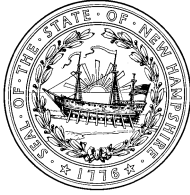


197 - 6/17/26



Lori A. Weaver
Commissioner

Iain N. Watt
Director

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

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

April 8, 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 (DHHS), Division of Public Health, to enter into a **Sole Source** amendment to an existing contract with Inductive Health Informatics LLC (VC #362367), Atlanta, GA, to enhance the Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE) to include data from the National Poison Data System (NPDS), by increasing the price limitation by \$10,000 from \$280,956 to \$290,956, with no change to the contract completion date of May 31, 2027, effective upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on May 15, 2024, item #16.

Funds are available in the following accounts for State Fiscal Year 2026 and 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.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because MOP 150 requires all amendments to agreements originally approved as sole source to be identified as sole source. Additionally, the Contractor is the only authorized contractor with the capability to implement the National Poison Data System (NPDS) data into the existing ESSENCE system used by the Department.

The purpose of this amendment is to allow for integration of de-identified data from the NPDS into the Department's Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE). The Department uses ESSENCE to monitor infectious disease activity, emerging health threats, or other agents (e.g., anthrax) that could be associated with bioterrorism within New Hampshire. The integration of NPDS poison control data into ESSENCE will improve visibility into overdose events and potential chemical incidents of concern, such as industrial, accidental, or intentional releases of, or exposures to, poisons and toxins. This upgrade will support early identification of chemical, poison, or toxin threats, complement existing emergency department data, and strengthen coordination with emergency response partners. The integration of NPDS data into ESSENCE will enable more meaningful use of poison control data to advance preparedness and response through comprehensive statewide monitoring.

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 2 of 2

The Department will continue monitoring services by:

- Ensuring ESSENCE continues to meet the Department's operational needs, including compliance with data security and privacy requirements.
- Verifying that the Contractor is responsive to requests for changes and/or enhancements within approved timeframes.
- Confirming that the Contractor provides all required reports and services in accordance with the attached agreement and work plan.

Should the Governor and Council not approve this request, the Department will not be able to integrate National Poison Data System information into ESSENCE, which may hinder the ability to initiate timely response to toxin or poison-related exposures, overdose events, and other chemical exposures or releases.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.136, FAIN # 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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET**

**05-95-90-903010- 1901 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES. ELC CARES COVID-19
100% Federal Funds**

InductiveHealth Informatics LLC

Vendor #: 362367

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2024	102-500731	Contracts for Prog Svc	90183538	\$50,625.00	\$0.00	\$50,625.00
2025	102-500731	Contracts for Prog Svc	90183538	\$4,354.84	\$0.00	\$4,354.84
		Sub Total		\$54,979.84	\$0.00	\$54,979.84

**05-95-90-903010-2699 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH,
BUREAU OF LABORATORY SERVICES, EPI & LAB CAPACITY BP4-ARPA**

100% Federal Funds

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2025	102-500731	Contracts for Prog Svc	90183561	\$50,713.00	\$0.00	\$50,713.00
2026	102-500731	Contracts for Prog Svc	90183561	\$6,787.00	\$0.00	\$6,787.00
		Sub Total		\$57,500.00	\$0.00	\$57,500.00

**05-95-90-903010-2180 HEALTH AND SOCIAL SERVICES. DEPT OF HEALTH AND HUMAN SERVICES. HHS: DIVISION OF PUBLIC HEALTH.
BUREAU OF LABORATORY SERVICES, DATA MODERNIZATION**

100% Federal Funds

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2025	102-500731	Contracts for Prog Svc	90183574	16,230.16	\$0.00	16,230.16
2026	102-500731	Contracts for Prog Svc	90183574	\$69,854.00	\$0.00	\$69,854.00
2027	102-500731	Contracts for Prog Svc	90183574	\$82,392.00	\$0.00	\$82,392.00
		Sub Total		\$168,476.16	\$0.00	\$168,476.16

**05-95-90-904510-3167 HEALTH AND SOCIAL SERVICES. DEPT OF HEALTH AND HUMAN SERVICES. HHS: DIVISION OF PUBLIC HEALTH.
BUREAU OF PREVENTION & WELLNESS, OPIOID SURVEILLANCE**

100% Federal Funds

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2026	102-500731	Contracts for Prog Svc	90050401	\$0	\$10,000	\$10,000
		Sub Total		\$0	\$10,000	\$10,000

Overall Total	\$280,956	\$10,000	\$290,956
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**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



Denis Goulet, *Commissioner*

April 7, 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 Inductive Health Informatics, LLC, as described below and referenced as DoIT No. 2023-004A.

The purpose of this request is to enhance the Electronic Surveillance System for Early Notification of Community-Based Epidemics to include data from the National Poison Data System.

The Total Price Limitation shall increase by \$10,000 for a New Total Price Limitation of \$290,956, effective upon Governor and Council approval with no change to the contract end date of May 31, 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 #2023-004A

cc: Ken Gagne, IT Manager, DoIT

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE) contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and InductiveHealth Informatics LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on May 15, 2024 (Item# 16), 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, 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 1.8., Price Limitation, to read:
\$290,956
2. Modify Exhibit A - Revisions to Standard Provisions, by adding Section A.11, to read:
A.11 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.
3. Modify Exhibit B – Amendment #1, Scope of Services, Section 1.2, to read:
1.2. The Contractor must provide an electronic surveillance system platform that enables public health agencies to conduct early event detection of reportable disease, capability to ingest and process national poison control data, and other public health risks. The platform must be designed to ingest Health Level Seven (HL7) data from hospital electronic medical record (EMR) systems and position public health agencies for future integration of multiple data sources, including HL7 data from other sources (such as Urgent Cares and Eligible Providers), mortality, climate and environmental, poison, substance use, and other important health data.
4. Modify Exhibit B, Scope of Services, Section 2.1.2.1. through Section 2.1.2.3.2., to read:
2.1.2.1. Data feeds refer to any data automatically or manually received by, or imported into, the NH-ESSENCE system from external sources, on a regularly scheduled basis. These feeds include, but are not limited to:
2.1.2.1.1. Data from Emergency Department facilities in the State of New Hampshire.
2.1.2.1.2. Data from weather and air quality sensors or environmental data providers ("weather and air quality data streams").
2.1.2.1.3. Supporting data needed for NH-ESSENCE operations or algorithms including:

- 2.1.2.1.3.1. CDC’s Public Health Information Network Vocabulary Access and Distribution System (PHIN VADS) vocabulary system, and
- 2.1.2.1.3.2. National Poison Control data feeds, including ingestion, processing, and storage of structured data from the National Poison Data System, or other designated sources.

5. Modify Exhibit B, Scope of Services, to add Section 2.1.12-2.1.12.6.1, to read:

- 2.1.12. The Contractor must ingest the structured data feed from the National Poison Data System, to include the following phases:
 - 2.1.12.1. Preparation Phase, including:
 - 2.1.12.1.1. Confirmation that data is available and can be received regularly.
 - 2.1.12.1.2. Determination of data source fields and finalize data schema in a file format.
 - 2.1.12.2. Configuration and Mapping Phase, including:
 - 2.1.12.2.1. Map Schema to database
 - 2.1.12.2.2. Mirth configuration
 - 2.1.12.2.3. Data flow set up within ESSENCE
 - 2.1.12.3. Testing Phase, including:
 - 2.1.12.3.1. Obtain sample data
 - 2.1.12.3.2. Regression testing
 - 2.1.12.3.3. User Acceptance Testing
 - 2.1.12.4. Review and Validation Phase, including:
 - 2.1.12.4.1. Conduct front end review to confirm filters are appropriate for the fields.
 - 2.1.12.5. Error Handling and Production Deployment Phase, including:
 - 2.1.12.5.1. Error/Issue mitigation
 - 2.1.12.5.2. Push data source to production
 - 2.1.12.6. Production
 - 2.1.12.6.1. Project will be considered complete and accepted when data from National Poison Data System is flowing into Production environment.

3. Modify Exhibit C, Payment Terms; Section 4.1., to read:

- 4.1. The Contractor shall submit monthly invoices to the State for 1/12th payment of the total State Fiscal Year price limitation by the 15th day of each month, for services rendered toward completing all Deliverables, Activities, or Milestones, in the prior month, in accordance with Exhibit B, Table B-4, and the Payment Schedule below.

Payment Schedule		
Contract Year	1/12 th Monthly Payment Amount	Total Amount
1	\$5,625	\$67,500
2	\$6,768	\$81,220
3	\$11,853	\$142,236
	Total Price Limitation	\$290,956

6. Modify Exhibit C, Payment Terms; to add Section 4.7.1.3., to read:

- 4.7.1.3. The Department will pay a one-time fee of \$10,000 to Contractor for the ingestion, processing, and storage of the National Poison Data System feed to the ESSENCE system.

All terms and conditions of the Contract 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
Department of Health and Human Services

5/21/2026

Date

DocuSigned by:
Iain Watt

D778BB63F9704C7...
Name: Iain Watt
Title: Director - DPH

InductiveHealth Informatics LLC

5/11/2026

Date

Signed by:
Eric Whitworth

C88DCCD005B447...
Name: Eric Whitworth
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/27/2026

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 INDUCTIVEHEALTH INFORMATICS LLC is a Delaware Limited Liability Company registered to transact business in New Hampshire on August 31, 2022. 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; and the attached is a true copy of the list of documents on file in this office.

Business ID: **910256**

Certificate Number: **0007923842**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 6th day of May A.D. 2026.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Gary Lawrence, 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 InductiveHealth Informatics, LLC.
(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 May 11th, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Eric Whitworth, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of InductiveHealth Informatics, LLC 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: May 11th, 2026

Gary C. Lawrence

Signature of Elected Officer
Name: Gary Lawrence
Title: CFO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/29/2026

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).

PRODUCER Alliant Insurance Services, Inc. 32 Old Slip New York NY 10005 License#: 812008 FOREPAR-20	CONTACT NAME: Emily Kutchera PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: Emily.Kutchera@alliant.com <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Continental Insurance Company</td> <td style="text-align: center;">35289</td> </tr> <tr> <td>INSURER B : Westfield Specialty Insurance</td> <td style="text-align: center;">16992</td> </tr> <tr> <td>INSURER C : Fortegra Specialty Insurance C</td> <td style="text-align: center;">16823</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Continental Insurance Company	35289	INSURER B : Westfield Specialty Insurance	16992	INSURER C : Fortegra Specialty Insurance C	16823	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															
INSURED Forefront TopCo, LLC 2870 Peachtree Rd. NW No. 9153304 Atlanta GA 30305															

COVERAGES **CERTIFICATE NUMBER: 2077812673** **REVISION NUMBER:**

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____			7091976428	4/30/2026	4/30/2027	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 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7091976414	4/30/2026	4/30/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			7091976400	4/30/2026	4/30/2027	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			7092003239	4/30/2026	4/30/2027	<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
C B	Cyber/Tech E&O Excess Cyber/Tech E&O			C-4LPQ-045736-CYBER-2026 TBD	4/30/2026 4/30/2026	4/30/2027 4/30/2027	Limit Limit \$5M \$5M xs \$5M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured List:
 Forefront TopCo, LLC
 Forefront Parent, LLC
 InductiveHealth Informatics, LLC
 Forefront MidCo, LLC
 Sage Pursuits, Inc. dba Envision Technology Partners Inc.
 SSDataInfo Inc.

 Evidence of Insurance

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord NH 03301-6505	CANCELLATION 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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