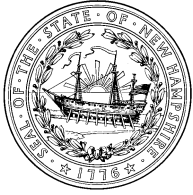


61 - 7/8/26



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**NEW HAMPSHIRE HOSPITAL**

**Lori A. Weaver**  
 Commissioner

**Ellen M. Lapointe**  
 Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301  
 603-271-5300 1-800-852-3345 Ext. 5300  
 Fax: 603-271-5395 TDD Access: 1-800-735-2964  
 www.dhhs.nh.gov

June 10, 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, New Hampshire Hospital, to enter into a **Sole Source** amendment to an existing contract with MG Medical Products LLC (VC# 565737-B001), Cincinnati, OH, to modify the scope of services to provide the EKG Patch Solution to conduct electrocardiogram (EKG) scans for patients at Glenclyff Home, by increasing the price limitation by \$80,200 from \$158,400 to \$238,600 with no change to the contract completion date of June 30, 2029, effective upon Governor and Council approval. 34.70% General Funds. 65.30% Other Funds (Provider Fees).

The original contract was approved by Governor and Council on October 29, 2025, item #64.

Funds are available in the following accounts for State Fiscal Year 2027, and are anticipated to be available in State Fiscal Years 2028 and 2029, upon the availability and continued appropriation of funds in the future operating budget, 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.

**05-95-94-940010-8750 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES**

| State Fiscal Year | Class / Account | Class Title               | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|---------------------------|------------|----------------|------------------------------|----------------|
| 2026              | 102-500731      | Contracts for Program Svc | 94057300   | \$39,600       | \$0                          | \$39,600       |
| 2027              | 102-500731      | Contracts for Program Svc | 94057300   | \$39,600       | \$10,400                     | \$50,000       |
| 2028              | 102-500731      | Contracts for Program Svc | 94057300   | \$39,600       | \$15,400                     | \$55,000       |
| 2029              | 102-500731      | Contracts for Program Svc | 94057300   | \$39,600       | \$15,400                     | \$55,000       |

Her Excellency, Governor Kelly A. Ayotte  
 and the Honorable Council  
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|  |  |  |                 |                  |                 |                  |
|--|--|--|-----------------|------------------|-----------------|------------------|
|  |  |  | <b>Subtotal</b> | <b>\$158,400</b> | <b>\$41,200</b> | <b>\$199,600</b> |
|--|--|--|-----------------|------------------|-----------------|------------------|

**05-95-91-910010-5710 HEALTH AND SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: GLENCLIFF HOME, GLENCLIFF HOME, PROFESSIONAL CARE**

| <b>State Fiscal Year</b> | <b>Class / Account</b> | <b>Class Title</b>            | <b>Job Number</b> | <b>Current Budget</b> | <b>Increased (Decreased) Amount</b> | <b>Revised Budget</b> |
|--------------------------|------------------------|-------------------------------|-------------------|-----------------------|-------------------------------------|-----------------------|
| 2027                     | 101-500729             | Medical Payments to Providers | 91571122          | \$0                   | \$13,000                            | \$13,000              |
| 2028                     | 101-500729             | Medical Payments to Providers | 91571122          | \$0                   | \$13,000                            | \$13,000              |
| 2029                     | 101-500729             | Medical Payments to Providers | 91571122          | \$0                   | \$13,000                            | \$13,000              |
|                          |                        |                               | <b>Subtotal</b>   | <b>\$0</b>            | <b>\$39,000</b>                     | <b>\$39,000</b>       |
|                          |                        |                               | <b>TOTAL</b>      | <b>\$158,400</b>      | <b>\$80,200</b>                     | <b>\$238,600</b>      |

**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. The Department published a Request for Proposals in November 2024 soliciting for electrocardiogram (EKG) services for New Hampshire Hospital (NHH) patients. The Department received zero (0) responses and subsequently republished the Request for Proposals in February 2025, which also received zero (0) responses. The Department subsequently identified the Contractor to provide its EKG Patch Solution for EKG services at NHH, as well as interpretation of each electrocardiogram (EKG) by a certified Cardiologist. The Department determined there is additional need for EKG services at Glenclyff Home and identified the Contractor as being the only known viable option to provide onsite EKG services without delay.

The purpose of this request is to modify the scope of services to include EKG services for Glenclyff Home. The EKG Patch Solution is an easy-to-use, diagnostic 12-lead EKG system kept on-site and available for use by staff 24 hours per day, 7 days per week. It consists of the EKG Patch, HD+ Bluetooth-enabled transmitter and cable, and tablet with TouchECG application in a portable and lightweight laptop bag. The closed-loop EKG Patch Solution features a novel EKG Patch consisting of a pre-positioned electrode patch that allows for quick, consistent, and accurate application of electrodes every time. The EKG Patch is easy to apply, and its self-contained design eliminates lead placement errors and gives a consistent comparison for follow up EKG testing. The EKG Patch Solution takes less than five minutes to use in most instances and can be performed by various clinical staff members regardless of technical skills.

The Contractor provides the necessary hardware, software, and equipment to conduct the EKG procedures and to transmit the results to the Contractor for a certified Cardiologist to interpret the EKG scans and report back to the facilities with results. Additionally, the Contractor

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
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delivers a final report to each facility of each EKG interpretation within 24 hours and provides consultation with a cardiologist when requested by the Department.

Approximately 300 individuals will be served annually.

The Department monitors services by utilizing the equipment provided by the Contractor and assessing the interpretation reports provided by the Contractor.

Should the Governor and Council not authorize this request, the Department may not be able to conduct EKG procedures onsite at Glenclyff Home. Without this capability, patients in need of an EKG will have to be transported to a hospital emergency room, incurring delay, additional expense, and risk of elopement or an incident during the patient transportation procedure.

Area served: New Hampshire Hospital and Glenclyff Home.

Respectfully submitted,



For:

Lori A. Weaver  
Commissioner

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

This Amendment to the EKG Patch Solution Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and MG Medical Products LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 29, 2025 (Item #64), 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:

\$238,600

2. Modify Exhibit B, Statement of Work (introduction paragraph), to read:

The State of New Hampshire, Department of Health and Human Services, New Hampshire Hospital and Glenclyff Home (hereinafter "State") and MG Medical Products LLC (hereinafter "Contractor") hereby enter into this contract for the provision of the Contractor's EKG Patch Solution and interpretation of each electrocardiogram (EKG) by a certified Cardiologist. The Statement of Work, Business and Technical Requirements, and Deliverables are set forth below:

3. Modify Exhibit C, Payment Terms; Section 2, Funding Source, to read:

2. Funding Source

- 2.1. This agreement is funded by:

- 2.1.1. 33.20% General Funds.

- 2.1.2. 66.80% Other Funds (Provider Fees).

4. Modify Exhibit C, Payment Terms; Section 5, Invoice Address, to read:


5. Invoice Addresses

- 5.1 Invoices for New Hampshire Hospital may be emailed to [NHHFinancialServices@dhhs.nh.gov](mailto:NHHFinancialServices@dhhs.nh.gov) or mailed to:

Financial Services AP  
New Hampshire Hospital - Financial Services  
121 South Fruit Street  
Concord, NH 03301

- 5.2. Invoices for Glenclyff Home may be emailed to [Glenclyff.AP@dhhs.nh.gov](mailto:Glenclyff.AP@dhhs.nh.gov) or mailed to:

Financial Manager  
Glenclyff Home  
P.O. Box 76  
Glenclyff, NH 03238

Initial  


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

6/9/2026  
\_\_\_\_\_  
Date

Signed by:  
*Ellen Lapointe*  
\_\_\_\_\_  
46806801E0E8428  
Name: Ellen Lapointe  
Title: Chief Executive Officer

6/5/2026  
\_\_\_\_\_  
Date

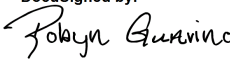
MG Medical Products LLC  
Signed by:  
*Jeffrey J McGrath*  
\_\_\_\_\_  
2867742436B240E...  
Name: Jeffrey J McGrath  
Title: CEO

Initial  
*JM*

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

OFFICE OF THE ATTORNEY GENERAL

6/16/2026  
\_\_\_\_\_  
Date


DocuSigned by:  
  
748734844041460...  
\_\_\_\_\_  
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:

Initial  


# State of New Hampshire

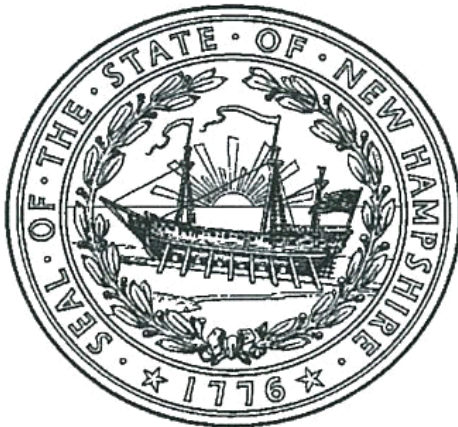
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MG MEDICAL PRODUCTS LLC is a Ohio Limited Liability Company registered to transact business in New Hampshire on October 10, 2025. 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: **1005795**

Certificate Number: **0007941213**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 3rd day of June 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

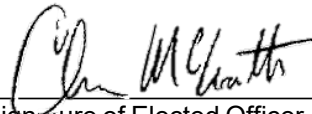
I, Christopher F McGrath, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of MG Medical Products, LLC;
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 31, 2026, at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That Jeffrey J McGrath, President and CEO, is duly authorized on behalf of MG Medical Products, LLC to enter into contracts or agreements with the State 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: 06/03/2026



---

Signature of Elected Officer  
Name: Christopher F McGrath  
Title: Chief Operating Officer





**Bureau of Workers' Compensation**

30 W. Spring St.  
Columbus, OH 43215

### Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit [www.bwc.ohio.gov](http://www.bwc.ohio.gov), or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer  
80104166

Period Specified Below  
07/01/2025 to 07/01/2026

MG Medical Products LLC  
1095 NIMITZVIEW DR STE 101  
CINCINNATI OH 45230-4341



[www.bwc.ohio.gov](http://www.bwc.ohio.gov)  
Issued by: BWC

*Stephanie McCloud*

Administrator/CEO

You can reproduce this certificate as needed.

### Ohio Bureau of Workers' Compensation

#### Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marijuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marijuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers' Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.



**Bureau of Workers' Compensation**

30 W. Spring St.  
Columbus, OH 43215

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This certificate must be displayed at your workplace or posted online where your employees can access it.

Policy number and employer  
80104166

Period Specified Below  
07/01/2026 to 07/01/2027

MG Medical Products LLC  
1095 NIMITZVIEW DR STE 101  
CINCINNATI OH 45230-4341



[www.bwc.ohio.gov](http://www.bwc.ohio.gov)  
Issued by: BWC

*Stephanie McCloud*

Administrator/CEO

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**Bureau of Workers' Compensation**

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