

5F - 10/21/26

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

Lori A. Weaver
Commissioner

Iain N. Watt
Director

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

September 28, 2026

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health, to amend an existing contract with Bamboo Health, Inc. (VC #483624), Louisville, Kentucky, for continued operation of Gateway Electronic Health Record Integration used by the New Hampshire Prescription Drug Monitoring Program, by amending the scope of services, with no change to the price limitation of \$3,857,750, with no change to the contract completion date of June 30, 2027, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on January 26, 2022, item #19, amended on April 10, 2024, item #11 and amended on June 17, 2026 (Item #191).

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

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	102-500731	Contracts for Prog Svc	90138013	\$856,509.79	\$0	\$856,509.79

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
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2024	102-500731	Contracts for Prog Svc	90138013	\$1,172,194.29	\$0	\$1,172,194.29
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**05-95-90-904510-3166 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PREVENTION AND
WELLNESS, PRESCRIPTION DRUG MONITORING, 100% FEDERAL FUNDS**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2026	102-500731	Contracts for Prog Svc	90138013	\$1,614,045.92	(\$369,000)	\$1,245,045.92
2027	102-500731	Contracts for Prog Svc	90138013	\$215,000	\$369,000	\$584,000
<i>Subtotal</i>				\$1,829,045.92	\$0	\$1,829,045.92
Total				\$3,857,750	\$0	\$3,857,750

EXPLANATION

The purpose of this request is to extend the scope of services to support continued availability of Gateway Electronic Health Record Integration (Gateway), which allows prescribers and pharmacists to access patient records in the Prescription Drug Monitoring Program (PDMP) directly from their electronic health records and pharmacy management systems. The Department did not extend Gateway after October 31, 2026, in the prior amendment due to uncertainty regarding the federal grant award that supports its operation. In September, the Department received confirmation from federal partners regarding the availability of continued funding to support Gateway functionality in the PDMP.

The Contractor will continue to operate and provide all PDMP software services, including Gateway, which supports the Department's statutory obligations under RSA 126-A:89-96 to maintain a statewide PDMP. Gateway provides authorized users with complete patient prescription information within their secure, identity-verified health records systems, which results in higher utilization by healthcare providers, reduces the risk of data entry errors, and minimizes disruption of normal clinical workflows. Gateway provides real-time access to dispensing data, clinical risk indicators, and automated patient safety alerts to help prescribers and dispensers identify substance use disorder risks, prevent unsafe medication combinations, and improve patient treatment outcomes through coordinated care across providers. The extension of these services will ensure that healthcare providers maintain rapid and secure access to data and tools that support patient care and health outcomes at point of care.

Should the Governor and Council not authorize this request, the Department will be unable to provide Gateway functionality through the PDMP, which will impact provider utilization rates and may negatively impact patient outcomes related to the prescription of opioids and other controlled substances.

Area served: Statewide.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori A. Weaver". The signature is stylized with a large, looped "L" and "W".

For:

Lori A. Weaver
Commissioner



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

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



Denis Goulet, *Commissioner*

September 29, 2026

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

Dear Commissioner Weaver:

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

The purpose of this request is for continued operation of Gateway Electronic Health Record Integration used by the New Hampshire Prescription Drug Monitoring Program.

The Total Price Limitation shall not change and remains \$3,857,750, effective upon Governor and Council approval with no change to the end date of June 30, 2027.

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

Sincerely,

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

Denis Goulet

DG/jd
DoIT #2021-002C

cc: Ken Gagne, IT Manager, DoIT

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

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

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 26, 2022 (Item #19), as amended on April 10, 2024 (Item #11), and as amended on June 17, 2026 (Item #191), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Modify Exhibit B – Statement of Work, Section 8. Work Plan (table line items 6 and 7), to read:

	Task Name	Start	Finish
6	STATEWIDE INTEROPERABILITY PROGRAM (PMP GATEWAY) MARKETING AND PROMOTION	January 2022	June 30, 2027
7	Operations	January 2022	June 30, 2027

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

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

Software Name	Initial Cost	Maintenance Support and Upgrades						Total
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
PMP AWAxwE w/NarxCare	\$0	\$190,000	\$190,000	\$190,000	\$190,000	\$190,000	\$190,000	\$1,140,000
A12.1 Prescriber Outlier Model (standard)	\$50,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$200,000
Web Site Hosting, Maintenance Support	Included	Included	Included	Included	Included	Included	Included	N/A
Statewide Interoperability Program (PMP Gateway)	\$0	\$349,000	\$25,000	\$364,000	\$369,000	\$369,000	\$369,000	\$1,845,000
Sub-Total 1:	\$50,000	\$564,000	\$240,000	\$579,000	\$584,000	\$584,000	\$584,000	\$3,185,000

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

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

State of New Hampshire
Department of Health and Human Services

10/5/2026

Date

DocuSigned by:

Iain Watt

Name: Iain Watt

Title:

Director - DPH

Bamboo Health, Inc.

10/2/2026

Date

Signed by:

D O'Brien

Name: Denis O'Brien

Title:

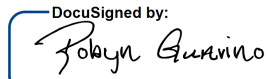
VP, Controller

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

OFFICE OF THE ATTORNEY GENERAL

10/5/2026

Date

DocuSigned by:


Name: Robyn Guarino

Title:

Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

State of New Hampshire

Department of State

CERTIFICATE

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

Business ID: **887924**

Certificate Number: **0007928310**



IN TESTIMONY WHEREOF,

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

A handwritten signature in black ink, appearing to read "David M. Scanlan", written over a horizontal line.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

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

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

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 17, 20 24, at which a quorum of the Directors/shareholders were present and voting.
(Date)

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

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

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

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

Dated: October 5, 2026



Signature of Elected Officer

Name: Darren Moore

Title: Chief Legal Officer



CERTIFICATE OF LIABILITY INSURANCE

4/1/2027

DATE (MM/DD/YYYY)

4/8/2026

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

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

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 500 W. Monroe, Ste. 3400 Chicago IL 60661 (312) 669-6900 midwestcertificates@lockton.com	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Endurance Assurance Corporation</td> <td style="text-align: center;">11551</td> </tr> <tr> <td>INSURER B: Sompo America Insurance Company</td> <td style="text-align: center;">11126</td> </tr> <tr> <td>INSURER C: Sompo America Fire & Marine Insurance Company</td> <td style="text-align: center;">38997</td> </tr> <tr> <td>INSURER D: Allied World Assurance Company (U.S.) Inc.</td> <td style="text-align: center;">19489</td> </tr> <tr> <td>INSURER E: Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Endurance Assurance Corporation	11551	INSURER B: Sompo America Insurance Company	11126	INSURER C: Sompo America Fire & Marine Insurance Company	38997	INSURER D: Allied World Assurance Company (U.S.) Inc.	19489	INSURER E: Federal Insurance Company	20281	INSURER F:	
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INSURER F:															
INSURED 1443744 Bamboo Health, Inc. 9901 Linn Station Road, Suite 500 Louisville, KY 40223															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	N	N	TGM30035201803	4/1/2026	4/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	N	N	TAM30017072804	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A E	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000	N	N	TUM30005043405 5672-10-56	4/1/2026 4/1/2026	4/1/2027 4/1/2027	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
C	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	N/A	TWM30084380401	4/1/2026	4/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cyber/E&O	N	N	0312-2890	4/1/2026	4/1/2027	\$5,000,000 per claim / \$5,000,000 aggregate \$750,000 Retention

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

CERTIFICATE HOLDER**CANCELLATION** See Attachment**17938515**
 State of New Hampshire
 Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301-3857

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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