



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

Lori A. Weaver
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
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www.dhhs.nh.gov

August 9, 2023

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to MOP 1200, I.D., and MOP 150, V.A.2., authorize the Department of Health and Human Services, Division of Public Health Services, to **retroactively** pay the Association of State and Territorial Health Officials (VC#168523), Arlington, Virginia, in the amount of \$20,700 for annual membership dues, effective upon Governor and Executive Council approval, for the membership period of July 1, 2023, through June 30, 2024. 100% Other Funds.

Funding is available in the Office of the Director account as follows:

05-95-90-900010-51100000-026-500251 – Organizational Dues \$20,700

EXPLANATION

This item is **Retroactive** as the DPHS did not receive the invoice from the vendor until after the start date of the membership.

The Association of State and Territorial Health Officials (ASTHO) is the national nonprofit organization representing state public health agencies. Their mission is to assist state health departments in the development and implementation of programs and policies to promote health and prevent disease, and to serve as a conduit for state discussions and policy development with federal partners.

Listed below are answers to standard questions required for Governor and Executive Council organization dues and membership approval submissions.

1. How long has this organization been in existence and how long has this agency been a member of this organization?

The ASTHO was incorporated on March 23, 1942 and the Department of Health and Human Services has been associated with this organization since March 1942.

2. Is there any other organization that provides the same or similar benefits which your agency belongs to?

No.

3. How many other states belong to this organization and is your agency the sole New Hampshire state agency that is a member?

All 50 States, 6 U.S. Territories, and the District of Columbia. The Department of Health and Human

Services, Division of Public Health Services is the only state agency that is a member of the ASTHO.

4. How is the dues structure established? (Standard fee for all states, based on population, based on other criteria, etc)

The ASTHO membership dues structure is based on population, using data from the United States Census Bureau.

5. What benefit does the state receive from participating in this membership?

The ASTHO provides staff to advocate in Washington, DC for national issues of public health significance and provides timely briefings to state health officials on congressional activities, non-partisan advocacy on public health issues such as funding for the AIDS Drug Assistance Program, Immunization, maternal and child health and infectious and chronic diseases. More than half of the public health operating budget comes from federal sources, therefore, the Department's participation with the ASTHO is vital to maintain the Department's ability to continue receiving Federal grants and funding for these programs.

The ASTHO provides resources to assist the Department with responding to COVID-19, provides coordination between various Federal agencies, and convenes State Health Departments to ensure information sharing, streamlined communication, and a coordinated response.

The ASTHO advocates for the inclusion of health promotion and disease prevention in health care discussions at the national level. They have been instrumental in bringing members of congress and the federal government consolidated information from the states regarding successful implementation of population based approach and its positive impact on quality of health care delivery while controlling costs.

The ASTHO assists the Department with applying for and obtaining private foundation grants that are helping the agency in the development and implementation of its strategic priorities as stated by the NH Public Health Improvement Council.

The ASTHO provides resources and technical support to assist the Department in various operational aspects including consultation on financing, organization, workforce development, and how best to use information technology to achieve programmatic goals at a reasonable cost.

6. Are training or educational/ research materials included in the membership? If so, is the cost included? Explain in detail.

The Department receives numerous educational and research materials from the ASTHO and the cost is included in the membership. Federal grants are received by the ASTHO to provide the states with training and development.

7. Is the membership required in order to receive any federal grants or required in order to receive or participate in licensing or certification exams? Explain.

No.

8. Is there any travel included with this membership fee? Explain in detail any travel to include the number of employees involved, the number of trips, destination if known and purposes of membership supported trips.

The ASTHO covers all costs for the Director and other staff members of the Division of Public Health Services to attend meetings throughout the year.

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9. Which state agency employees are directly involved with this organization? (Indicate if they are members, voting members, committee members, and/or officers of the organization.)

Patricia Tilley, Director of the Division of Public Health Services – Member

10. Explain in detail any negative impact to the State if the Agency did not belong to this organization.

If the Department does not belong to the ASTHO, the Department would not have access to the information, training, and advocacy for policy and funding at the federal level. This information provides the Department with an array of evidence based and quality practices that lead to better health outcomes for the population of NH.

Respectfully Submitted,



Lori A. Weaver
Commissioner

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS



National Headquarters
2231 Crystal Drive, Suite 450
Arlington, VA 22202
(202) 371-9090

Regional Office
600 Peachtree Street NE, Suite 1000
Atlanta, GA 30308
(202) 371-9090

www.astho.org
@ASTHO

Effective July 1, 2023

Patricia Tilley
New Hampshire Dept Of Health & Human Svcs.
Director, Division of Public Health Service
29 Hazen Drive
Concord, NH 03301
United States of America

Dear Patricia Tilley,

Thank you for your membership in the Association of State and Territorial Health Officials (ASTHO). We are looking forward to a busy membership year and continuing to serve your agency as your partner and voice in Washington, D.C., Atlanta, GA, and across the country. I hope you continue to see value in your ASTHO membership: we are here for you and your agency's leadership as your advocate and partner. The last several years have been trying for all of us but ASTHO has remained a strong and effective resource for state and territorial public health during this time of crisis. Together, we have seen impressive success in getting you the resources, technical assistance, and peer network you needed to address the COVID-19 pandemic and to support your continued efforts to protect the health of your jurisdiction.

ASTHO has a population-based member dues structure (see footer 1), and dues are assessed annually. The population information used for this dues cycle July 1 through June 30 to determine the appropriate dues level comes from the U.S. Census Bureau (see footer 2). Your agency's membership dues are \$20,700.00. A dues structure chart and your invoice are attached.

We thank you for your continued support of ASTHO and the vital public health activities being carried out by you and your colleagues. We all look forward to another very exciting year at ASTHO and hope you can continue to be engaged with us and your colleagues across the country.

If you have any comments, suggestions, or feedback to share with me about ASTHO's value to your agency, please do not hesitate to contact me at your convenience via email at mfraser@astho.org or give me a call at 202-371-9090.

Sincerely,

Michael Fraser, PhD, MSMSL, CAE, FCPP
Chief Executive Officer

Copy: kelly.bogert@dhhs.nh.gov; richelle.swanson@dhhs.nh.gov; patricia.tilley@dhhs.nh.gov

(1) A table with the population based member dues structure is attached.

(2) Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2022 (NST EST2020). Source: U.S. Census Bureau, Population Division. Release Date: 12/2022.



Invoice

Invoice Number: 102107
Invoice Date: 7/31/2023
Customer Contract Nbr: N/A
Contract Desc: NH001 New Hampshire Dept Of Health & Human Svcs
Terms: Net 30
Billing Thru: 7/31/2023
Purchase Order: N/A
Voucher ID: 4

REMIT TO: BILL TO:

ASTHO
 2231 Crystal Drive, Suite 450
 Arlington, VA 22202

New Hampshire Dept Of Health & Human Svcs.
 Director, Division of Public Health Service
 29 Hazen Drive
 Concord, NH 03301
 Attn: Patricia Tilley

Thank you for your membership. Below please find the invoice for membership this coming year.
For any questions, please email accountsreceivable@astho.org or executiveoffice@astho.org.

DESCRIPTION	CURRENT AMOUNT
NH001 New Hampshire Dept Of Health & Human Svcs 2023-2024 Membership Dues	\$20,700.00
NH001 New Hampshire Dept Of Health & Human Svcs Total:	\$20,700.00

VIA ACH:		VIA CHECK:
Name on Bank Account:	Association of State & Territorial Health Officials	Association of State and Territorial Health Officials
Bank Account Number:	2030000009286 Checking	2231 Crystal Drive Suite 450 Arlington VA 22202
Checking or Savings Account:	054001220	Attn: Membership Dues
ABA Routing Number:	Wells Fargo Bank, N.A.	
Receiving Bank Name:	Tyson's Plaza	
Branch Location:	1753 Pinnacle Drive McLean, VA	
Branch Address:	22102	

Internal Ref: 1073-036 PB001330

ASTHO POPULATION BASED DUES STRUCTURE

July 1, 2023 - June 30, 2024 Dues Cycle

<u>Population Level</u>	<u>Rates</u>
Territories-A*	\$4,400
Territories-B**	\$9,700
Up to 2,000,000	\$20,700
Up to 3,000,000	\$23,800
Up to 4,000,000	\$26,400
Up to 5,000,000	\$29,500
Up to 6,000,000	\$32,100
Up to 7,000,000	\$35,200
Up to 11,000,000	\$43,600
Over 11,000,000	\$46,600

* Territories of American Samoa, Federated State of Micronesia, Northern Mariana Islands

** Territories of Guam, Puerto Rico, Virgin Islands

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Association of State and Territorial Health Officials

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
 Other (see instructions)

4 Exemptions (codes) apply only to certain entities, not individuals; see instructions on page 3:
 Exempt payee code (if any)
 Exemption from FATCA reporting code (if any)
Applies to accounts maintained outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.
2231 Crystal Drive, Suite 450

6 City, state, and ZIP code
Arlington, VA 22202

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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OR

Employer identification number

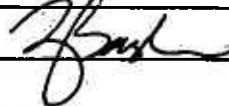
3	5	-	1	0	4	4	4	8	7
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <u></u>	Date <u>7/12/2023</u>
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