



191 - 6/17/26

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

Lori A. Weaver
Commissioner

Iain N. Watt
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 13, 2026

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health, to amend an existing contract with Bamboo Health, Inc. (VC #483624), Louisville, Kentucky, for continued operation of the AWARxE software used by the New Hampshire Prescription Drug Monitoring Program, by exercising a contract renewal option by increasing the price limitation by \$215,000 from \$3,642,750 to \$3,857,750 and by extending the completion date from June 30, 2026, to June 30, 2027, effective July 1, 2026, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on January 26, 2022, item #19, and amended on April 10, 2024, item #11.

Funds are available in the following account for State Fiscal Year 2027 with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-90-904010-1380 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, PRESCRIPTION DRUG MONITORING,
PRESCRIPTION DRUG 100% FEDERAL FUNDS

Table with 7 columns: State Fiscal Year, Class / Account, Class Title, Job Number, Current Amount, Increase (Decrease), Revised Amount. Row 1: 2022, 102-500731, Contracts for Prog Svc, 90138013, \$856,509.79, \$0, \$856,509.79

05-95-90-901010-6672 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS,
EQUITY & POLICY, PRESCRIPTION DRUG MONITORING 100% FEDERAL FUNDS

Table with 7 columns: State Fiscal Year, Class / Account, Class Title, Job Number, Current Amount, Increase (Decrease), Revised Amount. Row 1: 2024, 102-500731, Contracts for Prog Svc, 90138013, \$1,172,194.29, \$0, \$1,172,194.29

**05-95-90-904510-3166 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PREVENTION AND  
WELLNESS, PRESCRIPTION DRUG MONITORING, 100% FEDERAL FUNDS**

<b>State Fiscal Year</b>	<b>Class / Account</b>	<b>Class Title</b>	<b>Job Number</b>	<b>Current Amount</b>	<b>Increase (Decrease)</b>	<b>Revised Amount</b>
2026	102-500731	Contracts for Prog Svc	90138013	\$1,614,045.92	\$0	\$1,614,045.92
2027	102-500731	Contracts for Prog Svc	90138013	\$0	\$215,000	\$215,000
<b>Total</b>				<b>\$3,642,750</b>	<b>\$215,000</b>	<b>\$3,857,750</b>

**EXPLANATION**

The purpose of this request is to exercise an available contract renewal option for the Contractor to continue providing the Prescription Drug Monitoring Program (PDMP) for 12 months to provide the Department sufficient time to finalize the re-procurement of services through the competitive, Requests for Proposals (RFP) bidding process, which could result in time necessary for the migration of data and software user acceptance testing. Extending services provided by the Contractor will prevent a disruption to healthcare prescribers' and pharmacies' accessing the PDMP.

The Contractor will continue to operate and provide AWARxE, which supports the Department's statutory obligations under RSA 126-A:89-96 to maintain a statewide PDMP. The software provides authorized users with complete patient prescription information through a secure, identity-verified user portal. Additionally, the Contractor will continue providing statewide technical assistance to healthcare providers, pharmacies, and prescribers to effectively utilize the software to support patient care. AWARxE provides real-time access to dispensing data, clinical risk indicators, and automated patient safety alerts to help prescribers and dispensers identify substance use disorder risks, prevent unsafe medication combinations, and improve patient treatment outcomes through coordinated care across providers. The extension of these services will ensure that health providers maintain access to data and tools that support patient care and health outcomes while the Department completes a competitive procurement process and any associated system transition activities.

As referenced in Exhibit A, Special Provisions of the original agreement, the parties have the option to extend the agreement up to two (2) times, not beyond June 30, 2029, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) extensions available.

Should the Governor and Council not authorize this request, the Department will be unable to meet its statutory requirements under RSA 126-A:89-97 to maintain a Controlled Drug Prescription Health and Safety Program and health providers will lose access to patient data that supports improved health outcomes and patient safety.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number 93.136, FAINs NU17CE924984 and  
NU17CE010211

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori A. Weaver". The signature is stylized and cursive.

For:

Lori A. Weaver  
Commissioner



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF INFORMATION TECHNOLOGY**

27 Hazen Drive | Concord, NH | 03301  
Fax: (603) 271-1516 | TDD: (800) 753-2964  
[doit.nh.gov](http://doit.nh.gov)



Denis Goulet, *Commissioner*

April 10, 2026

Lori A. Weaver, Commissioner  
Department of Health and Human Services  
State of New Hampshire  
129 Pleasant Street  
Concord, NH 03301

Dear Commissioner Weaver:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract amendment with Bamboo Health, Inc., as described below and referenced as DoIT No. 2021-002B.

The purpose of this request is for the continued operation of the NH Prescription Drug Monitoring Program.

The Total Price Limitation shall increase by \$215,000 for a New Total Price Limitation of \$3,857,750, effective upon Governor and Council approval from July 1, 2026 through June 30, 2027.

A copy of this letter must accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Denis Goulet". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Denis Goulet

DG/jd  
DoIT #2021-002B

cc: Ken Gagne, IT Manager, DoIT

**State of New Hampshire  
Department of Health and Human Services  
Amendment #2**

This Amendment to the NH Prescription Drug Monitoring Program contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Bamboo Health, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 26, 2022 (Item #19), as amended on April 10, 2024 (Item #11), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; 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 1.6., Account Number, to read:  
TBD
2. Form P-37 General Provisions, Block 1.7., Completion Date, to read:  
June 30, 2027
3. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:  
\$3,857,750
4. Modify Exhibit A – Special Provisions, by adding Subsection A.8., to read:  
A.8 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:  
6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients’ Bill of Rights, civil rights and equal employment opportunity laws, and the Governor’s order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
5. Modify Exhibit B – Statement of Work, Section 8. Work Plan (table line items 6 and 7), to read:

	Task Name	Start	Finish
6	STATEWIDE INTEROPERABILITY PROGRAM (PMP GATEWAY) MARKETING AND PROMOTION	January 2022	June 2026
7	Operations	January 2022	June 2027

6. Modify Exhibit C – Price and Payment Schedule, Section 10. Payment Schedule, Subsection 10.1.2. Software License, Maintenance, Support & Web Hosting Pricing (table), to read:

Initial  
DB

**10.1.2. Software License, Maintenance, Support & Web Hosting Pricing**

Software Name	Initial Cost	Maintenance Support and Upgrades						Total
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
<b>PMP AWARe w/NarxCare</b>	\$0	\$190,000	\$190,000	\$190,000	\$190,000	\$190,000	\$190,000	\$1,140,000
<b>A12.1 Prescriber Outlier Model (standard)</b>	\$50,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$200,000
<b>Web Site Hosting, Maintenance Support</b>	Included	Included	Included	Included	Included	Included	Included	N/A
<b>Statewide Interoperability Program (PMP Gateway)</b>	\$0	\$369,000	\$369,000	\$369,000	\$369,000	\$369,000	\$0	\$1,845,000
<b>Sub-Total 1:</b>	<b>\$50,000</b>	<b>\$584,000</b>	<b>\$584,000</b>	<b>\$584,000</b>	<b>\$584,000</b>	<b>\$584,000</b>	<b>\$215,000</b>	<b>\$3,185,000</b>

7. Modify Exhibit C – Price and Payment Schedule, Section 10. Payment Schedule, Subsection 10.1.6. Total Pricing Summary (table), to read:

**10.1.6. Total Pricing Summary**

Service Category	Costs
Onetime Payments	\$472,750
Maintenance Support and Upgrades	\$3,185,000
System Change Requests	\$200,000
<b>Total Contract</b>	<b>\$3,857,750</b>

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 July 1, 2026, upon Governor and Council approval.

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

State of New Hampshire  
Department of Health and Human Services

5/19/2026  
\_\_\_\_\_  
Date

DocuSigned by:  
*Iain Watt*  
D778DB63F970467...  
\_\_\_\_\_  
Name: Iain Watt  
Title: Director - DPH

Bamboo Health, Inc.

5/15/2026  
\_\_\_\_\_  
Date

Signed by:  
*D O'Brien*  
532858499664428...  
\_\_\_\_\_  
Name: Denis O'Brien  
Title: VP, Controller

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

OFFICE OF THE ATTORNEY GENERAL

5/19/2026

Date

DocuSigned by:  
*Robyn Guarino*

Name: Robyn Guarino

Title: Attorney

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:

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that BAMBOO HEALTH, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on December 10, 2021. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **887924**

Certificate Number: **0007928310**



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 13th day of May A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", written over a faint circular outline.

David M. Scanlan  
Secretary of State

**CERTIFICATE OF AUTHORITY**

I, Darren Moore, hereby certify that:  
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Bamboo Health, Inc.  
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 17, 2024, at which a quorum of the Directors/shareholders were present and voting.  
(Date)

**VOTED:** That Denis O'Brien, VP Controller (may list more than one person)  
(Name and Title of Contract Signatory)

is duly authorized on behalf of Bamboo Health, Inc. to enter into contracts or agreements with the State  
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority was **valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 05 / 13 / 2026



\_\_\_\_\_  
Signature of Elected Officer  
Name: Darren Moore  
Title: Chief Legal Officer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2027

4/8/2026

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 500 W. Monroe, Ste. 3400 Chicago IL 60661 (312) 669-6900 midwestcertificates@lockton.com	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> <span style="float: right;"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Endurance Assurance Corporation</td> <td style="text-align: center;">11551</td> </tr> <tr> <td><b>INSURER B:</b> Sompo America Insurance Company</td> <td style="text-align: center;">11126</td> </tr> <tr> <td><b>INSURER C:</b> Sompo America Fire &amp; Marine Insurance Company</td> <td style="text-align: center;">38997</td> </tr> <tr> <td><b>INSURER D:</b> Allied World Assurance Company (U.S.) Inc.</td> <td style="text-align: center;">19489</td> </tr> <tr> <td><b>INSURER E:</b> Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Endurance Assurance Corporation	11551	<b>INSURER B:</b> Sompo America Insurance Company	11126	<b>INSURER C:</b> Sompo America Fire & Marine Insurance Company	38997	<b>INSURER D:</b> Allied World Assurance Company (U.S.) Inc.	19489	<b>INSURER E:</b> Federal Insurance Company	20281	<b>INSURER F:</b>	
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<b>INSURER F:</b>															
<b>INSURED</b> 1443744 Bamboo Health, Inc. 9901 Linn Station Road, Suite 500 Louisville, KY 40223															

**COVERAGES** **CERTIFICATE NUMBER:** 17938515 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	TGM30035201803	4/1/2026	4/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	TAM30017072804	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A E	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	TUM30005043405 5672-10-56	4/1/2026 4/1/2026	4/1/2027 4/1/2027	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	TWM30084380401	4/1/2026	4/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cyber/E&O	N	N	0312-2890	4/1/2026	4/1/2027	\$5,000,000 per claim / \$5,000,000 aggregate \$750,000 Retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

**CANCELLATION** See Attachment

<b>17938515</b> State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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