# STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:
Name: Katrina E. Hansen Work Phone No. 603-271-8325
Work Address: 29 Hazen Drove Concord, NH 03301
Office/Appointment/Employment held: BIDC/ch.ef, Infectious Disease Surveillance Section
List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.
Source of Honorarium or Expense Reimbursement:
Name of source:
Name of source:  First Middle Last RECEIVED
Post Office Address: OCT 03 2017
Occupation:
Principal Place of Business:  DEPARTMENT OF STATE
If source is a Corporation or other Entity:
Name of Corporation or Entity: International Health Facility Diversion Association
Name of Corporate/Entity Representative: Kim New Exec Director / Dennis Luken, Treasure
Work Address of Penrasantativa: PM Roya 28 Roya 1 - 15 - 45 106
Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 \( \mathbb{Y} \)  Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 \( \mathbb{Y} \)  Value of Honorarium:  Date Received:  If exact value is unknown, provide an estimate of the value of
Value of Honorarium: Date Received: If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.   Exact   Estimate
Value of Expense Reimbursement: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:
Invited to speak at annual conference \$413.62 covered portron of travel costs. Other costs were rederally funded by ECC start.  "I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."
10/2/17
Signature of Filer Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

# Second Annual International Health Facility Diversion Association Conference St. Louis, Missouri September 18 - 20, 2017

September 18	
10:00am – 5:00pm	Registration, Exhibit Hall Open
1:00pm — 1:15pm	Welcome and Opening Remarks John Burke, President IHFDA and Kimberly New, Executive Director IHFDA
1:15pm – 2:15pm	Diversion by Healthcare Personnel: The Victim's Perspective Lauren Lollini, Secretary IHFDA
2:30pm – 3:30pm	Implementing Safe Opioid Prescribing in Kaiser Permanente Northern California Sameer V. Awsare, M.D., F.A.C.P., Associate Executive Director, The Permanente Medical Group
3:30pm – 4:00pm	Break, Exhibitor Tour, Networking
4:00pm – 5:15pm	Developing a Diversion Prevention, Detection and Response Program: Challenges and Lessons Learned Amanda Wollitz, PharmD, BCPS, FISMP, Assistant Director of Pharmacy, Florida Hospital Orlando Austin J Kucher, RPhT, Diversion Prevention Analyst Supervisor Florida Hospital Orlando
5:30pm – 6:30pm	Welcome reception Arch Ballroom and Foyer Exhibitor Area, Hilton St. Louis at the Ballpark
September 19	
7:00am – 8:00am	Continental Breakfast (provided)
8:00am – 9:15am	The Pros and Cons of Random Urine Drug Screening of Health Care Providers Keith H. Berge, M.D., Mayo Clinic
9:15am – 10:30am	Tampering and Substitution, Working with FDA Office of Criminal Investigation Joseph McCulley, Special Agent, FDA-OCI Brian McClune, Special Agent, FDA-OCI

10:30am – 11:00am	Break, Exhibitor Tour, Networking
11:00am – Noon	The New Hampshire Experience: Drug Diversion in Healthcare Settings and Examining Public Health Risk Katrina Hansen, MPH Chief, Infectious Disease Surveillance Section New Hampshire Division of Public Health Services
Noon – 1:00pm	Lunch (provided)
1:00pm – 2:15pm	Investigating Potential Diversion, Important Labor Relations Considerations Michelle Sullivan, Director of Labor Relations at Michigan Medicine
2:15pm – 3:15pm	Drug Courts and their Interaction with Diversion Programs Marcus D. Ellis, Jr., Coordinator, Eighth Judicial District Drug Court
3:15pm – 3:45pm	Break, Exhibitor Tour, Networking
3:45pm — 5:00pm	Perspectives from a DEA Investigation Richard LaFrance, Pharmacy Manager, Seattle Cancer Care Alliance Katie Hune, CPhT, Pharmacy Technician Supervisor, Seattle Cancer Care Alliance
September 20	
7:00am – 8:00am	Continental Breakfast (provided)
8:30am – 9:30pm	Opioid Stewardship Katrina Harper, Sr. Clinical Manager at Vizient
9:30am – 10:30am	The Role of State Boards of Nursing in Drug Diversion Cases Catherine Woodard, Associate Director, Discipline WA State Department of Health Nursing Care Quality Assurance Commission
10:30am – 10:45am	Break, Exhibitor Tour, Networking
10:45am – Noon	The Journey of a Physician Addict in Sobriety: A Commitment to Physician Well Being and Patient Safety Daniel Perlin, M.D., Section Director Anesthesia, Washington Hospital Center, Northeast Region Director, 2016-2018 Chairman, MSDC Physician Health Program

Noon – 1:15pm	Lunch
1:15pm – 2:30pm	A Life of Deception, Diversion, and Theft Dennis Luken, Treasurer, IHFDA
2:30pm – 3:45pm	Conducting the Successful Interview Kevin Vanover, Operations Director, IHFDA
4:00pm – 4:30pm	Closing remarks, evaluations and certificates

#### Satisfactory completion

Participants must complete an evaluation form to receive a certificate of completion. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available. NOTE: If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

#### **Physicians**

Accreditation Statement - This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Amedco and International Health Facility Diversion Association Conference. Amedco is accredited by the ACCME to provide continuing medical education for physicians. Credit Designation Statement - Amedco designates this live activity for a maximum of 16.25 *AMA PRA Category 1 Credits*<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### **Pharmacists**

Amedco is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Successful completion of this program qualifies for up to 16.25 contact hours. Note: List day, session title and UAN on PN.

#### **Nurses**

Amedco is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This course is co-provided by Amedco and International Health Facility Diversion Association Conference. Maximum of 16.25 contact hours.

June 26, 2017

Katrina Hansen
Chief, Infectious Disease Surveillance Section
Bureau of Infectious Disease Control
New Hampshire Division of Public Health Services, Department of Health and Human
Services
29 Hazen Drive
Concord, NH 03301-6504

#### Dear Katrina:

On behalf of IHFDA, we would like to invite you to speak at our upcoming annual conference in St. Louis, Mo. The conference occurs September 18-20, 2017, and we would like to have you speak on September 19. IHFDA will pay expenses up to \$500 for your participation in our conference.

We look forward to your presentation.

Best-

Kimberly New Executive Director, IHFDA

	RE	QUEST FOR AUTH	HORIZA	TION FOR O	UT-OF-	STATE TRAVEL
						Date: 08/01/2017
TO TH	IE HON	ORABLE GOVERNO	R & COUN	NCIL:		
The Dep	artment o	f Health and Human Services,	Bureau of	Infectious Disease C	Control	requests permission
for	1	employees or their designee	s to travel to	St. Louis, Missour	i	
for	2	days of travel status from	September	18, 2017	to	September 19, 2017
		Con	iference/W	orkshop/Semina	r Title	
Internation	onal Health	n Facility Diversion Association	Annual (IHFI	DA) Conference in St.	Louis, Miss	ouri
			Purp	ose of Travel		
Chief of Associate health undiversion regarding for one or response mileage, of State or responsib	Infectious ed Infection der He-P since the g latest and day will be. Travel f food, and Office upo bilities dur	s Disease Surveillance (IDSS), ins (HAI) Program and investigated 301. Ms. Hansen has been less 2012 Hepatitis C outbreak. Note innovative science and discussioned in the state's capacity by according for flight for Ms. Hansemiscellaneous will be sponsore in her return as the IHFDA is a	to attend the ates drug diversading national lot only will is best practice dvancing staff en is available to by IHFDA. non-government will arrive of	e conference as an in rsion events with inject efforts and developi Ms. Hansen enhance (s) but will also prese expertise and showce through CDC's ELC Ms. Hansen will sub- ent entity, to who we on 9/18 in order to p	evited speaked ctable medical ing state pro- her expertise int as an invi- ase NH pro- Ebola Sup- pomit an Expe- do not pay di- resent the fo	approval is requested for Katrina Hansen, er. Ms. Hansen oversees the Healthcareations; which are newly reported to public tocols for public health response to drug in this topic area by receiving updates ited speaker. It is expected that attendance gress toward drug diversion public health plemental grant. Travel funding for hotel, ense Reimbursement Form to the secretary ues. Other IDSS Program staff will cover following day at the conference on 9/19.
			Attendee	s and their Title	<u>s</u>	

Katrina Hansen, Chief, Infectious Disease Surveillance Section

# Fiscal Information - Summary

<u>Objt</u>	<b>Description</b>		<b>Amount</b>						Amou	ınt
0710	Common Carriers	\$	600.00	Appropriation of Out-o	of-State Travel			\$	152,	809.13
0711	Per Diem in Lieu	\$	0.00	Amount Expended to d	late			\$		946.81
0712	Meals	\$	73.50	Available Balance				\$	151,	862.32
0713	Hotel	\$	159.00	Amount requested this	authorization			\$		968.43
0714	Mileage	<b>\$</b>	27.93	Estimated Balance Ava	ailable			\$	150,	893.89
0715	Operation State Car	\$	0.00	•						
0717	Miscellaneous	\$	108.00	Appropriation Code	010 -	090	-	1835	-	080
0719	Registration Fees	\$ _	0.00	Source of Funds	55% Federa	ELC, 4	5% S	Sponsored	IHFD	A
TOT	AL	\$	968.43	Job#	90183504					
Authorized Signature: Lisa Morris, MSSW										
				Approved By:	irector ffrey A. Mey	hep	LAR	to_		

Commissioner

NH DHHS 2005

Request for Authorization for Out-of-State Travel

July 1,

Page 1 of 3

### Fiscal Information - Detail #1 (Job #: 90183504)

<u>Objt</u>	Description		<b>Amount</b>					<u>A</u>	mount	
0710	Common Carriers	\$	600.00	Appropriation of Out-of-State Trav	vel		\$		1 <b>52,8</b> 0	9.13
0711	Per Diem in Lieu	\$	0.00	Amount Expended to date			\$		94	6.81
0712	Meals	\$	0.00	Available Balance			\$		151,86	2.32
0713	Hotel	\$	0.00	Amount requested this authorization	on		\$		60	0.00
0714	Mileage	\$	0.00	Estimated Balance Available			\$		151,26	2.32
0715	Operation State Car	\$	0.00							
0717	Miscellaneous	\$	0.00	Appropriation Code 010	-	090	-	1835	- (	080
0719	Registration Fees	\$	0.00	Source of Funds 100	% Fede	ral, ELC	HA.	I		
TOT	AL	\$ -	600.00							

# Fiscal Information - Detail #2 (Job #:

<u>Objt</u>	Description		Amount			<b>Amount</b>
0710	Common Carriers	\$	0.00	Appropriation of Out-of-State Travel	\$	0.00
0711	Per Diem in Lieu	\$	0.00	Amount Expended to date	\$	0.00
0712	Meals	\$	73.50	Available Balance	\$	0.00
0713	Hotel	\$	159.00	Amount requested this authorization	\$	368.43
0714	Mileage	\$	27.93	Estimated Balance Available	\$	-368.43
0715	Operation State Car	\$	0.00			
0717	Miscellaneous	\$ _	108.00	Appropriation Code -	-	_
0719	Registration Fees	\$	0.00	Source of Funds Sponsored by	IHFDA	
TOT	AL	\$	368.43			

## Fiscal Information - Detail #3 (Job #:

<u>Objt</u>	<b>Description</b>	<b>Amount</b>			<b>Amount</b>
0710	Common Carriers	\$ 0.00	Appropriation of Out-of-State Travel	\$	0.00
0711	Per Diem in Lieu	\$ 0.00	Amount Expended to date	\$	0.00
0712	Meals	\$ 0.00	Available Balance	\$	0.00
0713	Hotel	\$ 0.00	Amount requested this authorization	\$	0.00
0714	Mileage	\$ 0.00	Estimated Balance Available	\$	0.00
0715	Operation State Car	\$ 0.00			
0717	Miscellaneous	\$ 0.00	Appropriation Code -	-	-
0719	Registration Fees	\$ 0.00	Source of Funds		
TOT	AL	\$ 0.00			

# Fiscal Information - Detail #4 (Job #:

<u>Objt</u>	Description		Amount			Amount
0710	Common Carriers	\$	0.00	Appropriation of Out-of-State Travel	\$	0.00
0711	Per Diem in Lieu	\$	0.00	Amount Expended to date	\$ ]	0.00
0712	Meals	\$	0.00	Available Balance	\$	0.00
0713	Hotel	\$	0.00	Amount requested this authorization	\$	0.00
0714	Mileage	\$	0.00	Estimated Balance Available	\$ '	0.00
0715	Operation State Car	\$	0.00			
0717	Miscellaneous	\$	0.00	Appropriation Code -	-	-
0719	Registration Fees	\$	0.00	Source of Funds		
TOT	AL	<b>\$</b> .	0.00			

NH DHHS

2005

Request for Authorization for Out-of-State Travel

July 1,

Page 2 of 3

From: Hansen, Katrina [mailto:Katrina.Hansen@dhhs.nh.gov]

Sent: Wednesday, September 20, 2017 3:40 PM

To: Dennis Luken < dluken@ihfda.org >

Subject: IHFDA conference- speaker travel reimbursement

Good afternoon Dennis-

Kim New instructed me to email you regarding travel reimbursement for IHFDA conference as a speaker. Please see travel costs calculated below. I did keep receipts and can provide those if needed. Please let me know and I can scan and email them to you.

#### TOTAL (see breakdown below): \$413.62

Meals and IE (calculated using GSA per-diem rate for St. Louis MO, 75% on travel days, and excluded meals that were included with the conference) = \$60.75 9/18/17 (travel day)- (Breakfast 9.00, lunch 9.75, dinner 18.00)=\$36.75 9/19/17 (only dinner since breakfast/lunch part of conference. Traveled home pm)= \$18.00 Incidentals:  $($3.00 \times 2 \text{ days}) = $6.00$ 

Tolls, parking, and mileage= \$165.36

Mileage in private car to and from airport: 45.2 miles x 2 ways x 0.535 = 48.36

Parking at airport (two days)= \$20.00

Tolls= \$2.00

Taxi to hotel from airport= \$45.00

Taxi to airport from hotel= \$50.00

Hotel = \$187.51 Hotel 1 night= \$159.00 State and city tax= \$28.51

Thank you and it was a pleasure to attend the conference and present.

Best,

-Katrina

Katrina Hansen, MPH
Chief, Infectious Disease Surveillance Section
Bureau of Infectious Disease Control
New Hampshire Division of Public Health Services, Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301-6504
Phone: 603-271-8325

Phone: 603-271-8325 Fax: 603-271-0545

Email: Katrina.Hansen@dhhs.nh.gov

Follow us on Twitter @NHIDWatch

New Hampshire Division of Public Health Services, Improving Health, Preventing Disease, Reducing Costs for All

CONFIDENTIALITY NOTICE: This email message, including any attachments, is intended only for the use of the intended recipient(s) and may contain information that is privileged, confidential and prohibited from unauthorized disclosure under applicable law. If you are not the intended recipient of this message, any dissemination, distribution or copying of this message is strictly prohibited. If you received this message in error, please notify the sender by reply email and destroy all copies of the original message.