

***VITAL RECORDS IMPROVEMENT FUND  
ADVISORY COMMITTEE***

*To The New Hampshire Department of State*

***-MINUTES-***

***Special Meeting  
Wednesday  
February 23, 2005***

# Approved Minutes

## **-MINUTES-**

### **Special Vital Records Improvement Fund Advisory Committee Meeting**

February 23, 2005

Conference Room 312  
Health & Human Services Building  
29 Hazen Drive  
Concord, New Hampshire 03301

#### ***COMMITTEE MEMBERS PRESENT:***

William R. Bolton, Jr., State Registrar  
Paul Bergeron, Nashua City Clerk, City Clerk Appointment  
Jill Hadaway, Bow Town Clerk, Town Clerk Appointment **VIA TELEPHONE**  
Debbie Augustine, NH Hospital Association  
David Kruger, Public Member Appointment  
David Scanlan, Deputy Secretary of State, SOS Appointment  
William Armstrong, IT Manager, DITM Appointment  
John O'Neal, OIT, OIT Appointment  
Fred Rusczek, Manchester Health Officer, DHHS Appointment  
Kimberly Johnson, Henniker Town Clerk, Town Clerk Appointment  
Judy Gaoette, Dover City Clerk, City Clerk Appointment  
Dr. Frank Mevers, State Archivist Appointment

#### ***COMMITTEE MEMBERS EXCUSED:***

Thomas A. Andrew, MD, Physician Appointment  
Bob Lambert, Peterborough Town Clerk, Town Clerk Appointment  
Rick Bailey, OIT, DHHS Appointment  
Doug Hall, Vital Records User, DHHS Appointment  
David Pollard, Funeral Director Appointment

#### ***GUESTS:***

Melanie A. Orman, Vital Records, SOS  
Steve Sullivan, Information Technology Manager, SOS  
Steve Wurtz, Vital Records, SOS  
Karen Way, OIT  
Todd Dahl, OIT  
Eric Allen, OIT  
Dan Cloutier, Assistant Secretary of State, SOS  
Andrew Chalsma, Health Statistics, DHHS  
Kathy Bizarro, NH Hospital Association

Vital Records Improvement Fund Advisory Committee Meeting

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## 1. Web Query Tool Discussion:

Mr. Bergeron called the special meeting to order. Because the meeting was called for the purpose of following up on earlier discussion of making an advisory recommendation on the Secretary of State's participation in the National Center for Health Statistics web based vital statistics query site. Before the committee began Mr. Bergeron officially welcomed Mr. Chalsma to the VRIF Advisory Committee. He was the newest appointee to fill the DHHS vacancy. He reminded the committee that Mr. Chalsma is the third new appointee. Mr. O'Neal and Mr. Scanlan had also recently been appointed.

Mr. Bergeron stated that it was encouraging that the committee was beginning to fill out. Mr. Bergeron reported that the intent of the meeting was to keep the meeting focused on the discussion of the proposal. He asked that discussion be limited to committee members only. Mr. Bergeron added that he would certainly welcome the input of any support personnel in attendance, in response to any questions posed by committee members. Mr. Bergeron Before beginning the meeting he asked if any of the guests or visitors wanted to make any comments regarding the decision before the committee. Hearing none he asked members for discussion.

Mr. Bergeron began the meeting by reminding members that the main reason for the continuation of the discussion until this meeting was to allow OIT to crunch the numbers and give the committee a better idea of the cost over time to support this tool. Mr. Bolton asked if any members needed copies of the minutes from the February 11, 2005 special meeting. Mr. Bergeron replied that he felt it would be better to accept those minutes at the next official meeting of the committee. He added that anyone that had not had the opportunity to look them over and wanted to refresh their memory should take a moment and look at them.

Mr. Bolton reported that at the last meeting Mr. Kruger had asked some specific questions as far as the platform the SOS would be going forward with (Oracle vs. Sequel) and also any lingering or projected costs in support of the application. He asked Mr. O'Neal if he wanted to share the results of his analysis with the committee. Mr. O'Neal greeted the committee and explained that he and Mr. Bolton had spoken with the vendor via conference call on Friday (2/18/05) and put together the figures for the committee. Mr. O'Neal reported that he had been pushing for a Sequel "back-end" which is a Microsoft product. He said that is because their "front-end" is a Microsoft product and he was really interested in how they would "play together" over the long term.

It turns out that if the SOS goes with a Sequel server solution the upfront costs are markedly more expensive than if they went with an Oracle solution. That is because OIT already owns all the licenses that they would need for Oracle. In talking with the vendor he found that we would need a total of three servers. Two in production, one would be the presentation layer. The second would be the database layer and the third for a staging area. We would also need three Sequel licenses, which would bring the total cost to \$20,000.

Mr. O'Neal explained that they already have two servers on site, but would need to purchase another. They would also need to purchase two server licenses. One license would be for the production environment and another for the staging area. The incremental cost for either Sequel or Oracle would come to approximately 2% of the

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invoice that they send to SOS on a monthly basis. The monthly invoice is in the vicinity of \$30,000. Mr. O'Neal explained that Sequel would be much more expensive upfront than Oracle. He added that OIT already has all the servers and licenses they need to use Oracle. There would be no upfront charge to implement this tool on an Oracle platform. He stated that they did not discuss Oracle with the vendor so he was not sure what their response would be when we told them that we wanted the tool on an Oracle platform rather than Sequel.

Mr. Bolton stated that they had sort of discussed it because they knew that we had an Oracle shop and they said that it should not be a problem pushing the data either way. Mr. O'Neal went on to say that he had just spent an hour and a half with OIT Oracle and Operations staff. They appear to be on board. They already have a data warehouse environment, which this would fit into. Mr. O'Neal stated that he was there to tell the committee that from a price standpoint and probably from an ongoing support standpoint he would recommend that they go forward with an Oracle platform. With either solution we are looking at the 2% figure over the long term. Mr. Kruger asked what he meant by the 2%. Mr. O'Neal replied that it was 2% of \$30,000. Mr. Kruger thanked him stating that he was afraid the \$30,000 was the 2%.

Mr. O'Neal went on to say that what he wanted the committee to consider was that from a support standpoint it is an environment that he knows well, but is concerned that his staff is getting spread thin and adding this project will only spread them thinner. When he initially spoke with the committee about supporting its initiatives he envisioned three developers and has not been able to staff to that level. That is for a variety of reasons. One of which is the hiring freeze. He has two developers on board right now supporting the NHVRIN application. He felt they were not keeping up with the current application and adding another to his staff portfolio is really going to hurt. Mr. Bolton sets the direction as to what

Mr. O'Neal's staff supports and when and how they support it. With only two people this will really add a strange. He added that it was an intangible cost that he could not quantify. Mr. Bergeron asked if there was anything the committee could do to loosen up the hiring process? He asked if it was because there were not capable candidates or is it because the Governor has essentially frozen the positions. Mr. O'Neal replied it was because of the hiring freeze. He had already received a waiver from Governor Benson for the position and was going through the reclassification process with a vacant position, but when Governor Lynch came into office all waivers were essentially voided.

So Mr. O'Neal was back to trying to get a waiver for the position and waivers do not seem to be coming out of the Governor's office these days. He felt that this one should be fairly easy because it is not state funds, but he had been unsuccessful in shaking it loose. Mr. O'Neal explained that having that third position would make it much easier for him to support the new initiative. As it stood he felt that it would be a strain on his staff at current staffing levels.

Mr. Bergeron asked if there were any questions for Mr. O'Neal. There were none and he then asked for comments. Mr. Rusczek stated that he had intended to be at the last meeting, but a public health issue came up as he was going out the door. He added that he had not had the opportunity to speak with anyone but had read the minutes. Mr. Rusczek stated that as a public health official he was a little concerned that the committee might be moving a little too quickly. Buying into a program about access to vital records.

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He felt that we need to go back and take a look at how other states handle this. Step back and say “What was the purpose of collecting vital records in the first place and will this be moving us more in keeping with that initial purpose or will it be moving us in a different direction?” He added that there are issues that came up in the minutes regarding confidentiality and HIPPA and other things. Other states iron these things out and he suggested that they look at Minnesota. He felt that they have a real good model to look at how folks get access to birth and death records.

Mr. Rusczek urged the committee strongly to slow down. He was afraid that what they were considering could hurt public health. It would put up barriers to the access of what started out to be public health information. Mr. Bergeron replied that he would like to add a historical comment. Originally, in colonial times vital records fell under the purview of the Secretary of State. The statistics gathering and collection of health data was not even a consideration initially. He asked if Minnesota was an open or closed state. Mr. Bolton replied that he was unsure. Mr. Rusczek stated that he remembered the days when every birth and death certificate went through the local health department. He also remembered when that changed in the early eighties because of concerns in small communities that it kind of left out there who had access to information.

At the Manchester Health Department and others, even though they understood the need for confidentiality also understood that there would never be any barriers to prevent them from doing their work. Mr. Rusczek explained that there were times when they needed access to that information in relation to birth defects and other statistics that they are approached for. Those numbers are monitored so that they can assure that they are protecting the health of the public. That is the only reason that information is collected. It involves trusting government and the public health system with very private and confidential information and their responsibility back is to assure the public that we are taking that information with that level of trust and using it for its intended purpose.

Mr. Rusczek explained that what bothered him was that as we are rushing forward to an automated system he did not want to see the baby thrown out with the bath where they can't get access to the data for bonafide people. He added that he did not feel that everyone in the state that considers themselves health officials should have access to the information and Minnesota defines the comprehensive health departments as health officials. Mr. Bolton told Mr. Rusczek that he was sorry he had been unable to attend the last meeting where the tool was demonstrated. He explained that during the demo they had seen that the tool had multiple security layers and a user had to be credentialed to get into each level to see if they qualify. There are different roles and privileges. It is not like the SOS is going into the project lightly.

It is a NCHS sponsored project and there is a lot of credentialing that went along with that. They are promoting it and Vital Records is kind of taking advantage of that and we are getting it for a very low price for a “limited time only.” They are making \$30,000 of their money available to us right now. NIOSH spent hundreds of thousands of dollars creating this tool. Mr. Rusczek replied that he would feel much more secure if there were policies and procedures written and in place up front so if the committee buys in they are aware of all the policies and procedures in advance. That is the way that all businesses approach a project. They do not start a program until they can go through and see all the nuts, bolts, and policies and procedures so that they can see what they are buying and know what they are going to have when they are done.

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Mr. Bolton replied that they would work up policies and procedures and direct the developer on how to protect the data. Mr. Bergeron asked for additional questions. He then asked Mr. Bolton what the current agreement was between Vital Records and DHHS on how the data is provided to them. Mr. Bolton replied that there was an agreement reached during a meeting with Commissioner Stephen, a representative from the Attorney General's office, Mr. Scanlan and himself.

They agreed that DHHS would receive the exact same data set they received before as long as Vital Records received an accounting/audit of what data was being accessed and who was accessing. Mr. O'Neal stated that he is currently unable to provide the level of oversight that Mr. Bolton has requested so he has asked his database administrators looking at how they can provide better information. He expected to know more the following week. Mr. Bergeron asked if the data web tool the committee was considering provided that type of detail. Mr. Bolton replied that it did. Mr. Bergeron again asked for questions.

Mr. Chalsma asked Mr. Bolton if it was his belief that the tool would eventually, or as currently scoped out, serve as that access to DHHS. Mr. Bolton replied that yes, that is where they were hoping it would go. Mr. Chalsma stated that in reading state statutes, the tool that was demonstrated at the previous meeting had not really shown that. If that is an intended function Mr. Chalsma was not sure the vendors were aware of it. He did not think the fact that it would act as a state portal for the entire contents of the data set was included in their proposal. He explained that it was a query tool that returns back a set of records but nothing they showed was a data set or access to data sets.

Mr. Bolton replied that several times during the presentation they described how the tool is used by NIOSH to spin off datasets for different individuals based on level of security. Constella was not promoting that aspect, but the capability is there. Mr. Chalsma stated that the proposal is for a "query system" and to return rates and so forth, but not at all dealing with hundreds of fields like are found in datasets. He did not think they really understood or appreciated that based on their proposal. Mr. Chalsma said that he felt that requirement if the vendor is not planning on it might impact the cost of the tool. He felt sure that NCHS was not viewing this as a vehicle for health departments getting access to data sets.

Mr. Bolton replied that the contractor is aware of that. They had also discussed it briefly with Mr. Sirc as far as the use of the tool for DHHS as well as for hospitals to access their facility event data. It is being considered and addressed. Mr. Chalsma asked if the tool would provide access to the text in the cause of death fields. He did not believe that was the tool that they were developing. He said that they appeared to be thinking of returning a narrow set of fields. The kinds of things that are used for typical analysis of data, but are not necessarily the fields that are used for public health needs. Mr. Chalsma reiterated that he did not see it reference in the written documents and thought that Constella may not have priced it that way.

Mr. Bolton replied that the inter-jurisdictional file format contains essentially the full data set. Mr. Chalsma disagreed, but then realized he was incorrect. He thought it was a report that Vital Records submits to NCHS, but Mr. Bolton explained it was another report that contains an additional five hundred fields. He explained that it was that enhanced file format that he wanted to move into the new tool. Mr. Chalsma asked if the entire data set that included names and social security numbers would be included. Mr.

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Bolton replied that they would be available for users with authorization. Mr. Chalsma stated that because that was not mentioned in the documentation he did not think it was clear that this was the case.

Mr. Bergeron stated that he wanted to interject a comment that the proposal includes provisions to gather system requirements. He explained that he wanted to pull the discussion back. He did not want to fault the prototype that had been demonstrated because it was just an example and had not been built to suit our needs. He felt that the committee needed to be aware if they recommended to the SOS that they go ahead with the project (reminding those in attendance that this is an “advisory” committee. That the decision is strictly that of the SOS’s office) he did not want to fault the project because it did not directly reflect our needs.

Ms. Gaouette asked if other states would be using this tool. Mr. Bolton replied that other states use other tools. He added that this was a new development. This would be a .NET application and more tailored to a state’s needs. Many of the programs out there are not state friendly but up until recently were the only thing available. She then asked who was currently using it. Mr. Bolton replied that NIOSH, Bureau of Labor Standards and several other agencies with the CDC. Dr. Mevers stated that he had heard someone say that this is not being produced for health departments. Who will be accessing this information?

Mr. Bolton replied that this tool would be used for health departments, state agencies, and hospitals. Hospitals could look at event data. Citizens could look at rates. This tool would work for a varied audience. Dr. Mevers asked that if he were a reporter he would be able to go in and query this tool for information. Mr. Bolton replied that amount of information/detail a user would have access to would be determined by his/her level of access. It might require an application process if the reporter wants more than a cursory look at the data. Vital Records gets a lot of requests from Representatives and they could access this tool. He added that this tool would be used to offset some man hours that Vital Records currently invests to produce reports.

Dr. Mevers asked if the first nine months were covered by the \$54,000. Mr. Bolton replied that the \$54,000 covered the development of the prototype. We would get birth, death, marriage and divorce query tools. Mr. O’Neal asked how Mr. Bolton was planning to secure the data. He heard Mr. Bolton speaking of legislators using the tool. He asked if he would be required to provide every legislator with a login and a role? Mr. Bolton replied that he did not think so.

Mr. O’Neal explained that a newspaper reporter logging on as a guest would only have access to a small amount of information. In order to “drill down” into the data they would need to be registered and be provided a role. In NHVRIN there are currently seven roles defined. Roles are very easy to produce, but it is the maintenance and support of them that Mr. O’Neal was not sure of at that moment. Mr. Bergeron asked Mr. Chalsma how security is handled now. How they determine how much data an individual or group is entitled to? Mr. Chalsma replied that people that have access to the data are the people that need it for statistics or support issues.

Access is pretty much authorized by the chain of command that comes down from the commissioner. If it is a research project it must go through the Institutional Review Board (IRB).

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Mr. Chalsma estimated that there were about ten people currently with access. Mr. O'Neal corrected him there were five developers that also had access. Mr. Rusczek added that the health department is required to have the data in the hands of an MPH level person. There is a twelve-page document that must be filled out to ensure the data is being used appropriately. The data is downloaded onto a CD Rom and in the case of the Manchester Health Department is currently under the direction of the Medical Director. It is not something that anyone in the health department will have access to. Only a key group of individuals has access.

Mr. Bergeron stated that he had a question for both Vital Records and the Department of Health & Human Services, "What kinds of inquiries do you get from the general public in terms of quantity and level of information they are looking for. He stated that he was hoping to see if this tool could cut down on counter traffic or mail requests. Mr. Bolton replied that in the past Health Stats had estimated 200 – 800 requests per year. He believed that Vital Records fields approximately 150-200 per year. The general public is usually only interested in numbers. How many died, were born, divorced, etc.

Vital Records gets many inquiries from legislators who want to know rates, birth, death and divorce information, etc. The majority of the requests however, come from other state agencies that want to find out number of events. Funeral Directors look for numbers of funerals at different facilities. Hospitals have several different reports they are interested in from Vital Records. Mr. Kruger asked if any of the requests Mr. Bolton referred to required confidential information to be released. Mr. Bolton replied that the hospital quality assurance reports could probably be done without identifying information. He added that it would depend on what they were trying to determine with the reports. Generally, most require no confidential information.

Mr. Bergeron asked Mr. Chalsma about his requests and him to speak to requests from the general public. Mr. Chalsma replied that obviously Mr. Rusczek is a special case. Almost everyone is just seeking an aggregate statistic. Like what is the teen birthrate in Hillsborough County? He added that he felt that is what the developer was getting at with their presentation at the previous meeting. They are statistics that are commonly requested and released. The point of collecting a lot of this data is to know how many people have heart disease and what is the comparison between other counties.

Mr. Kruger asked if DHHS was currently the contact for the release of that data. Mr. Chalsma replied that it depended upon what data the requester was interested in. He stated that he was responsible for some of that. He agreed with Mr. Bolton that it was a broad range of people that were requesting data. Legislators looking for data to support legislation, health care providers looking to set up programs are just a few of the requesters. If a requester asks for specific information on someone or for a specific record Mr. Chalsma's office forwards those requests directly to Mr. Bolton.

Mr. Bergeron asked Mr. Rusczek his experience with data requests. Mr. Rusczek replied that through the years there was a time when communicable diseases were reported to the local health officers. The reason that stopped is because of confidentiality sensitivity. Then when in the mid-80s AIDS was discovered confidentiality became a real concern. Everyone was afraid of what might happen if someone had to report a communicable disease to a small town health officer where maybe the sensitivity is not understood like it would be in a larger city like Manchester.

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At that time requests started coming in where people that lived in a town of five thousand were asking if there were any AIDS deaths in their town. People would then try and put two and two together to figure out who it was. Mr. Rusczek felt that is was that type of situation that prompted the state to tighten up the process with their nine to twelve page questionnaires for requesters. Mr. Bergeron asked if the Manchester Health Department received requests from the public for data. Mr. Rusczek replied that they do but they do not release data in any way that people can put two and two together. He explained that they release a lot of information.

The Public Health Report Cards that they released a week prior to the meeting is an example of their use of the data. Mr. Kruger stated that when dealing with the public it might be a very good idea to have Mr. Bolton, Mr. Chalsma and Mr. Rusczek consolidated into one place. Mr. Kruger said that if for no other reason than to ensure the confidentiality of the data. He added that this discussion was making him look more favorably upon the web query tool as a way to secure the data. Mr. Rusczek replied that up to a point that makes sense, but often the requests that they receive locally can alert them to issues that they might not otherwise be aware of. He explained that a caller might say that they had a child that just died last week of Leukemia and they had heard of other cases nearby.

As residents people expect that someone is going to be looking into things like that. Mr. Rusczek was afraid that if all callers that wanted to request data had to call through the SOS those types of hints might not be picked up. Mr. Kruger told Mr. Rusczek that he had not meant that. What he said that he meant was that the health officials would continue to take their own calls from the general public. He suggested that for the output of information that it be distributed through a central source. Mr. Chalsma replied that Mr. Kruger was correct and that was why they had been working on the project in DHHS with the support of the CDC and the Endowment for Health.

Mr. Chalsma explained to the committee that originally they had planned for their project to be web based as well. OIT had expressed reservations about their ability to secure an online system. Based on that DHHS had scaled the project back and decided against putting the data on a web server. They would instead gather all the statistics in the correct format and then run reports for requesters. Most requests for data would go through DHHS and that would allow them to know who was requesting/using the data. Mr. Chalsma explained that health officials like Mr. Rusczek would have special access to certain data sets and be able to run their own reports.

They would have no way of accessing any of the identifying data with their expanded access. That project is ongoing and has been ongoing in OIT for “too long now.” Mr. Chalsma added that they were moving into the development stage. Their goal is to have a one-stop shop for health data. The DHHS project would only deal with health data. There would be no data pertaining to marriages or divorce. Mr. Pollard asked if since this was going to be under the auspices could the committee ask Mr. Scanlan to give them an overview of his opinion of the situation.

Mr. Scanlan asked Mr. Bolton if the tool did not pan out the way that he envisioned would Vital Records be able to maintain the link that currently exists between Vital Records and DHHS. Mr. Bolton replied that he would be able to maintain the same link. Mr. Scanlan reported to the committee that he was there to support one of the SOS’s divisions and he felt that he was hearing support for the project elsewhere in the room.

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He also felt that all the issues that had been raised were important and needed to be explored further. Mr. Scanlan made a motion that the VRIF committee vote to proceed with the Vital Records Web Tool project. Mr. Bolton agreed and offered that he would take public health and the communities' needs into account when building the requirements for the new tool.

Mr. Bergeron added that he felt the committee needed to address Mr. O'Neal's concerns about supporting the new initiative. There would be a "big ticket item" subcommittee meeting immediately following this meeting and he intended to raise the issue. Mr. Bergeron felt that this project addressed several layers. If there is a tool that can help to reduce counter traffic and public inquiries he felt it would be very useful. He also warned that they must ensure that they continue to provide the same level of data to DHHS as they had been. It must be made clear that Vital Records and the VRIF are not going forward with the project to create a sort of "barrier" to prevent DHHS from having access to the data.

State law gives DHHS the authority to create any tools they want to use the information, but also protects the VRIF from contributing those costs. Mr. Bergeron added that it may be possible for Vital Records to deliver the data in a format or structure that is easier for DHHS to use without having to go out and create a parallel system. Mr. O'Neal stated that he wanted the committee to be aware that he had "a foot in both camps." Not only does he support Vital Records, but he also supports DHHS. He has had a part in building both applications and reported that DHHS has already invested a fair amount of money in the "Works" project. There are contractors getting ready to begin work. Mr. O'Neal stated that this put him in a real dilemma. He said that he could not from a technical standpoint, discourage the proposed tool, but it would strain the support side of his team.

Dr. Mevers asked Mr. O'Neal to comment on the overlapping of the projects. Mr. O'Neal felt that there was some overlapping, but stated that he was not a statistician so he could not definitively say. He had spoken with Mr. Bolton and there was probably no reason why the Works program could not go and look at the data in the query tool. In speaking with several DHHS Directors, Mr. O'Neal reported that their fear is the way that Works is currently designed assumes a nightly data feed from Vital Records. They package it into the data warehouse and link it with a number of other data sets. Mr. O'Neal stated that he did not know if Mr. Bolton would agree but he was under the impression that what Mr. Bolton would be providing would be a subset of what Works would provide.

If Mr. Chalsma continues to provide the data feed from Vital Records he could provide everything that the web query tool would and more from his perspective. From a technical standpoint if they now have to go to a query tool rather than receiving the daily feed, they will need to re-design the Works design. Mr. Kruger said that what he was hearing was that the query tool would be a much broader base of the Vital Records which he assumed DHHS was not looking at, like marriages and divorces. Mr. Chalsma agreed that they did not look at marriage or divorce. Mr. Kruger asked Mr. O'Neal how much it would take to add that functionality to the Works program and if that is something they could do, when could they deliver it.

Mr. O'Neal replied that he did not think acquiring additional data from Vital Records and putting it in the DHHS database would be a significant effort. Mr. O'Neal asked Mr. Chalsma whether that data was already there and they just don't use it or did they not

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capture it. Mr. Chalsma replied that he did not think that was the issue. They are planning on bringing Works to the web eventually, but they are going about it incrementally. OIT had not really brought an affordable solution to DHHS that would meet their needs. Their product is meant to paint a broad picture of community health using not only the Vital Records data, but data from hospitals and other health related entities.

Mr. Bergeron asked if he could re-focus Mr. Kruger's question, what kind of timeline were looking at? Mr. O'Neal replied that they were currently testing the database and contractors were ready to begin writing the program. He added that they had scaled back the project several years earlier because of concern over security for the web. OIT had been convinced that if they did some work on the data warehouse they could save Mr. Chalsma and his people a significant amount of time. They have not gone to the next level of "How do we present the data to the public" yet. The vendor had not provided a security model for the web yet, but Mr. O'Neal added OIT now has its own model for the web.

They (OIT) are in a much better position today to put applications on the web than they were two years ago. Mr. O'Neal mentioned the NHVRIN application as an example of a successful web application. He reiterated that he was in a much better position now to secure data than he had been when this issue was initially raised. Ms. Johnson stated that they had still not answered the question about when their system could be up and running. She questioned that they had been working on this for one and one half to two years. Mr. O'Neal replied that it had gone through several iterations over the last year or so. Ms. Hadaway asked if the web query system Mr. Bolton and the committee were considering would be available right away. Mr. Bolton replied that theoretically the prototype would be available March 17, but he felt that might be wishful thinking, as they had not signed a contract yet.

Ms. Hadaway asked that if what he was saying was that within six months we could have a working tool that would allow those that need data to access it? Mr. Bolton replied in the affirmative. He added that because the SOS would own the code they could continue to develop it after the vendor is out of the equation. Mr. Rusczek stated that the vendor wants to get their foot in the door and if you do not know what you are buying up front they will come in and sell you part of the project and they will then come in and say in order to get the rest of the product it will cost you "x y z." He felt that the committee needed to define it right down to the end product.

Mr. Bergeron replied that the committee would leave that part to the Secretary of State's Office. The VRIF is just an advisory committee and would have no part in writing the contracts. If the committee recommends they go forward it will be up to them to ensure they get what they are paying for. Mr. Bolton replied that Mr. Rusczek was not telling them anything new about IT projects. He admitted that IT projects historically have a forty percent success rate. A lot of them are failures, but this group has pushed through three to four successful IT projects and it is driven. Mr. O'Neal apologized to Mr. Kruger for not adequately answering his question.

Mr. Kruger replied that he had realized that he had put Mr. O'Neal in a tough position and it was an unanswerable question, but he felt it needed to be asked. Mr. Pollard asked if the project was dependent on this committee's financial participation. Mr. Bolton replied that with the state's current budget woes the use of other funds (VRIF) for this

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project was crucial and they could probably not go forward with state funds. Mr. Bergeron simplified Mr. Bolton's answer to three letters, "yes." Mr. Bergeron reported that there was a motion on the floor to recommend to the SOS that they proceed with the web based query tool project. Mr. Kruger seconded the motion. Mr. Bergeron asked if there was any final discussion of the matter before they voted. Hearing none Mr. Bergeron asked for the vote.

Three committee members opposed recommending the project. Those members were Mr. Rusczek, Mr. Chalsma, and Ms. Augustine. All other members voted in favor of recommending the project proceed. Mr. Bergeron announced that the ayes had it and suggested that it be recorded as such. He asked Mr. Scanlan to convey to the Secretary of State that there was some opposition on the committee regarding this project so that he understands that it was a mixed vote. Mr. Kruger added that there were comments he had heard from the opposition regarding the well-defined nature of the contract was absolutely critical. Mr. Bergeron announced that the vote had concluded the business for which the special meeting had been called and asked for a motion to adjourn. Ms Gaoette made the motion and Ms. Johnson seconded and the meeting adjourned at 11:53 a.m.