administration</b>	<b><u>FY 2026</u></b>	<b><u>FY2027</u></b>
<b>046-500462 – Consultants</b>	<b>\$24,330.00</b>	<b>\$49,395.00</b>

**EXPLANATION**

The amendment is **Retroactive** because of delays in processing and receiving the amendment documents. As previously stated, the original contracts were approved by the Governor and Executive Council on May 1, 2024, Item #53, and most recently amended with Governor and Executive Council approval on February 26, 2025, Item #40.

The Board of Dental Examiners' Administrative Rules part DEN 304 requires a permit to administer anesthesia in the practice of dentistry, which in turn requires a facility inspection and comprehensive evaluation of the providers' abilities and responses to Board approved emergency scenarios. The contractors shall conduct these inspections and evaluations to support the Board with the issuance of anesthesia permits of the appropriate level to dental facilities and dentists. The contractors shall also assist the Board in reviews of complaints, claims, suits, and facility inspections involving licensees where the safety of the public could be adversely affected.

The original request (May 1, 2024, item #53) encompassed three contracts with a shared price limitation of \$150,000.00. Lily Hu, DMD and Mina Fahmy, DDS have declined to extend their contracts with the OPLC. OPLC requests approval of this contract extension with Peter P. Reich, DMD to provide continued support to the OPLC Licensing and Enforcement Division regarding facility inspections and comprehensive evaluations.

In the event that Agency funds become no longer available, General Funds will not be requested to support this program.

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council

Page 2 of 2

Based on the foregoing, I am respectfully recommending approval of the contract amendments with Peter Reich, DMD.

Respectfully submitted,

A handwritten signature in cursive script that reads "Deanna E. Jurius".

Deanna E. Jurius  
Executive Director

**State of New Hampshire  
Office of Professional Licensure and Certification  
Amendment #2**

This Amendment to the Dental Anesthesia Inspection Services contract is by and between the State of New Hampshire, Office of Professional Licensure and Certification ("State" or "OPLC") and Peter P. Reich, DMD ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on May 1, 2024, (Item #53), as amended on February 26, 2025, (Item #40), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit A, Paragraph 1.1, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:  
December 31, 2026
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:  
Steven H. Burgess, Contracts Administrator.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

**State of New Hampshire  
Office of Professional Licensure and Certification**

12/3/2025  
Date

Deanna E. Jurius  
Name: Deanna E. Jurius  
Title: Executive Director

**Contractor**

11/20/2025  
Date

Peter P. Reich / DMD  
Name: Peter P. Reich  
Title: DMD

Peter P. Reich, DMD

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12/17/2025  
Date

J.D. Lavallee  
Name: J.D. Lavallee  
Title: Senior Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: \_\_\_\_\_ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:

To whom it may concern, as an independent contractor providing services under my own name and having no employees, I am not subject to RSA 281-A, Workers' Compensation Law.

Name: Peter Reich / DMD

Signed:  Reich

Date: 11/18/2025

**State of New Hampshire  
Independent Contractor Certification Form**

Describe the services that the individual will perform for your agency.

Provide investigative and expert consultant services to OPLC Enforcement and Board of Dental Examiners to assist in the timely and efficient review of complaints and claims

1. Does the agency have State employees that perform the same or similar services?  Yes  No
  - a. List the position titles \_\_\_\_\_
  - b. List the position numbers \_\_\_\_\_
  
2. Will the Agency exercise authority over the means by which the service is rendered by:
  - a. Setting work hours  Yes  No
  - b. Setting the work location or providing work space  Yes  No
  - c. Training the individual in how the services must be performed  Yes  No
  - d. Supervising how services are rendered  Yes  No
  - e. Providing tools, materials or office supplies to perform the services  Yes  No
  - f. Requiring periodic reports on the individual's services  Yes  No
  - g. Requiring performance by the contracting individual, rather than allowing subcontractors or assistants  Yes  No
  
3. Will the individual perform the services exclusively for the agency?  Yes  No
  
4. Does the individual offer these services for individuals or entities other than the State?  Yes  No
  
5. Does the individual hold himself or herself out to be in business for himself or herself, including by being registered with the state as a business and having continuing or recurring business liabilities or obligations?  Yes  No
  
6. Will the individual be responsible for satisfactory completion of work and can the agency hold the individual contractually responsible for failure to complete the work?  Yes  No
  
7. Will the Agency have the right to terminate the relationship at any time?  Yes  No
  
8. Can the individual terminate the relationship at any time without liability?  Yes  No
  
9. Are the services the individual will provide an independently established trade, occupation, profession, or business?  Yes  No  
Please Identify Dental Anesthesia inspector
  
10. As a matter of economic reality is the individual dependent on the State for work?  Yes  No
  
11. What is the individual's name? Peter Reich
  
12. Have they previously been employed by the State?  Yes  No  
If so, what was the latest year of service? \_\_\_\_\_
  
13. What agency did they last work for? \_\_\_\_\_
  
14. What was the title of the last position they held with the State? \_\_\_\_\_

I have reviewed the certification form and the facts and circumstances relevant to the certification and attest it is true to the best of my knowledge and belief. By signing this form, I certify that the individual being hired meets the independent contractor test.

Deanna E. Jurius Digitally signed by Deanna E. Jurius  
Date: 2025.12.17 14:54:56 -05'00'

12/17/2025

Commissioner or Director

Date