

Lori A. Weaver
Commissioner

Iain N. Watt
Director

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

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September 30, 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 enter into a contract with Alosa Health, Inc. (VC#309113), Boston, MA, in the amount of \$600,000 for evidence-based education and training activities for New Hampshire healthcare organizations in support of improved pain management and substance use disorder prevention practices, with the option to renew for up to two (2) additional years, effective upon Governor and Council approval through August 31, 2028. 100% Federal Funds.

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.

05-95-090-904510-31670000-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PREVENTION AND WELLNESS, OPIOID SURVEILLANCE

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2027	102-500731	Contracts for Program Services	90050407	\$246,000
2028	102-500731	Contracts for Program Services	90050407	\$293,000
2029	102-500731	Contracts for Program Services	90050407	\$61,000
			Total	\$600,000

EXPLANATION

The purpose of this request is to provide statewide evidence-based education, training, and programmatic support to clinicians and healthcare organizations to reduce prescription drug-related harms, including opioid misuse, by strengthening safe pain management practices and

improving provider knowledge. These activities will support providers with implementing routine substance use disorder (SUD) screening for patients, adopting evidence-based SUD interventions, and improving referrals to SUD treatment.

Approximately 300 providers across at least 100 practice settings statewide will receive training and support services through this agreement. The Contractor will deliver one-on-one academic detailing sessions, develop and refine evidence-based materials, and provide operational assistance that helps providers integrate screening tools, pain-management strategies, and linkage-to-care protocols into existing workflows for patient care. The Contractor will work with individual healthcare offices at their practice site to implement processes suited to their unique environments and patient populations in support of improved patient care and outcomes. The goal of these activities is to enhance the availability and quality of pain management and SUD-related services available to patients in all healthcare settings, increase the early detection of SUD risk, and reduce overdose risk for patients with or at risk for SUD.

The Department will monitor services by:

- Analyzing monthly and quarterly data to determine academic detailing efficacy and reach, statewide.
- Reviewing academic-detailing materials, training content, evaluations, and Work Plan updates prior to approval and implementation.
- Reviewing the Contractor's annual localized prioritization plan to ensure alignment with state epidemiological data and Department-identified needs.
- Conducting monthly meetings with the Contractor to assess progress toward goals, activities, outcomes, and timelines.

The Department selected the Contractor through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 7, 2026, through July 28, 2026. The Department received two (2) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A of the attached agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, the Department will be unable to provide statewide training and education to healthcare providers to improve pain management strategies for patients and reduce prescription drug-related harms, including overdose risk, due to the prescribing of controlled substances.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.136, FAIN NU17CE010211.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2027-DPH-09-OCHSE

Project Title Overdose to Action (OD2A) Clinician and Health System Engagement

	Maximum Points Available	GalenusRx	Alosa Heath, Inc.
Technical			
Q1 - Experience	150	120	140
Q2 - Approach	200	120	163
Q3 - Ability	200	131	200
Q4 - Capacity	150	75	134
Subtotal - Technical	700	446	637
If a Vendor fails to achieve the minimum Technical score stated within the RFP, it will receive no further consideration from the evaluation team and the Vendor's Cost Proposal will remain unopened.			
Cost			
Vendor Cost	300	83	300
Subtotal - Cost	300	83	300
TOTAL POINTS	1000	529	937
TOTAL PROPOSED VENDOR COST		\$2,170,035	\$600,000

Reviewer Name	Title
1 Adam Burch	Section Administrator - Prevention and Wellness
2 LaFortune Djabea	OD2A Surveillance Program Manager
3 Kathleen Mullen	Overdose Prevention Specialist
4 Lisa Lampron	Administrator II (Finance)

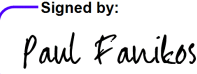
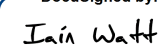
Subject: rfp-2027-dph-09-ochse

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Alosa Health, Inc.		1.4 Contractor Address 20 Park Plaza, Suite 821 Boston, MA 02116	
1.5 Contractor Phone Number 617-948-5997	1.6 Account Unit and Class TBD	1.7 Completion Date August 31, 2028	1.8 Price Limitation \$600,000
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Signed by:  Date: 9/29/2026		1.12 Name and Title of Contractor Signatory Paul Fanikos C.O.O.	
1.13 State Agency Signature DocuSigned by:  Date: 9/30/2026		1.14 Name and Title of State Agency Signatory Iain Watt Director - DPH	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 9/30/2026			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed.

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance

hereof, and shall be the only and the complete compensation to the Contractor for the Services.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.

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, 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.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) calendar days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

10. PROPERTY OWNERSHIP/DISCLOSURE.

10.1 As used in this Agreement, the word "Property" shall mean all data, information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any Property which has been received from the State, or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

19. CHOICE OF LAW AND FORUM.

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

20. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

21. THIRD PARTIES. This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

22. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

23. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

24. FURTHER ASSURANCES. The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

25. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

26. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services
Overdose to Action (OD2A) Clinician and Health System Engagement
EXHIBIT A**

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

- 1.1. Paragraph 3, Effective Date/Completion of Services, is amended by deleting subparagraph 3.3., in its entirety and replacing it as follows:
 - 3.3. Contractor must complete all Services by the Completion Date specified in block 1.7. The parties may extend the Agreement for up to two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.
- 1.2. 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.
- 1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.5., as follows:
 - 12.5. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services

Overdose to Action (OD2A) Clinician and Health System Engagement

Exhibit B – Scope of Services

Scope of Services

1. Statement of Work

- 1.1. The Contractor must provide statewide academic detailing and operational support to healthcare organizations to reduce prescription drug-related harms, including opioid misuse. The Contractor must ensure:
 - 1.1.1. Academic detailing sessions include evidence-based educational materials, assessment of a provider's current knowledge, actionable messages that support adoption of best practices, monitoring, and evaluation of academic detailing outreach and outcomes.
 - 1.1.2. Operational support includes direct, practical assistance that assists providers with integrating evidence-based practices into daily workflows.
 - 1.1.3. Services promote safe pain management, strengthen patient linkage to care and treatment, and include the development and delivery of resources and academic detailing for providers.
 - 1.1.4. Academic detailing sessions, materials, resources, and related content are submitted to the Department for review and approval prior to dissemination.
- 1.2. The Contractor must participate in a project kick-off meeting with the Department, within ten (10) business days of the Effective Date of this Agreement, to review:
 - 1.2.1. Contract requirements,
 - 1.2.2. Criteria for development of the initial Work Plan,
 - 1.2.3. Performance measures,
 - 1.2.4. Required report formats, and
 - 1.2.5. Project timelines.
- 1.3. The Contractor must submit an initial Work Plan and timeline to the Department for approval within ten (10) business days following the project kick-off meeting. The Work Plan must define goals, objectives, activities, deliverables, and due dates. The Contractor must obtain Department approval before implementing any changes to the Work Plan or associated timelines.

Academic Detailing Sessions

- 1.4. The Contractor must implement academic detailing, consisting of structured provider-education sessions that deliver evidence-based guidance and practice-change support to participants through a one-on-one model delivered either in-person or virtually.

New Hampshire Department of Health and Human Services Overdose to Action (OD2A) Clinician and Health System Engagement Exhibit B – Scope of Services

- 1.5. Through State Fiscal Year 2028, the Contractor must engage at least 300 providers for academic detailing sessions, across a minimum of 100 practice settings that serve individuals at risk for substance use disorder (SUD) or prescription-drug-related harms. These practice settings include, but are not limited to:
 - 1.5.1. Community health centers.
 - 1.5.2. Recovery community organizations.
 - 1.5.3. Emergency departments.
- 1.6. The Contractor must document each academic detailing session, including the date, provider type, practice setting, topics covered, resources provided, and follow-up actions required.
- 1.7. The Contractor must use reports and epidemiological data identified by the Department to develop a localized prioritization plan, which must be submitted to the Department annually for approval and will be used to determine scheduling for academic detailing sessions.
- 1.8. The Contractor must ensure that academic detailing employs a train-the-trainer approach and be adapted for each practice setting served, including primary care, specialty care, behavioral health, pharmacies, urgent care clinics, emergency departments (EDs), and Recovery Care Organizations (RCOs).
- 1.9. The Contractor must offer a minimum of twenty (20) one (1)-hour Continuing Education Unit (CEU)-approved academic detailing training sessions at community and healthcare agencies within one (1) year of the Effective Date of the Agreement.
- 1.10. The Contractor must assess operational support needs of providers during academic detailing sessions and through post-academic detailing evaluations, which include a one (1) month follow-up assessment.
- 1.11. The Contractor must acknowledge operational support requests within one (1) week of receiving requests.
- 1.12. The Contractor must host monthly virtual office hours to provide ongoing clinical and operational assistance to healthcare providers. These sessions must offer real-time access to an academic detailer for follow-up questions, clarification of educational content, and technical assistance related to implementation of evidence-based practices.

Academic Detailing Materials

- 1.13. The Contractor must develop or adapt academic detailing resources, such as provider reference materials, patient education tools, and related training materials, pilot test these materials with a range of audiences across practice settings and refine them based on feedback to ensure they are appropriate for

New Hampshire Department of Health and Human Services

Overdose to Action (OD2A) Clinician and Health System Engagement

Exhibit B – Scope of Services

each practice location.

- 1.14. The Contractor must ensure program planning, resource development, and the delivery of academic detailing services are consistent with the National Resource Center for Academic Detailing (NaRCAD) evidence-based guidelines on resource development.
- 1.15. The Contractor must ensure that all materials and academic detailing sessions developed under the resulting Agreement are accessible and comply with applicable state and federal accessibility standards.
- 1.16. The Contractor must review and update all training and academic-detailing session materials at least annually to ensure alignment with current evidence-based guidelines.
- 1.17. The Contractor must develop or adapt academic detailing materials, session curricula, and related resources on the following content areas:
 - 1.17.1. Safe opioid prescribing for acute and chronic pain, including dosage limits, duration, Prescription Drug Monitoring Program (PDMP) checks, tapering, withdrawal management, and disposal;
 - 1.17.2. Buprenorphine and naloxone protocols;
 - 1.17.3. Non-opioid medication, non-pharmacologic pain management strategies, and complementary and alternative evidence-based interventions for acute and chronic pain management.
 - 1.17.4. Universal Substance Use Disorder (SUD) screening tools, including Screening, Brief Intervention, and Referral to Treatment (SBIRT); Tobacco, Alcohol, Prescription medication, and other substance use (TAPS); and Screening to Brief Intervention (S2BI).
 - 1.17.5. Harm-reduction practices, including strategies to engage clients who use prescription drugs in reducing prescription-drug-related harms and dependence.
 - 1.17.6. Effective support for clients starting or currently engaged in SUD treatment.
 - 1.17.7. Referral pathways, including linkage-to-care information regarding ED protocols, referrals to specialized care, and law enforcement and first responder resource awareness.
- 1.18. The Contractor must utilize physician consultants, as needed, to support academic detailing activities, refine clinical content, address complex provider questions, and assist providers in the implementation of recommended evidence-based practices. The Contractor must ensure that physician consultants are appropriately credentialed and engaged in accordance with Department approval processes.

New Hampshire Department of Health and Human Services

Overdose to Action (OD2A) Clinician and Health System Engagement

Exhibit B – Scope of Services

.Group/Meeting Facilitation

- 1.19. The Contractor must facilitate advisory group meetings, as needed, with Department-selected experts in opioid use disorder, harm reduction, and practice change to guide program implementation and quality improvement.
- 1.20. The Contractor must meet with the Department on a monthly basis to discuss meeting and call schedules, activities, budgets and/or performance measures. The Contractor must collaborate with the Department to assess joint progress toward objectives and activities on a monthly basis and to support the Department in sharing products related to grant activities.
- 1.21. The Contractor must provide biweekly case conferencing sessions with up to ten (10) participants to share opioid-prescribing guidelines and to support the implementation of non-opioid and non-pharmacologic pain management through operational support.
- 1.22. The Contractor must facilitate biweekly internal team meetings to review topics including statewide training coverage, provider engagement, academic detailing, operational support, evaluation, and any outreach modifications.

Evaluations and Assessments

- 1.23. The Contractor must develop and provide evaluations of academic detailing sessions that include, but are not limited to:
 - 1.23.1. Site feedback and evaluation, including pre- and post-session evaluations.
 - 1.23.2. Follow-up and operational support needs assessments within one (1) month of academic detailing session.
- 1.24. The Contractor must send academic detailing session evaluations and operational support evaluations to participants via email. The Contractor must:
 - 1.24.1. Send a minimum of two (2) e-mail reminders to participants who have not completed the program evaluations, requesting that the evaluations be submitted.
 - 1.24.2. Contact non-responding participants by telephone to request completion of evaluations if the evaluation response rate falls below 80%.
- 1.25. The Contractor must implement a multi-level evaluation framework that measures:
 - 1.25.1. Reach and engagement of academic detailing services;
 - 1.25.2. Knowledge and evidence-based resource material dissemination
 - 1.25.3. Implementation of recommended practices; and

New Hampshire Department of Health and Human Services Overdose to Action (OD2A) Clinician and Health System Engagement Exhibit B – Scope of Services

- 1.25.4. System-Level impacts, including Return on Investment (ROI) and whether changes result in measurable improvements in prescribing patterns, care utilization, and cost avoidance.
- 1.26. The Contractor must conduct a process evaluation to measure the progress of the project on Department goals and objectives, as well as to collect program data that includes but is not limited to:
 - 1.26.1. The numbers, types, and locations of sites and participants enrolled.
 - 1.26.2. Session attendance.
 - 1.26.3. Follow-up operational support requests and sessions.
- 1.27. The Contractor must conduct outcome evaluations to measure short, intermediate, and longer-term effects of the academic detailing sessions, measuring changes in participant knowledge through surveys conducted pre-, post-, and at a one-month follow-up.

Staffing

- 1.28. The Contractor must hire, train, and supervise staff in the following roles:
 - 1.28.1. Project Director,
 - 1.28.2. Project Coordinator and Evaluator,
 - 1.28.3. Institute of Health Policy & Practice (IHPP) Evaluation Expert,
 - 1.28.4. Project Support Expert, and
 - 1.28.5. IHPP Provider Engagement Expert.
- 1.29. The Contractor must ensure continuous staffing for all required roles and must notify the Department within five (5) business days of any staffing vacancy or change in staffing. The Contractor must ensure that all proposed replacement staff are submitted to the Department for approval prior to the individual assuming their duties.
- 1.30. The Contractor must retain at least three (3) academic detailers who each participate in a two (2)-day session that includes mock academic detailing sessions.
- 1.31. The Contractor must provide Advanced Skills Training during State Fiscal Year 2028. This training must enhance academic detailer competencies in motivational interviewing, barrier identification and resolution, alliance-building, and other advanced communication strategies required to support practice change.
- 1.32. The Contractor must ensure any academic detailers complete the Advanced Skills Training prior to the end of State Fiscal Year 2028.

New Hampshire Department of Health and Human Services

Overdose to Action (OD2A) Clinician and Health System Engagement

Exhibit B – Scope of Services

Additional Requirements

- 1.33. The Contractor must coordinate with other Department-supported initiatives, as directed by the Department, to ensure aligned messaging, prevent duplication of effort, and promote consistent statewide practices. Coordination may include aligning outreach to shared audiences, sharing or adapting materials developed under this contract, and providing training that complements related Department initiatives. These initiatives may include:
 - 1.33.1. NHHRC Care Navigator Expansion,
 - 1.33.2. NHHRC overdose prevention supply distribution,
 - 1.33.3. NH Care Connections (UniteUs),
 - 1.33.4. The Naloxone Saturation Policy Workgroup,
 - 1.33.5. PDMP Compliance, and
 - 1.33.6. Other initiatives, as directed by the Department.

2. Reporting

- 2.1. The Contractor must complete and submit the following reportable data, in the frequency specified, in a format approved by the Department:
 - 2.1.1. Monthly summaries of reach, fidelity, and early outcomes, including as applicable, the number, type, and location of academic-detailing engagements; session topic, format and adaptations; early indicators of practice change; and any additional measures approved by the Department.
 - 2.1.2. Quarterly data, including the number of individuals and practice settings that received academic-detailing sessions, stratified by profession type and county.
 - 2.1.3. Quarterly outcome and return on investment (ROI) reports aligned with Section 1.23.4
 - 2.1.4. A final evaluation report within 45 business days of the end of the project period, summarizing:
 - 2.1.4.1. Provider engagement and reach;
 - 2.1.4.2. Effectiveness of academic detailing session/knowledge retention;
 - 2.1.4.3. Provider implementation of academic detailing session knowledge;
 - 2.1.4.4. System-level impact;

New Hampshire Department of Health and Human Services Overdose to Action (OD2A) Clinician and Health System Engagement Exhibit B – Scope of Services

- 2.1.4.5. Lessons learned and recommendations for sustainability and scalability; and
- 2.1.4.6. Updates to the approved Work Plan, if applicable, including explanation for any deviations.
- 2.1.5. The Contractor may provide other data metrics that enable the Department to track practice changes with respect to opioid prescribing, SUD screening, and SUD treatment as requested or approved by the Department.
- 2.1.6. The Contractor must provide key data in a format and at a frequency specified by the Department for the following performance measures:
 - 2.1.6.1. The Contractor must ensure 80% of the academic detailing sessions result in follow up operational support, specific to the use of opioid prescribing guidelines and non-opioid medications or non-pharmacologic treatment for pain management.
 - 2.1.6.2. The Contractor must ensure 80% of operational support sessions result in evaluation results that reflect an intended change in practice to integrate harm reduction strategies into client services.
 - 2.1.6.3. The Contractor must ensure at least 80% of academic detailing sessions result in documented follow-up operational support.
 - 2.1.6.4. The Contractor must ensure at least 70% of academic detailed providers demonstrate measurable implementation of at least one evidence-based practice within 90 days.
 - 2.1.6.5. The Contractor must ensure at least 60% of practices demonstrate a measurable improvement in at least one prescribing or referral metric within six months.
 - 2.1.6.6. The Contractor must ensure 40% of academic detailing sessions occur in areas in the localized prioritization plan, as referenced in Section 1.7
 - 2.1.6.7. The Contractor must ensure at least one ROI or cost-avoidance indicator is documented and reported annually.
 - 2.1.6.8. The Contractor must measure and report the degree to which academic detailing session and operational support recommendations are adopted and sustained, including:

New Hampshire Department of Health and Human Services

Overdose to Action (OD2A) Clinician and Health System Engagement

Exhibit B – Scope of Services

2.1.6.8.1. Percentage of academic detailed providers who:

2.1.6.8.2. Implement opioid prescribing guideline changes (e.g., dosage limits, duration, PDMP checks).

2.1.6.8.3. Increase use of non-opioid or non-pharmacologic pain treatments.

2.1.6.8.4. Adopt standardized screening tools (e.g., SBIRT).

2.1.6.8.5. Increase referrals to SUD treatment, medications for addiction treatment (MAT), or harm reduction services.

2.1.6.8.6. Measurement methods, which may include:

2.1.6.8.7. Structured follow-up surveys at 30, 90, and 180 days post-academic detailing session.

2.1.6.8.8. Self-reported implementation checklists.

2.1.6.8.9. Practice-level policy or protocol changes.

2.1.6.8.10. Chart audits or de-identified EHR extracts where feasible.

2.1.6.8.11. PDMP trend comparisons pre- and post-academic detailing.

2.1.6.9. Any additional academic detailing data, as requested and in a format specified by the Department.

3. Contract End-of-Life Transition Services

3.1. General Requirements

3.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services (“Transition Services”) from the Contractor to the Department and, if applicable, the new Contractor (“Recipient”) engaged by the Department to assume the services. Ninety (90)

RFP-2027-DPH-09-OCHSE-01
Alosa Health, Inc.

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Date 9/29/2026

**New Hampshire Department of Health and Human Services
Overdose to Action (OD2A) Clinician and Health System Engagement
Exhibit B – Scope of Services**

days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

- 3.1.2. The Contractor must assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure (“Internal IT Systems”) of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
- 3.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department data is complete.
- 3.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
- 3.1.5. In the event the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements, and if applicable, the Department’s Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.
- 3.1.6. In the event the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department’s DHHS Information Security Requirements Exhibit.

3.2. Completion of Transition Services

- 3.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of fifteen (15) business

New Hampshire Department of Health and Human Services

Overdose to Action (OD2A) Clinician and Health System Engagement

Exhibit B – Scope of Services

days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said fifteen (15) business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.

3.2.2. Once all parties agree the data has been migrated the Contractor will have thirty (30) days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

3.3. Disagreement over Transition Services Results

3.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall notify the Contractor, in writing, stating the reason for the lack of satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

4. Exhibits Incorporated

4.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

5.2.1. The Contractor must submit:

5.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

5.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this

New Hampshire Department of Health and Human Services

Overdose to Action (OD2A) Clinician and Health System Engagement

Exhibit B – Scope of Services

Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>); and

- 5.2.1.3. The Department's Federal Civil Rights Compliance Checklist within ten (10) days of the Effective Date of the Agreement. The Federal Civil Rights Compliance Checklist must have been completed within the last twelve (12) months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

5.3. Credits and Copyright Ownership

- 5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 5.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to reports, protocols, guidelines, brochures, posters, and resource directories.
- 5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

- 5.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities

**New Hampshire Department of Health and Human Services
Overdose to Action (OD2A) Clinician and Health System Engagement
Exhibit B – Scope of Services**

must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

- 6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
- 6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 6.1.3. Statistical, enrollment, attendance or session records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.

6.3. If, upon further review, the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

**New Hampshire Department of Health and Human Services
Overdose to Action (OD2A) Clinician and Health System Engagement
EXHIBIT C**

Payment Terms

1. This Agreement is funded by:
 - 1.1. 100% Federal funds, NH Implementation of the Overdose Data to Action in States, as awarded on October 28, 2025, by the Centers for Disease Control, ALN 93.136, FAIN NU17CE010211.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Contractor, based on criteria specified in 2 CFR §200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
 - 2.3. The Indirect Cost Rate for this Agreement as 0%.
3. Payment shall be made upon completion of deliverables as specified in Exhibit C-1, Deliverables.
4. The Contractor shall submit an invoice to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
 - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 4.2. Is submitted in a format as provided by or otherwise acceptable to the Department.
 - 4.3. Identifies and requests payment in accordance with Section 3 above.
 - 4.4. Includes supporting documentation with each invoice, including, but not limited to, proof of expenditures, receipts for purchases, time sheets, and payroll records, as applicable.
 - 4.5. Is completed, dated and returned to the Department to initiate payment.
 - 4.6. Is assigned an electronic signature and is emailed to DHHS.DPHS.Contract@dhhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
5. The Department shall make payments to the Contractor within thirty (30) calendar days of receipt of each invoice and any required supporting documentation, subsequent to approval of the submitted invoice.
6. The final invoice and any required supporting documentation shall be due to the Department no later than forty (40) calendar days after the contract

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**New Hampshire Department of Health and Human Services
Overdose to Action (OD2A) Clinician and Health System Engagement
EXHIBIT C**

completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. If applicable, the Contractor must notify the Department of any revisions, updates, or extensions to the Contractor's federal negotiated indirect cost rate agreement (NICRA) by submitting a copy of the revised NICRA to the Department within five (5) business days of the Contractor's receipt of the NICRA from the cognizant federal agency.
9. Audits
 - 9.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 9.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.
 - 9.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
 - 9.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 9.2. If Condition A exists, the Contractor must submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 9.2.1. The Contractor must submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor must submit quarterly progress reports on the status of implementation of the corrective action plan.
 - 9.3. If Condition B or Condition C exists, the Contractor must submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 9.4. The Contractor, regardless of the funding source and/or whether Conditions A, B, or C exist, may be required to submit annual financial

**New Hampshire Department of Health and Human Services
Overdose to Action (OD2A) Clinician and Health System Engagement
EXHIBIT C**

audits performed by an independent CPA upon request by the Department.

- 9.5. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and must return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception, within sixty (60) days.
10. If applicable, the Contractor must request disposition instructions from the Department for any equipment, based on 2 CFR 200.313, purchased using funds provided under this Agreement.

**Exhibit C-1
Deliverables**

Vendor Name	Alosa Health, Inc				
<u>Deliverables</u>	<u>Deliverable Output</u>	<u>Total Cost per SFY2027 (Sept.2026 - June 2027)</u>	<u>Total Cost per SFY2028 (July 2027- June 2028)</u>	<u>Total Cost per SFY2029 (July 2028- August 2028)</u>	<u>Total Cost (SFY 2027 + SFY 2028+SFY 2029)</u>
Paragraph 1.2 Participate in Project Kick-Off Meeting.	Kick-Off Meeting Summary	\$ 4,000.00	N/A in SFY 2028	N/A in SFY 2029	\$ 4,000.00
Paragraph 1.3. Submit initial work plan and timeline to Department for approval within ten (10) business days after kick-off meeting.	Work Plan	\$ 2,500.00	N/A in SFY 2028	N/A in SFY 2029	\$ 2,500.00
Paragraphs 1.4. & 1.5. Implement academic detailing, consisting of structured provider-education sessions that deliver evidence-based guidance and practice-change support to participants through a one-on-one model delivered either in-person or virtually. Engage at least 300 providers for academic detailing sessions, across a minimum of 100 practice settings that serve individuals at risk for substance use disorder (SUD) or prescription-drug-related harms through State Fiscal Year 2028.	Academic Detailing Sessions (Ongoing)	\$ 80,000.00	\$ 110,000.00	\$ 25,000.00	\$ 215,000.00
Paragraph 1.6. Document each session including date, provider type, setting, topics, resources, follow up.	Academic Detailing Sessions Documentation (Ongoing)	\$ 7,500.00	\$ 8,500.00	\$ 1,000.00	\$ 17,000.00
Paragraph 1.7. Develop localized prioritization plan annually.	Academic Detailing Session Planning Annual Prioritization Plan	\$ 7,500.00	\$ 6,500.00	\$ -	\$ 14,000.00
Paragraph 1.9. Offer at least 20 one (1)-hour CEU-approved academic detailing sessions.	CEU-approved Academic Detailing Sessions (Ongoing)	\$ 10,000.00	\$ 12,000.00	\$ -	\$ 22,000.00
Paragraph 1.10. & 1.11. Provide operational support services during all 300 required provider academic detailing sessions, and complete one-month follow-up activities for all sessions conducted through SFY 2028.	Operational Support Needs Assessments and Follow-up Documentation (Ongoing)	\$ 46,000.00	\$ 60,000.00	\$ -	\$ 106,000.00
Paragraphs 1.12. & 1.16. Develop or adapt academic detailing resources and related training materials on the content areas listed in Paragraphs 1.16.1-1.16.7.	Academic Detailing Materials	\$ 22,000.00	\$ 10,000.00	\$ -	\$ 32,000.00
Paragraph 1.15. Review and update all training and detailing materials at least annually.	Academic Detailing Materials (Annually)	\$ 4,000.00	\$ 4,000.00	\$ -	\$ 8,000.00

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Exhibit C-1
Deliverables

Paragraph 1.17. Facilitate advisory group meetings as needed with Department-selected experts.	Group/Meeting Facilitation Summaries (Ongoing)	\$ 3,000.00	\$ 5,000.00	\$ -	\$ 8,000.00
Paragraph 1.18 Meet monthly with Department to review project progress.	Group/Meeting Summaries (Monthly)	\$ 12,000.00	\$ 14,000.00	\$ 2,000.00	\$ 28,000.00
Paragraph 1.19. Conduct biweekly case conferencing sessions for up to 10 participants.	Group/Meeting Summaries (Biweekly)	\$ 12,000.00	\$ 14,000.00	\$ 2,000.00	\$ 28,000.00
Paragraph 1.20. Facilitate biweekly internal team meetings on training coverage, engagement, support, evaluation, and outreach modifications.	Group/Meeting Summaries (Biweekly)	\$ 8,000.00	\$ 14,000.00	\$ 2,000.00	\$ 24,000.00
Paragraph 1.21. & 1.22. Develop, provide, and share evaluations of academic detailing sessions.	Academic Detailing Evaluations (Ongoing)	\$ 5,000.00	\$ 5,000.00	\$ -	\$ 10,000.00
Paragraph 1.23. Implement a multi-level evaluation framework that measures reach, knowledge dissemination, implementation, and system-level impacts (e.g., ROI).	Detailing Evaluations - Analysis (Ongoing)	\$ 5,000.00	\$ 7,500.00	\$ 5,000.00	\$ 17,500.00
Paragraph 1.24 Conduct a process evaluation to measure progress of project.	Detailing Evaluations - Process Evaluation	\$ 5,000.00	\$ 5,000.00		\$ 10,000.00
Paragraph 1.25. Conduct outcome evaluations to measure short, intermediate, and longer-term effects of the	Detailing Evaluations - Outcome Evaluation	\$ 5,000.00	\$ 5,000.00	\$ 2,500.00	\$ 12,500.00
Paragraph 2.1.1. Deliver monthly summaries of reach, fidelity, outcomes, session counts, topic formats, and practice change indicators.	Reporting Summary (Monthly)	\$ 2,500.00	\$ 2,500.00	\$ 500.00	\$ 5,500.00
Paragraph 2.1.2 & 2.1.3. Quarterly data on individuals/settings served and quarterly outcomes/ROI reports.	Reporting Summary (Quarterly)	\$ 2,500.00	\$ 2,500.00	\$ 5,000.00	\$ 10,000.00
Paragraph 2.1.4. Develop and submit final report within 45 business days of project end, including reach, effectiveness, implementation, system impacts, and lessons learned.	Final Report	N/A in SFY 2027	\$ 5,000.00	\$ 15,000.00	\$ 20,000.00
Paragraph 2.1.6. Provide additional key data to the Department, as specified in subparagraphs 2.1.6.1-2.1.6.9.	Data Reports (Ongoing)	\$ 2,500.00	\$ 2,500.00	\$ 1,000.00	\$ 6,000.00
Total Cost (SFY2027 + SFY2028+SFY2029)					\$ 600,000.00

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New Hampshire Department of Health and Human Services

Exhibit D

Exhibit D – Federal Requirements

Section A: Certification Regarding Drug-Free Workplace Requirements

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS

US DEPARTMENT OF EDUCATION - CONTRACTORS

US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990, Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-6505

1. The Contractor certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1 Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2 Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1 The dangers of drug abuse in the workplace;
 - 1.2.2 The Contractor's policy of maintaining a drug-free workplace;

Federal Requirements

Contractor's Initials:

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New Hampshire Department of Health and Human Services

Exhibit D

- 1.2.3 Any available drug counseling, rehabilitation, and employee assistance programs; and
- 1.2.4 The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- 1.3 Making it a requirement that each employee to be engaged in the performance of the Agreement be given a copy of the statement required by paragraph (a);
- 1.4 Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the Agreement, the employee will
 - 1.4.1 Abide by the terms of the statement; and
 - 1.4.2 Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- 1.5 Notifying the agency in writing within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;
- 1.6 Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1 Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2 Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7 Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Federal Requirements

Contractor's Initials:

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New Hampshire Department of Health and Human Services

Exhibit D

Section B: Certification Regarding Lobbying

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS

US DEPARTMENT OF EDUCATION - CONTRACTORS

US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- Temporary Assistance to Needy Families under Title IV-A
- Child Support Enforcement Program under Title IV-D
- Social Services Block Grant Program under Title XX
- Medicaid Program under Title XIX
- Community Services Block Grant under Title VI
- Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL Disclosure Form to Report Lobbying, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Federal Requirements

Contractor's Initials:

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New Hampshire Department of Health and Human Services

Exhibit D

Section C: Certification Regarding Debarment, Suspension And Other Responsibility Matters

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

2. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76
6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Federal Requirements

Contractor's Initials:

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New Hampshire Department of Health and Human Services

Exhibit D

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) Title 22 Chapter V Part 513
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1 Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2 Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3 Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4 Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

Federal Requirements

Contractor's Initials:

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New Hampshire Department of Health and Human Services

Exhibit D

- 13.1 Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 13.2 Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).
14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

New Hampshire Department of Health and Human Services

Exhibit D

Section D: Certification Of Compliance With Federal Requirements

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

Federal Requirements

Contractor's Initials:

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New Hampshire Department of Health and Human Services

Exhibit D

10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.
12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

16. By signing and submitting this Agreement, the Contractor agrees to comply with the provisions indicated above.

Federal Requirements

Contractor’s Initials:

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New Hampshire Department of Health and Human Services

Exhibit D

Section E: Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

New Hampshire Department of Health and Human Services

Exhibit D

Section F: Certification Regarding The Federal Funding Accountability And Transparency Act (FFATA) Compliance

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$30,000 or more. If the initial award is below \$30,000 but subsequent grant modifications result in a total award equal to or over \$30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
 - 10.1 More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2 Compensation information is not already available through reporting to the SEC.
 - 10.3 Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110- 252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Federal Requirements

Contractor's Initials:

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New Hampshire Department of Health and Human Services

Exhibit D – Federal Requirements

Form A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: QMNMUXN4MG6
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO X If NO, stop here

YES _____ If YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO _____ If NO, stop here

YES _____ If YES, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Contractor: Alosa Health

Signed by:
Signature: Paul Fanikos
14B72D2196A14F1...

Name: Paul Fanikos

Title: C.O.O.

Date: 9/29/2026

Federal Requirements

Contractor's Initials: _____

Date: 9/29/2026

State of New Hampshire

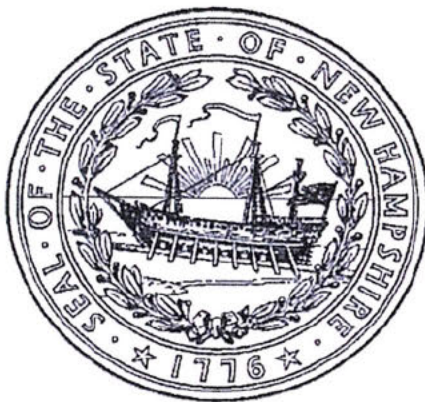
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ALOSA HEALTH INC is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on January 10, 2023. 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: **919961**

Certificate Number: **0008028022**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of September A.D. 2026.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp that partially overlaps the seal of the State of New Hampshire.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Jerry Avorn, 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 Alosa Health.
(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 September 13th, 2018, at which a quorum of the Directors/shareholders were present and voting.

(Date)

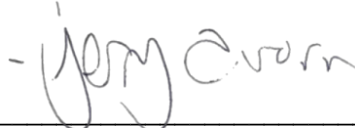
VOTED: That Paul Fanikos, Chief Operating Officer
(may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Alosa Health 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: 09/17/2026



Signature of Elected Officer
Name: Jerry Avorn
Title: President

ALOSHEA-01

MMASANGKAY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2026

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 Acrisure East Insurance Services, LLC 3 Sylvan Way Suite 200 Parsippany, NJ 07054	CONTACT NAME: Tracey Heiss	
	PHONE (A/C, No, Ext): (802) 383-1635	FAX (A/C, No):
	E-MAIL ADDRESS: theiss@acrisure.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE Property and Casualty Insurance Company	
INSURED Alosa Health Inc 20 Park Plaza Suite 821 Boston, MA 02116	NAIC #	
	INSURER B: Bankers Standard Insurance Company	
	INSURER C: Hartford Insurance Company (USE ONLY FOR MULTIPLE HARTFO	
	INSURER D: Lloyd's Syndicate 1988 (Asta Managing Agency Ltd)	
	INSURER E:	
INSURER F:		20699
		18279
		00914

COVERAGES

CERTIFICATE NUMBER:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			SERMAD527470901X	6/1/2026	6/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			SERMAD527470901X	6/1/2026	6/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			UMBMA955544903N	6/1/2026	6/1/2027	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Prod-Comps \$ 1,000,000 ☒ PER STATUTE ☐ OTH-ER
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	31WECIW4185	3/31/2026	3/31/2027	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Prof Liab			MSP0640911585	8/17/2026	8/17/2027	Agg Limit of Liab 3,000,000
D	Prof Liab			MSP0640911585	8/17/2026	8/17/2027	Limit of Liability 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

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

John D. Mac

NONPROFIT COVER SHEET

A. Entity Name: Alosa Health, Inc.

B. Entity's Contact Information: Paul Fanikos

For Records Requests (e.g., resumes of key personnel; audited financial statements):

Name / Phone / Email: Paul Fanikos, (617) 257-4672, pfanikos@alosahealth.org

Person responsible for Accuracy and Completeness of information provided:

Name: Paul Fanikos

Title: C.O.O.

Signature: _____

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u> E.g., John Doe (President)	<u>Affiliations</u>
Jerry Avorn, MD Board President	Professor of Medicine at Harvard Medical School and Chief emeritus of the Division of Pharmacoepidemiology and Pharmacoeconomics at Brigham & Women's Hospital in Boston
Karen Tucker Treasurer and Clerk	
James Zuckernik, JD Director	Business Law Department of Robinson & Cole LLP's
Sally McNaghy, MD, MPH Director	Mass General Brigham Health Care System
Niteesh Choudhry, MD, PhD Director	Professor of Medicine at Harvard Medical School & Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health
Will Shrank, MD Director	Aradigm
Joe Ross, MD Director	Professor of Medicine & Public Health at the Yale School of Medicine
Aaron Kesselheim, MD Director	Professor of Medicine at Harvard Medical School and a faculty member in the Division of Pharmacoepidemiology and Pharmacoeconomics in the Department of Medicine at Brigham and Women's Hospital

D. List Key Personnel (Resumes must be available upon request to the person(s) listed in section B or may be attached):

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>

Tony de Melo, RPh	Manager Clinical Educators & Training	175,000	20% \$35,000
Ellen Dancel, PharmD, MPH	Materials Development and Continuing Medical Education	200,000	10% \$20,000
Paul Fanikos, MPA	Program Director	225,000	2.5% \$5,625
Irina Matei	Finance	90,0000	5% \$4,500
Dan McMahon, MPH	Program Coordinantor	110,000	30% \$33,000
Lori Tishler, MD	Physician Advisor	125,000	5% \$6,250

DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

E. Check one of the following:

- ☒ The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**
- ☐ The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).
-
-
-

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

- ☐ is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**
- ☒ is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**
- ☐ is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

** Note: Attached screen shot from the DOJ Registered Charities List found at:

<https://mm.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf>



Outlook

Re: *URGENT* Supporting Documentation, OD2A Clinician/Health System Engagement - RFP-2027-DPH-09-OCHSE-01

From Lanae Hicks <lhicks@alosahealth.org>

Date Thu 10/1/2026 3:38 PM

To Nikitas, Kristine <Kristine.O.Nikitas@dhhs.nh.gov>

Cc Paul Fanikos <pfanikos@alosahealth.org>; imatei@alosahealth.org <imatei@alosahealth.org>

EXTERNAL EMAIL WARNING! This email originated outside of the New Hampshire Executive Branch network. Do not open attachments or click on links unless you recognize the sender and are expecting the email. Do not enter your username and password on sites that you have reached through an email link. Forward suspicious and unexpected messages by clicking the Phish Alert button in your Outlook and if you did click or enter credentials by mistake, report it immediately to helpdesk@doit.nh.gov!

Hi Kristina,

We submitted the form and I'm including the confirmation below.

Best,

Lanae

On Thu, Oct 1, 2026 at 1:59 PM Nikitas, Kristine <Kristine.O.Nikitas@dhhs.nh.gov> wrote:

Hello Paul and Alosa team!

Do you happen to have the letter from NH's Charitable Trust Unit (CTU) regarding the waiver of registration? The CTU generally reviews all the NHCT-10s submitted and is able to provide a determination as to whether or not an organization are eligible for the waiver.

This is the [NHCT-10 Online Form](#), if you have not filled it out—we will need this ASAP to submit and receive an official CTU Waiver letter. Thank you!

Best,

Krissy Nikitas (She/Her)

Senior Contract Specialist

NH Department of Health and Human Services

Bureau of Contracts and Procurement

[129 Pleasant Street, Concord, NH 03301](#)-3857

[603-271-9029](tel:603-271-9029)

Upcoming OOO: After 3pm 8/20, Before 12pm 9/3

***NOTE:** This email does not commit the Department to enter into any agreement*

FINANCIAL DISCLOSURES**G. Check one the following:**

- ☒ The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**
- ☐ The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**
- ☐ ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization's most recently completed fiscal year:

1. INCOME STATEMENT

	<u>Revenue</u>		<u>Expenses</u>
<i>Grants</i>	\$	<i>Compensation of officers, directors, and key personnel</i>	\$
<i>Donations</i>	\$		
<i>Program Services Revenue</i>	\$	<i>Other salaries & wages</i>	\$
<i>Interest & Dividends</i>	\$	<i>Payroll taxes & employee benefits</i>	\$
<i>All other Revenue</i>	\$	<i>Occupancy, rent, utilities, and insurance</i>	\$
<u>Total Revenue</u>	\$	<i>Printing, publications, postage, office supplies, and IT</i>	\$
		<i>All other expenses</i>	\$
		<u>Total Expenses</u>	\$

2. BALANCE SHEET

<u>Assets</u>		<u>Liabilities</u>	
<i>Cash & Equivalents</i>	\$	<i>Accounts Payable</i>	\$
<i>Investments</i>	\$	<i>Loans Payable</i>	\$
<i>Real Estate (less any depreciation)</i>	\$	<i>All other liabilities</i>	\$
<i>Other Property & Equipment (less any depreciation)</i>	\$	<u>Total Liabilities</u>	\$
<i>Pledges, grants, accounts receivable</i>	\$		
<i>All other assets</i>	\$		
<u>Total Assets</u>	\$		

From its beginnings in 2004, Alosa Health has been driven by its mission: **to advance health outcomes by providing the most reliable, evidence-based information and guiding healthcare decisionmakers toward optimal care – always free from commercial influence.**

ALOSA HEALTH, INC.

FINANCIAL STATEMENTS

**AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023**

ALOSA HEALTH, INC.

CONTENTS

Independent Auditors’ Report..... 1-2

Financial Statements

Statements of Financial Position..... 3-4

Statements of Activities and Change in Net Assets 5

Statements of Functional Expenses 6

Statements of Cash Flows 7

Notes to the Financial Statements 8-19



CBIZ CPAs P.C.

100 Westminster Street
Suite 500
Providence, RI 02903

P: 401.600.4500

Independent Auditors' Report

The Board of Directors of
Alosa Health, Inc.

Opinion

We have audited the financial statements of Alosa Health, Inc. (the "Organization"), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities and change in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of December 31, 2024, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The financial statements of the Organization as of and for the year ended December 31, 2023, were audited by Marcum LLP, whose report dated October 18, 2024, expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

CBIZ CPAs P.C.

Providence, RI
October 27, 2025

ALOSA HEALTH, INC.**STATEMENTS OF FINANCIAL POSITION****AS OF DECEMBER 31, 2024 AND 2023**

	2024	2023
Current Assets		
Cash and cash equivalents	\$ 7,314,349	\$ 9,341,440
Contract fees receivable	933,892	1,070,458
Prepaid expenses and other assets	<u>77,038</u>	<u>66,492</u>
Total Current Assets	<u>8,325,279</u>	<u>10,478,390</u>
 Furniture, equipment, and software, net	 <u>13,623</u>	 <u>326</u>
Other Assets		
Investments	928,047	217,289
Operating right-of-use asset, net	<u>44,573</u>	<u>111,432</u>
Total Other Assets	<u>972,620</u>	<u>328,721</u>
 Total Assets	 <u><u>\$ 9,311,522</u></u>	 <u><u>\$ 10,807,437</u></u>

The accompanying notes are an integral part of these financial statements.

ALOSA HEALTH, INC.**STATEMENTS OF FINANCIAL POSITION (CONTINUED)****AS OF DECEMBER 31, 2024 AND 2023**

	2024	2023
Current Liabilities		
Accounts payable and accrued expenses	\$ 234,816	\$ 365,164
Current portion of operating lease liability	<u>47,227</u>	<u>69,632</u>
Total Current Liabilities	<u>282,043</u>	<u>434,796</u>
Other Liabilities		
Deferred revenue	625,600	2,824,452
Operating lease liability, net of current portion	<u>--</u>	<u>42,211</u>
Total Other Liabilities	<u>625,600</u>	<u>2,866,663</u>
Total Liabilities	907,643	3,301,459
Net Assets - Without Donor Restrictions	<u>8,403,879</u>	<u>7,505,978</u>
Total Liabilities and Net Assets	<u><u>\$ 9,311,522</u></u>	<u><u>\$ 10,807,437</u></u>

The accompanying notes are an integral part of these financial statements.

ALOSA HEALTH, INC.**STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
Change in Net Assets Without Donor Restrictions		
Operating revenue		
Exchange contracts	\$ 5,848,439	\$ 7,575,849
Conditional grants	447,958	861,464
Contributions	200,000	--
Total Operating Revenue	<u>6,496,397</u>	<u>8,437,313</u>
Expenses		
Program services	5,562,208	7,661,155
General and administrative	535,535	477,267
Total Expenses	<u>6,097,743</u>	<u>8,138,422</u>
Non-operating revenue		
Investment income, net of fees	337,308	382,042
Net realized/unrealized gain on investments	110,757	17,290
Service fee income	51,182	17,768
Total Non-Operating Revenue	<u>499,247</u>	<u>417,100</u>
Change in Net Assets	897,901	715,991
Net Assets without Donor Restrictions - Beginning of Year	<u>7,505,978</u>	<u>6,789,987</u>
Net Assets without Donor Restrictions - End of Year	<u><u>\$ 8,403,879</u></u>	<u><u>\$ 7,505,978</u></u>

The accompanying notes are an integral part of these financial statements.

ALOSA HEALTH, INC.**STATEMENTS OF FUNCTIONAL EXPENSES****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024			2023		
	Program Services	General and Administrative	Total	Program Services	General and Administrative	Total
Consulting, contract labor and reimbursable expenses	\$ 3,803,860	\$ 17,625	\$ 3,821,485	\$ 5,246,918	\$ --	\$ 5,246,918
Salaries, benefits and payroll taxes	1,004,122	246,908	1,251,030	979,050	204,548	1,183,598
Professional fees	395,165	83,141	478,306	474,107	60,835	534,942
Lease cost	58,346	19,458	77,804	153,342	31,733	185,075
Utilities	4,694	1,162	5,856	47,506	9,223	56,729
Printing and office expenses	124,578	32,604	157,182	380,796	27,541	408,337
Donations	750	653	1,403	512	500	1,012
Travel and meals	19,401	25,696	45,097	50,501	26,049	76,550
Supplies	53,246	600	53,846	88,380	1,260	89,640
Telephone and internet	22,735	42,647	65,382	34,151	66,433	100,584
Recruiting	3,948	24,505	28,453	12,478	12,421	24,899
Other program expenses	20,875	2,000	22,875	66,532	--	66,532
Postage and delivery	14,392	3,421	17,813	71,709	4,228	75,937
Miscellaneous	36,096	33,150	69,246	55,173	31,845	87,018
Depreciation and amortization	--	1,965	1,965	--	651	651
Total Functional Expenses	\$ 5,562,208	\$ 535,535	\$ 6,097,743	\$ 7,661,155	\$ 477,267	\$ 8,138,422

The accompanying notes are an integral part of these financial statements.

ALOSA HEALTH, INC.**STATEMENTS OF CASH FLOWS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
Cash Flows from Operating Activities		
Change in net assets	\$ 897,901	\$ 715,991
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Net realized/unrealized (gain) on investments	(110,757)	(17,290)
Depreciation	715	651
Amortization of intangible assets	1,250	--
Amortization of right-of-use asset	66,859	16,715
Changes in operating assets and liabilities:		
Contract fees receivable	136,566	(14,357)
Prepaid expenses and other assets	(10,546)	8,640
Operating right-of-use asset	--	(128,147)
Accounts payable and accrued expenses	(130,348)	(12,284)
Deferred revenue	(2,198,852)	247,008
Operating right-of-use liability	(64,616)	111,843
Net Cash (Used in) Provided by Operating Activities	<u>(1,411,828)</u>	<u>928,770</u>
Cash Flows from Investing Activities		
Proceeds from sale of investments	337,308	382,042
Purchase of equipment	(2,962)	--
Purchase of software	(12,300)	--
Purchases of investments	(600,001)	(199,999)
Investment income reinvested	(337,308)	(382,042)
Net Cash Used in Investing Activities	<u>(615,263)</u>	<u>(199,999)</u>
Net (Decrease) Increase in Cash and Cash Equivalents	(2,027,091)	728,771
Cash and Cash Equivalents - Beginning of Year	<u>9,341,440</u>	<u>8,612,669</u>
Cash and Cash Equivalents - End of Year	<u>\$ 7,314,349</u>	<u>\$ 9,341,440</u>

ALOSA HEALTH, INC.**NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 1 – ORGANIZATION AND DESCRIPTION OF OPERATIONS

Alosa Health, Inc., formerly known as Alosa Foundation, Inc. (“Alosa” or the “Organization”) was organized under the laws of the Commonwealth of Massachusetts as a nonprofit organization in November 2004 for the specific purpose of educating health professionals, students, and patients about the appropriate use of medications (academic detailing). Alosa believes that medical decisions should be based on unbiased, evidence-based information. Its mission is to improve patient outcomes by identifying and disseminating the best evidence available, to support health care professionals in providing optimal care for their patients. Alosa’s primary source of revenue is from contracts to provide academic detailing and training services.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES***BASIS OF ACCOUNTING***

The financial statements of Alosa have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

NET ASSETS

Net assets without donor restrictions represent expendable resources available for support of Alosa’s general operations. The Organization does not receive or maintain resources which are restricted by donors for purposes outside of its mission and core operations.

REVENUE RECOGNITION

The majority of the Organization’s contract revenue is derived from exchange contracts with various clients receiving state funding for opioid prescription education. Alosa records revenue from these agreements as services are performed in accordance with ASC 606: *Revenue Recognition*, which instructs the entity to recognize revenue for the transfer of services in an amount that reflects the consideration which the entity expects it is entitled to receive from customers in exchange for those services. Revenue earned that has not yet been billed to the customer is recognized as accrued revenue. Once billed, it is recognized as accounts receivable until funds are received. Receipts from contracts for which the related services have not yet been performed are reported on the statements of financial position as deferred revenue. Revenue earned through exchange contracts totaled \$5,848,939 and \$7,575,849 for the years ended December 31, 2024 and 2023, respectively.

ALOSA HEALTH, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

REVENUE RECOGNITION (CONTINUED)

Other contract revenue is derived from conditional grants with county and state governments that have opioid educational programs. In accordance with ASC Subtopic 958-605: *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions made*, the Organization must determine whether a contribution (or a promise) is conditional or unconditional for transactions deemed to be a contribution. A contribution is considered to be a conditional contribution if an agreement includes a barrier that must be overcome and either a right of return of assets or a right of release of a promise to transfer assets exists. Indicators of a barrier include measurable performance-related barriers or other measurable barriers, a stipulation that limits discretion by the recipient on the conduct of the activity, and stipulations that are related to the purpose of the agreement. Topic 958 prescribes that the Organization should not consider the probability of compliance with the barrier when determining if the awards are conditional and should be reported as conditional grant advance liabilities until such conditions are met. Assets received before the barrier is overcome are recorded as conditional advances. The Organization did not have assets received before the barriers were overcome for the years ended December 31, 2024 and 2023. Government grants conditioned are generally within the scope of Topic 958 as these transactions are considered nonreciprocal as the general public receives the benefit as the result of the asset transferred.

These contracts are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses or measurable performance barriers. Amounts received are recognized as revenue when the Organization has incurred the expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as conditional grant advances in the statements of financial position. Any amounts expended prior to receiving the related funds are recorded as contract fees receivable. Revenue earned through conditional grants totaled \$447,958 and \$861,464 for the years ended December 31, 2024 and 2023, respectively.

Contributions received are considered available for the general programs of the Organization. The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, restricted net assets are reclassified to net assets without donor restrictions and reported in the statements of activities and changes in net assets as net assets released from restrictions. Donor restricted contributions where the restrictions are met in the same reporting periods are recorded in net assets without donor restrictions. During the years ended December 31, 2024 and 2023, there were no donor restricted contributions.

ALOSA HEALTH, INC.**NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)***REVENUE RECOGNITION (CONTINUED)***

Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided by donations, are recorded at their values in the period received. During the years ended December 31, 2024 and 2023, there were no contributions of donated services received from donors.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (“GAAP”) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

CASH AND CASH EQUIVALENTS

Cash consists of deposits held in checking and money market accounts at federally insured banks. Deposits at the bank are insured by the Federal Deposit Insurance Corporation (the “FDIC”) up to \$250,000. At various times during the year, cash balances may have exceeded the FDIC insured limits. Alosa has not experienced any losses on such accounts.

For the purpose of the statements of cash flows, Alosa considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents when purchased. There were cash equivalents totaling \$6,361,396 and \$8,424,088 as of December 31, 2024 and 2023, respectively.

INVESTMENTS AND INVESTMENT INCOME

Investments in marketable equity and debt securities with readily determinable fair values are carried at their fair values in the statements of financial position. Realized and unrealized gains and losses are included in determining the change in net assets in the accompanying statements of activities and change in net assets. Investment income and gains restricted by donors are reported as increases in net assets with donor restrictions. When the restrictions are met (either a stipulated time period ends or a purpose restriction is accomplished), they are reclassified to net assets without donor restrictions and reported in the statements of activities and change in net assets as net assets released from restrictions. Investment income and gains restricted by donors are reported as increases in net assets without donor restrictions if the restrictions are met (either a stipulated time period ends or a purpose restriction is accomplished) in the reporting period in which the income and gains are recognized.

ALOSA HEALTH, INC.**NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)***CONTRACT FEES RECEIVABLE***

Contract fees receivable consist of fees due from clients and are noninterest bearing. The balance is stated at the contractual amount, net of allowance for expected credit losses. The Organization recognizes an allowance for expected credit losses, which is calculated on a pooled basis where similar risk characteristics exist. The allowance estimate is derived from a review of the Organization's historical losses based on the aging of receivables. This estimate is adjusted for management's assessment of current conditions, reasonable and supportable forecasts regarding future events, and any other factors deemed relevant by the Organization. The Organization believes historical loss information is a reasonable starting point in which to calculate the allowance for expected credit losses. The Organization's allowance for expected credit losses is reviewed on a regular basis to assess the adequacy of the allowance. As of December 31, 2024 and 2023, The Organization has determined no allowance for credit loss is necessary as all amounts are considered collectible.

FURNITURE, EQUIPMENT, AND SOFTWARE

All acquisitions of furniture, equipment, and software in excess of \$2,500 and all expenditures for repairs, maintenance, renewals, and betterments that materially prolong the useful lives of these assets are capitalized. Furniture, equipment, and software are carried at cost or, if donated, at the approximate fair value at the date of donation. Depreciation and amortization are computed using primarily the straight-line method over the estimated useful lives of the assets. Estimated useful lives are three years for software, five years for computer hardware and video equipment, and seven years for furniture and fixtures. The Organization paid for and capitalized website costs totaling \$4,800, which has not been placed in service as of December 31, 2024.

FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and change in net assets, and the statements of functional expenses. Costs that can be identified as wholly related to programs or support functions are charged directly to those programs or functions. Salaries and related costs are allocated to programs and supporting services based on individual employee time dedicated to client program activities.

ALOSA HEALTH, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INCOME TAXES

Alosa operates as a publicly supported tax-exempt organization pursuant to Section 501(c)(3) of the Internal Revenue Code and, accordingly, is exempt from federal income taxes. Alosa is also exempt from Massachusetts income tax under Massachusetts General Law Chapter 180. In addition, Alosa qualifies for the charitable contribution deduction under Section 170(b)(1)(A) of the Internal Revenue Code and has been classified as an organization other than a private foundation under Section 509(a)(2).

Alosa evaluates all significant tax positions. As of December 31, 2024 and 2023, Alosa does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next 12 months. Alosa's income tax returns are subject to examination by the appropriate taxing jurisdictions.

RECLASSIFICATIONS

Certain prior year amounts have been reclassified for consistency with the current period presentation. These reclassifications had no effect on the reported change in net assets.

SUBSEQUENT EVENTS

Alosa's management has evaluated the effect which subsequent events may have on these financial statements. Management's evaluation was completed on October 27, 2025, the date these financial statements became available to be issued. No matters were identified requiring accounting changes or disclosure.

ALOSA HEALTH, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 3 – INVESTMENTS AND FAIR VALUE MEASUREMENTS

Alosa’s investments at December 31, 2024 and 2023 consist of the following:

	<u>2024</u>	<u>2023</u>
Mutual funds	<u>\$ 928,047</u>	<u>\$ 217,289</u>
	<u><u>\$ 928,047</u></u>	<u><u>\$ 217,289</u></u>

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

ALOSA HEALTH, INC.**NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 3 – INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Fund: Valued at the closing price reported in the active trading market (NYSE, NYSE American, NASDAQ) in which the individual securities are traded.

The preceding methods described may produce a fair value that may not be indicative of net realizable value or reflective of future values. Furthermore, although Alosa believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

All Alosa's investments are valued using Level 1 measurements as of December 31, 2024 and 2023.

NOTE 4 – CONTRACT FEES RECEIVABLE

Contract fees receivable are stated at the amount management expects to collect from outstanding balances. The Organization had outstanding receivables totaling \$933,892 and \$1,070,458 as of December 31, 2024 and 2023, respectively, and \$1,045,896 as of January 1, 2023. Balances still outstanding after management has used reasonable collection efforts are written off through a charge to the allowance and a credit to contract fees receivable. Management had determined that as of December 31, 2024 and 2023, and January 1, 2023, no allowance for uncollectible accounts was deemed necessary.

NOTE 5 – PREPAID EXPENSES AND OTHER ASSETS

Prepaid expenses and other assets consisted of the following at December 31, 2024 and 2023:

	2024	2023
Prepaid expenses	\$ 59,328	\$ 48,782
Security deposit	17,710	17,710
	<u>\$ 77,038</u>	<u>\$ 66,492</u>

ALOSA HEALTH, INC.**NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 6 – FURNITURE, EQUIPMENT, AND SOFTWARE, NET

Furniture and equipment, net consists of the following as of December 31:

	2024	2023
Furniture and fixtures	\$ 12,012	\$ 9,050
Computer hardware	4,655	4,655
Software	23,146	15,646
Website not placed in service	<u>4,800</u>	<u>--</u>
	44,613	29,351
Less: Accumulated depreciation and amortization	<u>(30,990)</u>	<u>(29,025)</u>
Furniture and equipment, net	<u><u>\$ 13,623</u></u>	<u><u>\$ 326</u></u>

Depreciation expense on furniture and equipment amounted to \$715 and \$651 for the years ended December 31, 2024 and 2023, respectively.

Amortization expense on software amounted to \$1,250 and \$0 for the years ended December 31, 2024 and 2023, respectively.

NOTE 7 – CONCENTRATIONS

Alosa had approximately 88% and 74% of its contract fees receivable due from three customers as of December 31, 2024 and 2023, respectively.

Alosa recognized approximately 79% and 80% of its contract revenue from two customers during the years ended December 31, 2024 and 2023, respectively.

ALOSA HEALTH, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 8 – LIQUIDITY AND FUNDS AVAILABLE

Alosa’s financial assets available within one year of the statements of financial position date to meet cash needs for general expenditures are as follows:

	2024	2023
Financial assets at year-end:		
Cash and cash equivalents	\$ 7,314,349	\$ 9,341,440
Investments	928,047	217,289
Contract fees receivable	<u>933,892</u>	<u>1,070,458</u>
Financial assets available to meet general expenditures over the next 12 months	<u>\$ 9,176,288</u>	<u>\$ 10,629,187</u>

Alosa has a policy to structure its financial assets to be available to meet its general expenditures, liabilities and other obligations as they become due. Alosa monitors its liquidity so that it is able to meet its operating needs and other contractual commitments while maximizing the investment of its excess operating cash. In addition to financial assets available to meet general expenditures over the year, Alosa anticipates covering its general expenditures by collecting sufficient program revenues and other revenue. The statements of cash flows identify the sources and uses of Alosa’s cash and shows net cash from operating activities. For the year ended December 31, 2024, funds used exceeded funds provided by operating activities by \$1,411,828. For the year ended December 31, 2023, funds provided exceeded funds used in operating activities by \$928,770.

ALOSA HEALTH, INC.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 9 – LEASES

Alosa currently leases office space under a lease agreement for its facility in Boston, Massachusetts. The agreement began on October 1, 2023, and continues through September 2025. The discount rate used was 5.03%, based on the daily treasury part yield curve 2-year rate as of the lease start date of October 1, 2023. Under the lease terms, Alosa also pays additional amounts for its share of the building's real estate taxes and operating costs. Variable payments are not determinable at the lease commencement and are not included in the measurement of the lease asset and liability. The lease agreement does not include any material residual value guarantees or restrictive covenants.

From October 2022 to September 2023, Alosa leased office space in Boston, Massachusetts under a short-term lease agreement with no renewal option and elected not to apply the recognition requirements under ASC 842: *Leases*. These lease costs were recognized through the statements of activities and change in net assets for the years ended December 31, 2023 and 2022.

The following summarizes the line items in the statements of financial position which include amounts for operating leases as of December 31, 2024 and 2023:

	2024	2023
Operating right-of-use asset, net	\$ 44,573	\$ 111,432
Current portion of operating lease liability	\$ 47,227	\$ 69,632
Operating lease liability, net of current portion	--	42,211
Total operating lease liability	\$ 47,227	\$ 111,843

The components of total lease cost that are included in statements of functional expenses for the years ended December 31, 2024 and 2023 were as follows:

	2024	2023
Operating lease cost	\$ 65,496	\$ 17,308
Variable lease cost	12,308	167,767
	\$ 77,804	\$ 185,075

ALOSA HEALTH, INC.**NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023****NOTE 9 – LEASES (CONTINUED)**

The following summarizes the cash flow information related to operating leases for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Cash paid for amounts included in the measurement of operating lease liabilities:		
Operating cash flows for operating leases	\$ <u>17,308</u>	\$ <u>17,308</u>
Right-of-use assets obtained in exchange for operating lease liabilities:		
Operating leases	\$ <u>-</u>	\$ <u>128,147</u>

The maturities of operating lease liability as of December 31, 2024 were as follows:

<u>For the Year Ending December 31,</u>	
2025	\$ <u>48,106</u>
Total annual payments	48,106
Less: Imputed interest	<u>879</u>
Total operating lease liability	\$ <u>47,227</u>

ALOSA HEALTH, INC.**NOTES TO THE FINANCIAL STATEMENTS****FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

NOTE 10 – INTERMEDIARY/AGENT

Agency transactions occur when one nonprofit organization (the Agent) raises contributions for another recipient. Contributions received through agency transactions are not recorded as revenue or support in the Statement of Activities and Changes in Net Assets of the Organization. The primary factor in determining if a transaction should be considered an agency transaction is “variance power”. If a donor stipulates that the final recipient of the contribution, the Agent does not have variance power and does not recognize the contribution as revenue.

Management considers the following factors indicative of agency transactions:

- It receives assets and agrees to use those assets on behalf of or transfer those assets to a specified beneficiary; or
- It agrees to solicit assets from donors specifically for the benefit of a beneficiary; or
- A beneficiary can compel the recipient entity to make distributions to it or on its behalf.

The Organization acts as the Agent for the National Resource Center for Academic Detailing (“NaRCAD”), and received and expended \$18,000 and \$16,000 on behalf of NaRCAD during the years ended December 31, 2024 and 2023. The Organization did not have any agency funds payable as of December 31, 2024 and 2023.

NOTE 11 – RETIREMENT PLAN

Alosa provides a defined contribution plan under Section 403(b) of the Internal Revenue Code. All employees are eligible to participate in the plan upon hire. Alosa made matching contributions of \$39,626 and \$46,162 to the plan for the years ended December 31, 2024 and 2023, respectively. Matching contributions are subject to vesting over a three-year period.

NOTE 12 – FEDERAL FUNDING

The Organization is subject to various federal regulations which may be subject to change. Such changes could potentially impact the Organization’s compliance requirements and associated costs. Additionally, many of the Organization’s contracts with clients are either directly or indirectly state and federally funded. Therefore, the Organization’s operations are subject to the administrative directives, rules and regulations of federal, state and local regulatory agencies. Such administrative directives, rules and regulations are subject to change by an act of Congress, which may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change. Management is engaged in ongoing assessment and adjustment of compliance and operational strategies to align with any new regulatory guidelines and directives.

Tony de Melo, RPh

SALES LEADER, MARKETER & TALENT DEVELOPMENT EXECUTIVE

Committed to developing excellence through leadership and creative solutions that deliver results.

Dynamic and accomplished executive with outstanding success in various industries. Proven ability to successfully sell, train, lead, design, develop and execute solutions to meet corporate objectives. Award winning, results-driven leader with demonstrated success in coaching and leading individuals to higher levels of performance.

Areas of Expertise Include:

Leading, Coaching and Developing People | Negotiating & Influencing Others | Short- and Long-Term Strategic Planning
Focusing on Customer Needs | Developing Marketing Campaigns | Cross Functional Teamwork | Project Management

PROFESSIONAL EXPERIENCE

Alosa Health, Boston MA

04/2019-Present

Director of Clinical Education Programs

Alosa Health is a nonprofit Boston-based organization that creates evidence-based, non-commercial information on optimal prescription drug use for health professionals and disseminates it through educational outreach ("academic detailing") to prescribers. We have no ties to any pharmaceutical companies and develop our educational content with an independent group of clinicians on the faculty of Harvard Medical School.

My responsibilities include:

- Supervise and provide clinical backup to a staff of ~35 educational outreach specialists (all nurses or pharmacists) in several states.
- Collaborate with the Chief Operating Officer, Chief Clinical Consultant, the Director of Clinical Materials Development, and other team members in creating new educational outreach programs in additional health care settings.
- Help in the development of new evidence-based clinical education materials and assist in analyzing data on ongoing programs for publication in the medical literature.

SMARTConsulting, LLC, Portland Maine Area

02/2018-04/2019

Owner/President

Started my own consulting business to help small to mid-sized companies improve their sales performance, by providing a fractional/outsourced sales manager. As part of this effort, I joined salesQB as a program licensee. I remove the burden of the sales team management from the business owner by:

- Creating a proven and repeatable sales process
- Providing marketing support
- Better leveraging of technology
- Facilitating needed training
- Individual coaching of the sales staff

PELHAM COMMUNITY PHARMACY (PelMeds), Waltham, MA

04/2016-02/2018

Director, Sales & Marketing

Led the creation and execution of all marketing and sales efforts to increase company growth.

- Developed and communicated short- and long-term marketing and sales strategies.
- Defined target markets and created specific customer messaging, value propositions and marketing materials.
- Pulled-through incremental sales growth through directing effective sales efforts.
- Grew prescription volume by 20% and dollar sales by 15.5% over a two-year period.

PURDUE PHARMA L.P., Stamford, CT**12/2014-04/2016****Associate Director, Managed Markets Training**

Oversee and implement strategic training and development opportunities for 7 Managed Markets leaders and over 30 associates. Responsible for full lifecycle of strategy and execution, including design, development, delivery, implementation, and evaluation of the training program and curricula across the entire organization, including managed care, pharmacy & distribution, government accounts, integrated delivery networks, long-term care, health care prescriber field force, and corporate departments.

- Conducted a needs/gap analysis that led to the creation of an on-boarding and training curriculum for the Managed Markets Organization which facilitated increased skills/knowledge and increased sales.
- Planned and executed 4 training events, focusing on improving negotiation skills, business planning and other functional expertise.
- Tailored curriculum to teach 60 managers and over 600 sales representatives to successfully call on pharmacies, driving a new launch product to sell \$55 million in its first year by helping to stock 18,000 pharmacies.
- Coached 15 managers and 50 sales representatives to implement the organizations first specialty pharmacy strategy, expected 3:1 ROI on gross sales.

BYRAM HEALTHCARE, White Plains, NY**12/2013-12/2014****Marketing Product Manager, Diabetes**

Led the short and long-term strategic marketing responsibilities for the diabetes portfolio. Worked closely with senior leadership to develop and deploy programs and promotional materials to respond to the evolving market. Developed new diabetes training program for all new hires and managed the diabetes distribution channel including product catalogs, advertising schedule, product campaigns and industry trade-shows.

- Increased diabetes portfolio sales YTD Nov 2014 by 24.9% vs budget and 27.9% YoY sales.
- Developed new marketing campaign for the diabetes portfolio which included new messaging, promotional materials, educational resources and value propositions.
- Launched several new products as part of the Byram portfolio of diabetes services.

INDEPENDENT CONSULTANT, 29 Lake George Rd, Brookfield, CT**03/2013-12/2013****Training & Leadership Development Consultant**

Helping organizations design, develop and deliver solutions that increase the effectiveness of their training and leadership development solutions.

- Specializing in curriculum design & development; management & leadership development; coaching skills; workshop and product launch development; conducting needs analysis; project management, facilitation and teambuilding execution.

INSULET CORPORATION, Bedford, MA**04/2012-03/2013****Regional Manager / Mid-Atlantic Region**

Hired, developed and led a team of 12 Territory Managers and Clinical Science Managers, calling on key specialty prescribers to increase awareness and demand of Insulet products.

- Hired 6 new team members within 1st year, launched one new product and increased sales by 19% YoY.

BAYER CORPORATION, Tarrytown, NY**06/2007-04/2012****Head of Sales Training & Development / Diabetes Care Division**

Directed the transformation and responsibilities of the Sales Training & Development department for the diabetes division. Designed, developed and implemented entire new training programs for new hires, continuing development, manager development, managed markets and leadership development. Responsible for curriculum for all sales teams, including HCP, Managed Care, Trade and Mail Order. Increased responsibilities to include supervising the Meetings and Conventions Department.

- Strengthened and enhanced sales force effectiveness by developing new on-boarding & development pathways, new sales model, new sales force competencies, new competency based interviewing guides, new performance management system, new coaching model and e-coach tool, diabetes e-learning modules, job experience program and sales management & account manager training curricula.
- Launched new LMS as well as the utilization of mobile and virtual learning formats.
- Launched 7 new products both at live training events and virtually.

SCHERING-PLOUGH CORPORATION, Kenilworth, NJ**12/2005-06/2007****District Manager, Stamford CT / Schering-Plough Division**

Motivated, coached and developed 12 members of a sales team to meet and exceed corporate sales and marketing goals. Interviewed, hired, trained and led the team in building our strategy and tactics to optimize customer driven opportunities.

- 2006, 3 out of 4 products top 10% in the nation. 2007, top 30% in the nation overall & 2 products top 10%.

PFIZER INC / PHARMACIA CORPORATION, New York, NY**02/2000-12/2005****Northeast District Manager / Endocrine Care Division of Pfizer (2004-2005)**

Led, coached and developed a team of 8 sales representatives in their sales efforts to achieve objectives. Developed and executed a strategy and business plan for attaining district level goals while working cross-functionally with home office personnel. Led the managed care contract negotiations for Endocrine Care products for the district.

- District of Second Quarter for 2004 and moved from 5th to 3rd position overall by the end of 2004. For Genotropin (lead product) the district finished 2nd and that was the highest position it had ever finished.
- Our Endocrine Care Division won the Northeast Region of the Year Award winner for 2004 for Pfizer.
- Lead product Genotropin gained 70% new patient market share with two other competitors.

Manager, IHR/Specialty Training for Endocrine Care Division both at Pharmacia & Pfizer (2001-2004)

Managed, developed, coordinated, and facilitated Phases I-V of sales training for the Endocrine Care Division, as well as assisted other training managers with core curriculum courses.

- Developed, designed and initiated the entire training program from the ground up at Pharmacia. Including all phases of training, continuing development, sales training learning system and launch training for Somavert.
- Endocrine Care in 2003 posted a 28% sales growth, 2002 growth of 30% and 2001 growth of 67%.

Sales Consultant / Endocrine Care Division of Pharmacia (2000-2001)

Promoted Genotropin and Dostinex to adult endocrinologists, endocrine nurses and neurosurgeons. Managed the value-added services and negotiated managed care/insurance contracts.

ELI LILLY AND COMPANY, Indianapolis, IN**04/1989-02/2000****Senior Diabetes Care Sales Representative / Diabetes Care Sales Division (1999-2000)****Federal Account Executive / Business-to-Business Sales Division (1992-1998)****Pharmaceutical Sales Representative / Select Products Division (1989-1992)****EDUCATION & PROFESSIONAL DEVELOPMENT**

Bachelor of Science (BS) in Pharmacy

Minor in Business Administration

MASSACHUSETTS COLLEGE OF PHARMACY AND ALLIED HEALTH SCIENCES, Boston, MA

Certifications/Workshops

Managing Effort/Getting Results, Self-Management Plus
Leadership Experience at Gettysburg, Bayer
Results Oriented Coaching, Romar Learning Solutions
Fundamentals of Project Management, Gilman Systems
Instructional Techniques for New Instructors, Langevin

Targeted Selection, DDI
Situational Leadership I & II, Ken Blanchard Companies
The OZ Principle Accountability Training, Partners in Leadership
Director's Forum: Becoming a Trusted Business Advisor, Romar
Adult Learning Trainer Certification, Romar Learning Solutions

AWARDS & HONORS

PWP Ambassador Award 2012, Bayer Diabetes Care
Continuous Improvement Award 2007, Bayer
District of the 2nd Quarter 2004, Pfizer Inc.
President's Awards, Eli Lilly
District Achievement Award 1989-1999, Eli Lilly
Distinguished Your Pharmacist of the Year 1991, Massachusetts Pharmacists Association

CFT Teamwork Wins Award 2009, Bayer Diabetes Care
Several Special Recognition Awards, Bayer Diabetes Care
Northeast Region of the Year 2004, Pfizer Inc.
Outstanding Sales Performance Awards, Eli Lilly
Sales Excellence Awards, Eli Lilly

TECHNICAL SKILLS

Microsoft Office Suite (Word, Excel, PowerPoint, Publisher, Outlook)

Ellen K. Dancel

Professional Experience

Alosa Health Boston, MA 2014 to present

Director of Clinical Materials Development

- Coordinate the development of evidence-based clinical material modules utilized for clinician education programs spanning multiple disciplines
- Direct design and research components of each module
- Lead clinical meetings, content discussions and manage expert consultants
- Liaise and maintain strong working relationships with continuing medical education providers for accreditation of modules
- Design content trainings on clinical topics for teams of clinical educators and provide continuous expert content support
- Supervise, mentor and develop program staff in line with organizational needs and strategic plan

Massachusetts General Hospital Boston, MA 2005 - present

Per diem pharmacist

Interim Associate Chief of Clinical Pharmacy Services

Lead Pharmacist – Medicine/Surgery

Senior attending pharmacist

Pharmacy practice resident

- Over 15 years in various positions within the Massachusetts General Hospital pharmacy, from staffing to administration, with a continued per diem staffing role since 2014.
- Clinical pharmacist roles:
 - Consult with a multi-disciplinary team to make patient-specific pharmaceutical care decisions
 - Evaluate all medication orders based on indication, dose, frequency and patient factors
 - Select appropriate dosage form and delivery and determine appropriate intravenous mixes based on concentration for pediatric and adult patients
 - Detailed review of adult and pediatric chemotherapy orders based on established hospital regimens or clinical trials protocols
- Clinical management roles:
 - Responsible for departmental human resources activities
 - Interview and onboard new employees
 - Approve overtime, allocate coverage for sick calls and initiate corrective action
 - Create and maintain the clinical pharmacist schedule
 - Chair and monitor clinical pharmacist training and competence assessment mechanisms
 - Implement policies and medication approvals from formulary approvals committee
- Resident project: Coordinate pharmacy department implementation of medication reconciliation and participate in a patient safety study surrounding hospital-wide roll out

Boston University Boston, MA 2008 - 2012

Market Dynamics and Health Policy Analyst

- Managed a database of donor funded pharmaceutical transactions for the purchase of HIV/AIDS and malaria medicines to identify trends and look for market opportunities
- Converted the dataset from SAS to a data warehouse, creating corresponding business rules and quality control processes

- Create, code and update all additional variables for incorporation into the database
- Create testing algorithms to validate new processes and manage variant tables
- Validate and provide quality control for all database changes and updates
- Collaborate on research projects, synthesizing data to create tables and figures for publications
- Direct and precept interns on the project

Alosa continuing education modules

2023 Gondi S, Bernstein E, Chaitoff A, Grossman E, Avorn J, Drabkin A, Whitney D, and Dancel E. *Don't let the pressure get to you: Managing blood pressure in older adults*. Alosa Health: Boston MA. November 2023.

Molina F, Patel N, Worsham C, Issa M, Grossman E, Avorn J, Bykov K, Corapi J, Whitney D, and Dancel E. *Maximizing function, managing pain: Evidence-based non-opioid care in rheumatology*. Alosa Health: Boston MA. June 2023.

Gupta R, Avorn J, Chaitoff A, Rome BN, Grossman E, Whitney D, and Dancel E. *Dealing with cognitive impairment in older patients: Evidence-based recommendations for prevention, diagnosis, and management*. Alosa Health: Boston MA. March 2023.

Issa M, Grossman E, Worsham C, Avorn J, Bykov K, Corapi J, Whitney D, and Dancel E. *Managing non-cancer pain: The most recent evidence on effective, safe strategies*. Alosa Health: Boston MA. February 2023.

Khosla S, Grossman E, Feldman W, Chaitoff A, Rome BN, Drabkin A, Whitney D, and Dancel E. *Managing depression in older patients: A guide to the most current evidence*. Alosa Health: Boston MA. February 2023.

2022 Simon L, Treister N, Feldman W, Avorn J, Rome BN, Barenie R, Corapi J, and Dancel E. *Reducing pain and prescribing safely in dentistry*. Alosa Health: Boston MA. September 2022.

Chou S, Pollack R, Rome BN, Avorn J, Whitney D, and Dancel E. *Management of osteoporosis: Effective ways to avoid debilitating fractures*. Alosa Health: Boston MA. September 2022.

Kung S, Landefeld C, Rome BN, Avorn J, Whitney D, and Dancel E. *Management of opioid use disorder in primary care*. Alosa Health: Boston MA. August 2022.

Worsham C, Feldman W, Avorn J, Rome BN, Whitney D, and Dancel E. *Pain management in surgical patients: Evidence-based management approaches for vascular surgery*. Alosa Health: Boston MA. August 2022.

Chaitoff A, Avorn J, Rome BN, Whitney D, and Dancel E. *Managing type 2 diabetes: New guidelines are transforming medication use*. Alosa Health: Boston MA. May 2022.

Chaitoff A, Mirsky J, Narasimmaraj P, Pollack R, Rome BN, Kim D, Avorn J, and Dancel E. *Preventing cardiovascular disease: Evidence-based recommendations on risk, lipid-lowering drugs, aspirin, and lifestyle*. Alosa Health: Boston MA. February 2022

2021 Jering K, Cunningham JW, Fischer M, Avorn J, Kim D, Rome BN, Whitney D, and Dancel E. *Heart failure: Improving outcomes in primary care*. Alosa Health: Boston MA. September 2021.

- Sanders J, Kim D, Avorn J, Fischer M, Whitney D, and Dancel E. *Integrating palliative care into primary care*. Alosa Health: Boston MA. April 2021.
- 2020 Kim D, Avorn J, Fischer M, and Dancel E. *Dealing with cognitive impairment: Prevention, management, and advance care planning*. Alosa Health: Boston MA. April 2020.
- Feldman W, Fischer M, Avorn J, Kim D, Whitney D, and Dancel E. *Helping patients with COPD breathe easier: Integrating the latest evidence on chronic obstructive lung disease into primary care practice*. Alosa Health: Boston MA. August 2020.
- Feldman W, Rome BN, Avorn J, Kim D, Fischer M, Whitney D, and Dancel E. *Immunizing older adults: The latest recommendations for protecting against flu, pneumococcal pneumonia, shingles, and other preventable conditions*. Alosa Health: Boston MA. December 2020.
- 2019 Miller A, Fischer M, Avorn J, Kim D, and Dancel E. *Caring for patients with atrial fibrillation: Current evidence on anticoagulation, rate control, and rhythm control*. Alosa Health: Boston MA. December 2019.
- Barenie R, Bateman B, Avorn J, Fischer M, Luo J, and Dancel E. *Helping patients manage opioid use disorder*. Alosa Health: Boston MA. September 2019.
- Lauffenburger J, Bateman B, Avorn J, Fischer M, Luo J, and Dancel E. *Treating acute pain without overusing opioids: Evidence-based management approaches*. Alosa Health: Boston, MA. August 2019.
- Bateman B, Bykov K, Avorn J, Fischer M, Luo J, and Dancel E. *Managing chronic non-cancer pain: The most recent evidence on effective, safe strategies*. Alosa Health: Boston, MA. August 2019.
- Luo J, Kim D, Avorn J, Fischer M, and Dancel E. *Aggregating the latest evidence on antiplatelet agents*. Alosa Health: Boston, MA. July 2019.
- McDonnell M, Fischer M, Avorn J, Kim D, Luo J, and Dancel E. *Managing type 2 diabetes: New trials and guidelines are transforming medication use*. Alosa Health: Boston, MA. April 2019.
- 2018 LaSalvia E, Kim D, Fischer M, Choudhry N, Avorn J, Luo J, and Dancel E. *Managing depression in older adults: A guide to the most current evidence*. Alosa Health: Boston, MA. December 2018.
- Luo J, Avorn J, Choudhry NK, Fischer M, Kim D, and Dancel E. *Don't let the pressure get to you: an update on the changing recommendations for treating hypertension*. Alosa Health: Boston, MA. July 2018.
- Bateman B, Avorn J, Fischer M, Choudhry NK, Kim D, Luo J and Dancel E. *Managing acute pain in the elderly*. Alosa Health: Boston, MA. April 2018.
- Bateman B, Choudhry NK, Fischer M, Avorn J, Kim D, Luo J and Dancel E. *Managing chronic pain in the elderly*. Alosa Health: Boston, MA. January 2018.

- 2017 Cho MH, Fischer M, Avorn J, Choudhry NK, Kim D, and Dancel E. *Helping patients with COPD breathe easier*. Alosa Health: Boston, MA. June 2017.
- Kim D, Dong X, Avorn J, Choudhry NK, Fischer M, Luo J, and Dancel E. *Caring for vulnerable elders*. Alosa Health: Boston, MA. March 2017.
- Scully E, Luo J, Avorn J, Choudhry NK, Fischer M, and Dancel E. *Are you PrEPared?* Alosa Health: Boston, MA. March 2017.
- 2016 Luo J, Avorn J, Choudhry NK, Fischer M, Kim D, and Dancel E. *Don't let the pressure get to you: evidence-based management of hypertension in primary care*. Alosa Health: Boston, MA. November 2016.
- Luo J, Avorn J, Choudhry NK, Fischer M, Kim D, and Dancel E. *Managing lipids to prevent cardiovascular events: a practical review of current data on lipid-lowering therapy*. Alosa Health: Boston, MA. June 2016.
- McDonnell M, Avorn J, Choudhry NK, Fischer M, Kim D, Dancel E, and Ko M. *Just a spoonful of medicine helps the sugar go down: improving the management of type 2 diabetes*. Alosa Health: Boston, MA. April 2016.
- 2015 Kim D, Minassian V, Li J, Avorn J, Choudhry NK, Fischer M, Hurley E, and Dancel E. *Evaluating and managing urinary incontinence*. Alosa Foundation: Boston, MA. March 2015.
- Lewey J, Choudhry NK, Avorn J, Fischer M, Kim D, Hurley E, and Dancel E. *Evaluation and management of atrial fibrillation*. Alosa Foundation: Boston, MA. June 2015.
- Lewey J, Fischer M, Choudhry NK, Avorn J, Kim D, Hurley E, and Dancel E. *Treating heart failure in primary care*. Alosa Foundation: Boston, MA. Nov 2015.
- 2014 Bateman B, Kim D, Avorn J, Choudhry NK, Fischer M, Hurley E, and Dancel E. *Managing Pain in the elderly*. Alosa Foundation: Boston, MA. Nov 2014.
- McGinnis S, Avorn J, Choudhry NK, Fischer M, Hurley E, and Dancel E. *Evaluation and management of Alzheimer's Disease and related disorders*. Alosa Foundation: Boston, MA. June 2014.

Invited Presentations and Posters

- 2023 *Non-pharmacologic options for pain management*. Dancel E. Louisiana ECHO (Zoom). October 12, 2023.
- 2020 *AD of Type 2 Diabetes in the ACO, FQHC, and the Public Payor Environment – panel*. Fischer M, Fanikos P, Dancel E, Whitney D, Trombetta D. 8th International Conference on Academic Detailing. Virtual (Zoom). November 2020.
- 2019 *Campaign materials & messaging: Creating tools for impact – workshop*. Dancel E, Dumont Z. 7th International Conference on Academic Detailing. Boston MA. November 2019.
- 2018 *Knowledge and perceptions of PrEP among providers in a high prevalence HIV county*.

- Edelberg R, Luo J, **Dancel E**, Fanikos, P. American Public Health Association 146th Annual Meeting. San Diego, CA. November 2018.
- 2017 *Creating Engaging Educational Materials: Visually Supporting Your Key Messages - workshop.* Dancel E, Braddock A. 5th International Conference on Academic Detailing. Boston, MA. November 2017.
- 2012 *Transition from stavudine to tenofovir and zidovudine for first-line treatment of HIV/AIDS in low- and middle-income countries – Oral Presentation*
Dancel E, Ashigbie P. XIX International AIDS Conference. Washington D.C. July 2012.
- 2010 *Global uptake of heat stable lopinavir/ritonavir underscores the need for improved protease inhibitor formulations for second-line antiretroviral therapy in low- and middle-income countries - Poster*
Diedrichsen E, Waning B, Moon S. American Public Health Association 138th Annual Meeting. Denver, CO, USA. November 2010.
- Examining the interconnectedness of global policies, actors, and market dynamics for first-line, adult antiretroviral medicines: implications for scale-up of HIV/AIDS treatment - Poster*
Waning B, Kyle M, **Diedrichsen E**, Soucy L, Hochstadt J, Bärnighausen T, Moon S. XVIII International AIDS Conference. Vienna, Austria. July 2010.
- Market shift towards heat-stable lopinavir/ritonavir demonstrates the need for improved formulations for second line treatment of HIV/AIDS in low- and middle-income countries – Poster.* Waning B, **Diedrichsen E**, Moon S. XVIII International AIDS Conference. Vienna, Austria. July 2010.
- 2010 *Fixed-Dose Combinations of Pediatric Antiretroviral Medicines: Industry Responds to the Need, but Countries Are Slow to Purchase - Poster*
Waning B, **Diedrichsen E**, Moon S. XVIII International AIDS Conference. Vienna, Austria. July 2010.
- 2009 *Low Adherence to Antiretroviral Therapy and Clinic Visits in Kazakhstan Reflects Challenges Encountered in Service Provision to High Risk Populations - Poster*
Soucy L, **Diedrichsen E**, Waning B. International Association of Physicians in AIDS Care Conference, New Orleans, Louisiana, USA. December 2009.
- 2008 *Qualitative study of antiretroviral uptake and adherence in Kazakhstan – Poster*
Waning B, Bass J, Bolton P, Maddix J, Meratov S, **Diedrichsen E**. International Association of Physicians in AIDS Care, Jersey City, NJ
- 2007 *Online information as part of pharmacist drug information literature search – Oral Presentation*
Diedrichsen E. International Pharmaceutical Federation Conference, Beijing, China, September 2007.
- 2006 *Moving On II Study – Students’ learning experiences – Oral Presentation*
Diedrichsen E. International Pharmaceutical Federation, Salvador, Brazil, August 2006.
- 2005 *Implementation of an electronic medication reconciliation system – Poster*

Diedrichsen E, Harrington M, Clapp M. American Society of Health-System Pharmacists, Las Vegas, NV, Dec 2005.

Publications

- 2019 Luo J, Dancel E, Bains S, Fanikos P, Fischer M. Academic detailing in the new era of diabetes medication management. *Curr Diab Rep.* 2019;19(12):140.
- 2010 Waning B, **Diedrichsen E**, Jambert E, Bärnighausen T, Li Y, Pouw M, Moon S. The global pediatric antiretroviral market: analysis of product availability and utilization reveal challenges for development of pediatric formulations and HIV/AIDS treatment in children. *BMC Pediatrics* 2010, 10:74
- Waning B, **Diedrichsen E**, Moon S. A lifeline to treatment: the role of Indian generic manufacturers in supplying antiretroviral medicines to developing countries. *J Int AIDS Soc* 2010;13:35.
- Waning B, Kyle M, **Diedrichsen E**, Soucy L, Hochstadt J, Bärnighausen T, Moon S. Intervening in global markets to improve access to HIV/AIDS treatment: an analysis of international policies and the dynamics of global antiretroviral medicines markets. *BMC Globalization and Health* 2010, 6:9.
- 2009 Schnipper JL, Hamann C, Ndumele CD, Liang CL, Carty MG, Karson AS, Bhan I, Coley CM, Poon E, Turchin A, Labonville SA, **Diedrichsen EK**, Lipsitz S, Broverman C, McCarthy P, Gandhi TK. Effects of a medication reconciliation application and process redesign on potential adverse drug events: a cluster-randomized trial. *Arch Intern Med* 2009; 169(8):771-780.
- 2008 Pippins JR, Gandhi TK, Hamann C, Ndumele CD, Labonville SA, **Diedrichsen EK**, Carty MG, Karson AS, Bhan I, Coley CM, Liang CL, Turchin A, McCarthy PC, and Schnipper JL. Classifying and predicting errors of inpatient medication reconciliation. *Journal of General Internal Medicine* 23(9): 1414-22.

Education

- 2010 Masters in Public Health
Concentration: Epidemiology with a certificate in Pharmaceutical Assessment, Management and Policy
Boston University - School of Public Health, Boston, Massachusetts
- 2005 Doctor of Pharmacy
University of Nebraska Medical Center, Omaha, Nebraska
- 2001 Bachelors of Science in Chemistry
Truman State University, Kirksville, Missouri

License Information

Registered Pharmacist, Massachusetts, Tennessee

PAUL A. FANIKOS R.PH., MPA / HA

EXECUTIVE PROFILE

Chief Operating Officer – HEALTHCARE / PHARMACEUTICAL

Innovative Programs • Streamlined Functionality • Business Development

Accomplished leader with history of directing national pharmaceutical business to improving patient outcomes, containing costs, and optimizing customer satisfaction levels. Unique ability to communicate and engage on scientific / clinical and business / sales levels. Recognized by customers, colleagues, and staffs as problem solver with exceptional relationship-building, negotiation, and communication skills.

Selected Achievements

- ▶ Earned “Excellence Awards” in 2006, 2008, 2009, 2014, and 2015.
- ▶ Improved net income by 6 - 10 % for five consecutive years by negotiating client contractual terms and reducing rebate exposure.
- ▶ Increased customer base by 50% within five years through quality improvement and innovative service offerings.
- ▶ Directed a field-based program through pandemic and optimized service by establishing a virtual prescriber education center.

Areas of Expertise

Program Leadership
KOL Engagement
Government Relations

Strategic Planning
Coaching and Mentoring
Contract Negotiation

Disease Management
Key Account Expansion
P&L / Financial Management

PROFESSIONAL SUMMARY

ALOSA HEALTH, INC.

Boston, MA

National leader in prescriber education program development and consulting

2016 to Present

Chief Operating Officer

- ▶ Spearhead the strategic growth of a dynamic organization with 40 professionals dedicated to improving patient care through training and educational outreach services to clinicians.
- ▶ Align strategies with key government officials, health system stakeholders and insurers to grow active programs to 25 states.
- ▶ Manage ongoing relationships with subject matter experts and clinical advisors on the faculty of Harvard Medical School and other academic centers of excellence.
- ▶ Expanded educational outreach programs that have resulted in the delivery of over 40,000 prescriber training sessions.

BOEHRINGER – INGELHEIM PHARMACEUTICALS, INC.

Ridgefield, CT

World-leading, privately held, pharmaceutical company

2005 to 2016

Regional Director – Clinical Science Consultants

- ▶ Drive and develop eight Associate Directors and a field-team of 75 clinical consultants for region that covered 50% of the U.S. that supported evidence exchange for key promoted brands.
- ▶ Selected for Connectivity International Assignment in 2015 that provided recommendations to governing board on actionable items for managing healthcare change that resulted in U.S. Transformation Innovation projects.

(Continued, page two)

Paul A. Fanikos ♦ Page Two

- ▶ Focused field team and strategies to key IDNs, payers, medical groups and ACOs by collaborating with internal stakeholder leaders.
- ▶ Improved ROI 10 to 32% for cardiovascular and respiratory disease by prioritizing actions of consultants in key MSAs, forecast model impact, design geographical footprints and collaborations with Business Analytics.
- ▶ Optimized customer engagement by leading national marketing strategy development and such third-party patient advocacy programs as ALA, COPD Foundation, and AARC.

Northeast Regional & Government Account Manager

- ▶ Managed public and commercial insurance programs in the Northeast; developed accounts and led field activities to align customer-facing teams with corporate brand plans.
- ▶ Improved net income by 6 to 10 % for five consecutive years by negotiating formulary additions for clients including Spiriva, Mirapex, Aggrenox, Pradaxa, Viamune, Aptivus, Flomax, Mobic and Micardis.
- ▶ Optimized revenues by maintaining accounts valued at \$300M / year and establishing C- and D-suite relationships.
- ▶ Educated field sales teams on formulary position, PA process, Step Edits, SMN and third tier selling to minimize prescriber barriers.

NEIGHBORCARE

Woburn, MA

Established provider of health and pharmaceutical products

2000 to 2005

Director of Operations - Level 2

- ▶ Oversaw P&L, A / R, consulting, and account management programs for Massachusetts pharmacy units valued at \$40M+. Provided service to 8,000+ patients.
- ▶ Increased profitability of services offerings by 4% via negotiations with C- and D-Suite third-party contracts, including Med Impact, BC / BS, Tufts, and Partners Healthcare. .
- ▶ Represented company on legislative lobbying efforts that changed state reimbursement and electronic prescribing of pharmacy industry.
- ▶ As Consultant to State DUR and CMS programs, selected products for Medicaid / SPAP and design for Medicare Part D drug plans.

Previous position: Manager of Infusion services at PharMerica in Brockton, MA; drove business development, contracting, reimbursement, and customer service for specialty pharmacy program.

EDUCATION & PROFESSIONAL DEVELOPMENT

Suffolk University - Boston, MA

Master of Public Administration / Health Administration - Summa cum Laude 1999

Massachusetts College of Pharmacy - Boston, MA

Bachelor of Science in Pharmacy 1989

ASSOCIATIONS & AFFILIATIONS

Melrose Youth Sports

Massachusetts Public Health Association

Irina Matei

HIGHLIGHTS OF QUALIFICATIONS

- Sound understanding of financial accounting functions, including: bank reconciliations; accruals, deferrals, and other adjusting entries; inventory and depreciation methods; and basic payroll
- Computer skills: expert in MS Access, proficient in QuickBooks, MS Word, MS PowerPoint, MS Excel, Lotus Notes, SQL, Oracle Developer, FileMaker Pro
- Foreign languages: fluent in Romanian

EDUCATION

Accounting Certificate, Northeastern University, Boston MA Jan. 2012
(21 accounting credits and 3 finance credits, overall GPA: 4.00)

Graduation Certificate of the intensive courses: “Introduction in SQL and PL/SQL”,
“Oracle Developer - Forms and Reports”, “Oracle Database Administration” Feb. 2002

BS in Mathematics from the University of Bucharest, Bucharest, Romania June 1992

PROFESSIONAL EXPERIENCE

Bookkeeper

May 2011 – present

→ Beacon Hill Village, Boston, MA

Full charge bookkeeper using QuickBooks:

- Daily operations: verify/record bills and assure timely payment; invoice members, follow-up regarding payment, assure accurate and prompt record of payment; make deposits. Respond to inquiries related to invoicing. Solve billing issues with vendors. Provide financial data reports as needed within the organization
- Make monthly journal entries to record consumption of special funds by member services and programs
- Perform monthly bank accounts/ investment accounts/ petty cash/ credit card reconciliations; produce monthly financial statements and assist with the analysis of the monthly budget vs. actual report
- Assist with the fiscal year closing and audit: fax/email transaction supporting documents to the accounting firm; record adjusting entries; confirm account balances; archive documents
- Generate and send forms 1099- MISC and sales tax returns

Assistant Program Coordinator

August 2004-January 2011

Boston By Foot Inc., Boston, MA

- Performed monthly bank and credit card reconciliations
- Resolved billing issues with vendors, recorded bills/payments, wrote and mailed checks/ submitted online payments, submitted orders
- Recorded client and service information, sent reservations/invoices, followed-up regarding payment, processed and recorded credit card/check/cash payments, made bank deposits
- Made payroll entries
- Maintained filing system and created backups of the QuickBooks file
- Maintained membership records, notified members regarding membership expiration, acknowledged membership renewal, using a FileMaker Pro database
- Provided guide/member support and customer service by phone/email
- Participated in promotional efforts and created various statistics needed for marketing purposes or activity evaluation using Excel and FileMaker Pro.

Agency Contractor

July 2002-May 2003

State Street Corporation, Risk and Compliance Department, Quincy, MA

- Managed authorized approver database used for controlling and granting access to all State Street applications. Tested the transition of this database from a MS Access model to MS SQL architecture. Developed operational procedures in relation to the new database.
- Provided call center support
- Designed, developed or enhanced reporting and graph capabilities for CATS analysis reporting for security issues database.
- Programmed the database and all reporting functionality used by the Corporate Information Security Division to centralize and coordinate all integrated departmental projects, resources and schedules

Chief of Computer Department

August 2000 – February 2002

Industrial Service, Metrology and Reconditions (SIMAR S.A.), Bucharest, Romania

- Updated and enhanced all applications used by the company for payroll, taxes and associated financial reporting
- Managed the company payroll function and systems for the entire company of 200 employees

Programmer

June 1992 – August 2000

Industrial Service, Metrology and Reconditions (SIMAR S.A.), Bucharest, Romania

Designed, developed, tested and implemented applications in Visual FoxPro for the accounts payable, accounts receivable, inventory account.

DANIEL MCMAHON, MPH

EXPERIENCE

ALOSA HEALTH, INC.

Boston, MA

Non-profit focused on improving prescribing and patient outcomes through academic detailing programs

Program Director

2022 – Present

- Oversee Program Management team, including one direct report
- Collaborate with senior management, including COO, on new business development strategies
- Manage team of 20+ field staff, in conjunction with the Director of Clinical Education Programs and COO
- Serve as point of contact for multimillion-dollar client portfolio to maintain a seamless workflow

Senior Business & Program Coordinator

2019 – 2022

- Facilitated new business development through drafting submissions to Requests for Proposals, resulting in over \$900k in new revenue
- Traveled to current and prospective clients to generate new business and expand existing relationships
- Developed meeting agendas and facilitated regular program progress meetings
- Partnered with clinical consultants to source content for online posting; manage social media accounts
- Generated client reports and track program deliverables to keep clients updated on program status

Business & Program Coordinator

2018 – 2019

- Collaborated with senior management to create strategic reports, maintaining Alosa Health quality standards
- Managed IT needs including upkeep of equipment, web-based project platforms and Alosa website
- Coordinated logistics for in-office trainings and events to ensure flawless execution
- Assisted Finance Coordinator with reconciling expense accounts and allocating funds to projects

ORIG3N

Boston, MA

Biotechnology company that produces DNA testing products for the consumer market

Corporate Events Planner

2016 – 2017

- Sourced and vetted events for potential sponsorship opportunities, prioritizing marketing impact and biotech/healthcare relevance
- Negotiated sponsorship deals ranging from \$5K-\$200K with event sales managers and producers
- Facilitated the planning, logistics and operations of events to ensure proper execution and optimal results
- Coordinated with designers and marketing vendors to achieve timely production and delivery of marketing assets
- Reviewed resumes, interviewed and hired 200-400 staff members for over 100 events

JESPERSEN & ASSOCIATES

Boston, MA

Independent healthcare communications agency

Projects Associate

2012 – 2016

- Effectively handled logistics for 8-10 medical education events monthly
- Managed speakers' activities to guide them through the event details, managed all travel arrangements and served as a personal coordinator throughout the entire planning process and event
- Worked directly with venues to secure function rooms, food & beverage, and contracts, including A/V
- Adhered to defined budgets and other detailed requests proposed by clients

EDUCATION

UNIVERSITY OF MASSACHUSETTS

Amherst, MA

Master's in Public Health

December 2022

UNIVERSITY OF NEW HAMPSHIRE

Durham, NH

BA in English, minor in Psychology, summa cum laude

May 2010

- Member, Phi Beta Kappa Honor Society
- Participated in semester abroad program at the National University of Ireland, Galway Ireland (Fall 2008)

ADDITIONAL INFORMATION

- Technical Skills: Salesforce Admin, Microsoft Office Suite, Wordpress, Constant Contact, Slack, Zoom, Google Workspace
- Volunteer: Member, North Attleboro Board of Health (January 2023 – present)
Raised over \$10K of sponsorship funds for BRAIN Arts, a Boston-based arts and culture nonprofit (2013 – 2019)
- Interests: Guitar, snowboarding, long-distance running, traveling abroad to experience other cultures

Lori Wiviott Tishler
Academic CV

Date Prepared: December 17, 2025

Name: Lori Wiviott Tishler MD MPH

Home Address: [REDACTED]

Work Address: [REDACTED]

Work Phone: [REDACTED]

Work E-mail: [REDACTED]
[REDACTED]

Education

1988 AB History and Science, magna cum laude, Harvard College

1994 MPH, Health Policy and Management, Harvard School of Public Health

1994 MD Harvard Medical School

Post Doctoral training

6/94 to 6/97 Intern and Resident, Brigham and Women's Hospital

1/97 to 1/98. Fellow, Medical Education, Harvard Medical School

Faculty Appointments

7/97-6/08 Instructor in Medicine, Harvard Medical School

6/08-3/25 Assistant Professor of Medicine, Harvard Medical School

Academic Appointments

1/97- present. Physician, Brigham and Women's Hospital, Division of General Medicine

1/97-7/02 Research Physician, Department of Medicine, West Roxbury VA

7/01-1/17 Brigham and Women's Faulkner Hospital

Major Administrative Leadership Positions

2006-2007: Acting Medical Director, Outpatient Medical Service (Brigham Internal Medicine Associates), Brigham and Women's Hospital, Boston

2008-2012: Associate Medical Director for Utilization, Brigham and Women's Physician Organization, Brigham and Women's Hospital

2009-2010: Interim Medical Director, Brigham Internal Medicine Associates, Brigham and Women's Hospital

2010-2017: Medical Director, Brigham Internal Medicine Associates (renamed the Phyllis Jen Center), Brigham and Women's Hospital

2017-2018: Vice President for Medical Affairs, Commonwealth Care Alliance, Boston, MA

2018-2023: Senior Vice President for Medical Services, Commonwealth Care Alliance, Boston, MA

2023-2025: Chief Medical Officer, Community Health Options, New Gloucester, Maine

2025- present: Principal and Founder, Green Door Horizons

Local Committee Service

1996-1997 Medication Education and Management Committee, BWH

1996-1997 Pharmacy and Therapeutics Committee, BWH

1997-1998. Transition to Ward Medicine, BWH

1997-2000 Chair, Medical Management Committee, BWH

1998-2000 Primary Care Council, Brigham and Women's Hospital

2000-2008 Primary Care Steering Committee, BWH

2002-2004 HMS Academy, Harvard Medical School

2010-2014 Compensation Committee, BWH

2010 Primary Care Vision Group

2011 Office of Women's Careers Advisory Board, BWH

2011 Schwartz Rounds Advisory Board, BWH

2015-2017 Board of Directors, Partners Health Care

2016 Executive Committee Brigham Comprehensive Opiate Reduction and Education

2017 Advisory Committee, Affordable Housing and Senior Living Project

2017. Management Quality Committee, Commonwealth Care Alliance

2017 P&T Committee, Commonwealth Care Alliance

2019 Senior Leadership Team, Commonwealth Care Alliance

2023 Credentialing Committee, Community Health Options

Quality Committee, Community Health Options

Patient Experience committee, Community Health Options

Executive Leadership Team

2025 Women Fighting Hunger, Greater Boston Food Bank

Editorial Activities

2007-2015 Core Editorial Board Member, Intelihealth.com
2014 Reviewer, Healthcare: The Journal of Delivery Science and Innovation
2015 Contributing Editor, Harvard Health Publications
2015 Journal of Clinical Outcomes Management, Editor-in-Chief
2016 New England Journal of Medicine, Catalyst Insights Council
2016-2022 Reviewer, Journal of Evaluation in Clinical Practice

Honors and Awards

2001 Finalist, Ambulatory Teaching Award, BWH
2002 Elected Member, HMS Academy
2003 Finalist, Ambulatory Teaching Award
2005 Distinguished Faculty Mentor Award
2006 James S. Winshall Ambulatory Teaching Award
2010 Have a Heart Award (Cardiology)
2012-2013 AAMC Mid-Career Women' Leadership Program
2013-2014 Brigham Leadership Program
2015 Castle-Connolly Top Doctors
2015 Primary Care Award for Outstanding Leadership, Vision, and Dedication
2019 AHIP Leadership Program

Report of Funded and Unfunded Projects

2012- Academic Innovations Collaborative - Jen Center

HMS Grant

Co-PI (2012-10/15)

PI

\$1,000,000 grant designed to transform practice in academic practices and community health centers using team based care, population management, management of chronic disease and patient activation.

2014 BCRISP

Project 1: Collaborative Care Management of Alcohol Dependence in Primary Care

Project 2: Identify and Intervene with Emergency Department Superusers

2015 AHRQ Grant 1P30HS024453-01

Engineering a Highly Reliable Learning Lab

Co-PI

Major Goals: The purpose of this grant is to use engineering principles to create highly reliable systems in caring for complex patients. We will work collaboratively with other medical institutions and with Northeastern's School of Engineering to develop reliable solutions to caring for patients on opioids and share them broadly.

Report of Local Teaching and Training

Teaching of Students in Courses

1997-2008 Core Medicine Clerkship I

Medical Students, Harvard Medical School

20 hours/year

1997-2008 Core Medicine Clerkship II

Medical students, Harvard Medical School

10 hours/year

2004-2008 Patient-Doctor Year II - Introduction to Clinical Medicine

Medical Students

20 hours/year

2017 Introduction to the Profession

Teaching about patient care in the community

3 hours

2018 Essentials of the Profession

Caring for Vulnerable Patients

3 hours/year

Commonwealth Care Alliance Host/Facilitator – HMS Introduction to Community Engagement Course, August 2018

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

1997- Core Medicine Clerkship I

Medical Students

Harvard Medical School

20 hours / year

Clinical Supervisory and Training Responsibilities

1997- Supervising, Clinic Attending, Brigham and Women's Hospital / 8 Residents for 20 hrs/year

1997-2008 Ward Attending, Harvard Medical School / 2 Medical Students for 20 hrs/year

Ambulatory Clinic Preceptor, Brigham and Women's Hospital / 5-10 Residents for 200 hrs/year

2000- Faculty Mentor, Brigham and Women's Hospital / 3 Residents for 10 hrs/year

2000-2009 As Director of the BWH Course on medical humanism for the intern class, I set the curriculum, recruited faculty, and organized group activities for 72 interns

2017 Development and Supervision of Integrated Care Elective, HMS

Formally Supervised Trainees and Faculty

2010-2014 Joji Suzuki, MD / Attending in psychiatry, BWH

Mentored to article on Collaborative Care to treat addiction in Primary Care using Buprenorphine

2011-12 Joy O'Brien, NP / BWH

Mentored paper on Ambulatory Intensive Care Unit

2011 Rose Kakoza, MD / General medicine fellow

Mentored plenary session presentation at SGIM on PJC Ambulatory Intensive Care Unit

2011 Charlotte Wu, MD / Junior faculty, general medicine

Mentored work on CRICO/Colon Cancer project (paper submitted)

2013-2015 Lisa Rotenstein / HMS student

Mentored poster presentation at HMS; second prize for Medicine and Society and an Oral

Presentation at Regional SGIM meeting

2014: A Patient-Centered Electronic Care Plan Tool to Facilitate Team-Based Care. Mentored to Primary Care scholarship award.

2014-2016 Nadaa Ali/ Comenitz Medical Education Fellow.

Mentored to an oral presentation at Schwartz Rounds on Care of Muslim Women. BWH.

2015- Alev Atalay/Junior Faculty General Medicine. Mentoring in leadership role around residency program and in administration of Jen Center, specifically on a project to benefit BWH Primary Care Central in Opioid Management.

2016- Elizabeth Richey and Constantinos Michaelidis/BWH Residents

Mentoring on Rappaport Fellowship Project on Identification of Variation in Resident Practice Patterns

Local Invited Presentations

1997 "Secrets and Lies: Domestic Violence and Illiteracy"/ Grand Rounds

Department of Medicine, Brigham and Women's Hospital

1998-2000 Transition to Junior Residency / Seminar

Brigham and Women's Hospital

2003-2008 Eating Disorders - Seminar

Primary Care, Brigham and Women's Hospital

2003-2009 Caring for Patients with Chronic Pain - Seminar

Brigham and Women's Hospital

2003-2006 Acne and Rosacea for the Primary Care Doctor - Seminar

Brigham and Women's Hospital

2003 Technology and Teaching - Seminar

Brigham and Women's Hospital

2007 Clinical Process Discussion

Spaulding Rehabilitation Hospital, Boston, MA

2007 Intensive Review of Internal Medicine Speaker

Harvard Medical School

2009 Eating Disorders for the GI Physician / GI Division Seminar for GI Fellows

Brigham and Women's Hospital

2010 Challenging Cases in Internal Medicine / Invited Large Lecture Presentation

Best Practices in Primary Care Course

Brigham and Women's Hospital

2011 Section leader, General Medicine / Intensive Review of Internal Medicine

Brigham and Women's Hospital

2011-2012 Professionalism in the outpatient setting / BWH Education Collaborative

Brigham and Women's Hospital

2012-2013 Wellness for Housestaff / Invited lecture

Department of Medicine

Brigham and Women's Hospital

2013 Treating Pain without Feeding Addiction / Schwartz Center Rounds

Brigham and Women's Hospital

2013 Weighing in on 'Lean In' / Reunion Panelist

Harvard College

2014 Women In Medicine Retreat / BWH

Speaker on Mentorship and Sponsorship

Speaker at Palliative Care Faculty Conference

2016 View From the Other Side: Physicians as Patients and Caregivers:
Discussant Medical Grand Rounds, BWH

Mentorship and Sponsorship: What Does it Mean and What's Your Role

Women in Medicine Retreat/ BWH

Resilience as a Pillar of Professionalism: Recognizing Burnout and Nurturing Resilience

Department of Medicine Medical Education Day

Co-led with Dr. Arabella Simpkin

Discussant for residents on approaching racism for ourselves and our patients

2017 Discussant on Complex Care for Commonwealth Fund Harkness Fellows

Discussed Medicare and Medicaid with BUMC Primary Care Residents

2018

Complex Care for Adults – Boston University Medical Center Dept. of Family Medicine Grand Rounds

Healthcare Reform for Chinese Hospital Leaders Workshop – HMS Leadership in Healthcare, March, 2018

Effective Care for Vulnerable Patients – Family Medicine Interest Group at Boston University Medical School, April 2018

Commonwealth Care Alliance / One Care – A unique health plan for adults ages 21-64 with complex medical and behavioral health needs, including physical, developmental, and intellectual disabilities – HMS Transition to Adult Medicine Conference, October 2018

2019

Innovative Strategies for Chronic Disease Management - HMS Young Adults with Chronic Conditions: Optimizing Treatment and Transition from Pediatric to Adult Care Course, March 2019

Cancer Screening 2019: Breast, Colorectal, Prostate and Lung - Innovations and New Practices in Internal Medicine, May 2019

ACO and It's Role in Healthcare in the US - HMS Executive Leadership Workshop, June 2019, HMS

Complex Care in the Transitional Pediatric Population – BCH Complex Care Service Staff Meeting, November 2019

Alternative Payment Model & Value Based Care - Boston Young Healthcare Professionals Annual Conference, December 2019

Innovative Strategies for Chronic Disease Management – HMS Young Adults with Chronic Conditions:

2020

Optimizing Treatment and Transition from Pediatrics to Adult Care Course, March 2020

Workshop: General Internal Medicine Case Studies – HMS Intensive Review of Internal Medical (IRIM) Course, July 2020

2021

Innovative Strategies for Chronic Disease Management – HMS Transition Course:

Optimizing Transition from Pediatric to Adult Care, May 2021

General Internal Medicine: Additional Clinical Pearls and Take-Home Messages – HMS
Intensive Review of Internal Medicine (IRIM, July 2021

Career Panel for Primary Care Residents – MGH Internal Medicine Residency Primary
Care Program, October 2021

2022

Value Based Health Care and Population Management (Invited Panel) – HMS
Executive Education Course on Value-Based Care, January 2022

2023. Career Panel for BWH residents, December 2022

2025

Community Health and the New Administration webinar

Course Director, Intensive Review of Internal Medicine

Report of Regional, National and International Invited Teaching and Presentations:

Invited Presentations and Courses

Regional

2015 Performance Assessment of Trainees in the Outpatient Setting, Workshop
Leader DOM Education Retreat, March, 2015

The Accountable Care Act and Careers in Primary Care

Boston University, Delta Epsilon Premed Student Honor Society

2016 Help Your Learners Grow in Wisdom in 5 Minutes or Less: Precepting in the Outpatient Clinic
Center for Faculty Development and Diversity, BWH

Clinical Pharmacist Chronic Pain Services: Implementing Interprofessional Care for
Complex Patients and Improving Outcomes.

Webinar for American Hospital Association. Given with Michele Matthews, Pharm D. and
Edgar Ross, MD

2018 Improving Care for High-Need Patients. Webinar – National Academy of Medicine, February 2018

HFMA Blog, September 2018

Complex Care for Vulnerable Patients (CCA Care Delivery) – U MASS Worcester
LEND Class, November 2018

Complex Care for Vulnerable Patients – MTM Blog, November 2018

2019

Medically Tailored Meals More Than Pay for Themselves – HFMA Leadership Blog,
February 2019 General Medicine Course Director – 41st Annual Intensive Review of
Internal Medicine - HMS, Boston, MA, July 2019

Introduction to the Profession- HMS, Boston, MA, August 2019

Integrating Social Interventions into Health Care Delivery: Lessons from Commonwealth Care Alliance – SGIM New England Regional Meeting, HMS, Boston, MA, November 2019

2020

Addressing Social Determinants of Health (SDOH) and Secondary Impacts of COVID-19 in Vulnerable Populations – Weitzman Speaker Series, October 2020

Implementation of Care Management Programs for People with High Health Care Use – MED Fall Conference Session, October 2020

2023-.

Moderator for Discussions – Office Practice of Medicine Course

Director of GIM section – Intensive Review of Internal Medicine

2024

Course Director, Intensive Review of Internal Medicine

Practical Tips on Dealing with Health Plans, Office Practice of Medicine Course

2025

Practice Tips on Dealing with Health Plans, Primary Care for Specialists.

National

1998 Review of medical students' perceptions of excellence in precepting / Talk (abstract) Society of General Internal Medicine Meeting

Chicago, IL

2001 Clinical vignettes designed to help physicians recognize eating disorders in the primary care setting / Talk - Society of General Internal Medicine

San Diego, CA

2005 Nurturing Humanism in Medical Interns /Talk

Association of Program Directors in Internal Medicine (APDIM)

San Francisco, CA

2014 Talking the talk: optimizing communication between residents and multidisciplinary care team members in academic primary care practices/workshop

Society of General Internal Medicine

San Diego, April 2014

Empanelment in Primary Care

Greater NY Hospital Association

Fall, 2014

Visiting Professor at Virginia Commonwealth University

Grand Rounds at Virginia Commonwealth University “Transformation: One Practice’s Journey” October, 2014

2017 Webinar: HFMA MA-RI Managed Care Webinar: Senior Care Organizations: An Introduction

Invited presentation, Camden Coalition, Good Care Collaborative. The Fully Integrated Social ACO

World Health Congress, Washington, D.C., Medicaid Summit. Panelist: WHC Panel: Improving Care for the Dually-Eligible: Streamline Medicaid/Medicare Communication, Coordination and Care Delivery

2018 Pharmacy Quality Alliance: Panel on Empowering Patients/Adherence

Presentation for National Academy of Medicine Webinar on Caring for the Complex Patients, February 2018

Panel on “Incorporate Consumer Priorities to Ensure Sustainability of Independent and Assisted Living” MLTSS Summit, Washington DC, March 2018

Innovations Driving Better Care and Outcomes, Customer Advisory Board Summit, Chicago IL, September 2018

2019 Underserved Populations – Inaugural Primary Care Transformation Summit, Orlando FL May 2019

2021 WHCC Virtual (Population Health Strategies Track): Personalize Member Communications to Meet Population Health Goals and Increase Access to Care, June 2021

International

Partner with Community Health Organizations to Mitigate Social Determinants of Health in

Unlocking the Value of Health Care at Home – AHIP's Institute & Expo 2021 (Online), June 2021

2016 Joy to the Word: Combining Emotional and Intellectual Engagement to Build Workplace Pleasure Among Physicians. International Conference on Physician Health

2017 Workshop on EMR and Physician Resilience: International Conference on the Patient, Practitioner, and the Computer

2017 Teach to Teach Mongolia: Invited to Mongolia National University of Medical Sciences to teach strategies for medical education with small team from HMS. (October, 2017, return May, 2018)

2018 Loughnane J, **Tishler L**. Commonwealth Care Alliance: An Integrated Approach to Complex Care. Kaleidoscope Presentation, November 28, 2018

Current Licensure and Certification

1996 Massachusetts Medical License

1997 Board Certified, American Board of Internal Medicine

2007, 2017 Recertified American Board of Internal Medicine

Practice Activities

1997-2023. Primary Care at Brigham and Women's Hospital and Commonwealth Care Alliance

Clinical Innovations

1. JC Ambulatory ICU and Complex Care Team
2. Opioid council
3. Jen Center CRICO project for colon cancer screening
4. Embedded pharmacists, geriatrician, diabetologist, and psychiatrist in PJC for clinical improvements in chronic disease and pain control
5. Team based care in the Jen Center guided by the HMS Innovations Grant.
6. PJC Newsletter and Jen Center Patient Facing Newsletter
7. Development of Rina Spence Scholar Award
8. Development of program to provide primary care physicians for all incoming interns and residents to BWH
9. Formation of Jen Center Patient-Family Advisory Committee
10. Community Paramedicine

Report of Education of Patients and Service to the Community

Activities

2003-present Interview high school students for admission to Harvard college

2004-2010 Participant, BUILD, Brigham and Women's Hospital

2005-2006 Advisor, Upham's Corner Charter School, Harvard Medical School

2007-2019 School health advisor, Jewish Community Center Early Learning Center, Brookline MA

2010 How to Communicate with your PCP: A talk for Seniors at the Fox Hills Assisted Living Facility.
Weston, MA

2012-16 Board Member, Heath School Extended Day Program

Educational Material for Patients and the Lay Community

Books, monographs, articles and presentations in other media

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 - 2) Lori Wiviott Tishler, MD. Easy things you can do right now to control stress.
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 - 5) Lori Wiviott Tishler, MD. 5 Tips to Prevent Back Problems.
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 - 8) Lori Wiviott Tishler, MD. Physical activity: How much is enough to help me lose weight?
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