



OPIOID TASK FORCE

Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery

Task Force Chair: Seddon Savage/James Vara

January 13, 2016 – 8:30AM-10:30AM

Minutes

Attendees: James Vara, Janet Monahan, Rekha Sreedhara, Sandra Kiplagat, Helen Pervanas, Kate Frey, Judge Tina Nadeau, James Potter, Joe Hannon, Jim Moser, Chris Shambarger, Diane Casale, Laurie Harding (Phone), Melissa Silvey (phone), Sandi Coyle (Phone), Andrew Gyorda (Phone), Pamela O'Sullivan (phone)

I. Introductions and Agenda Review/Orientation

II. Minutes

- November and December minutes were provided at the meeting for review. Due to limited time, members were asked to review and provide edits to Rekha via e-mail as needed.

III. Review Meeting Schedule and Membership

- Members briefly discussed meeting schedule. Rekha will e-mail a poll of potential meeting dates/times. Meeting time will be determined at next meeting (February 10).
- Member list was circulated. Members were asked to update contact information as needed and to review list to determine if further sector representation is needed. It was noted that representation from treatment and education are needed. It was noted that a representative from education was invited after the last meeting.

IV. Review Mission Statement and Goals

- Due to time limitations, this item was deferred to next meeting (February 10). Rekha will e-mail mission and goals so that members may review in advance of next meeting.

V. Review of Legislative Bills

- The Medical Society and New Futures/Kate Frey reviewed several bills that the Joint Task Force on Heroin and Opioid Epidemic recommended to be addressed in an 'expedited' manner during the 2016 Legislative Session.

1. *Commission to the Study of Narcan*

http://www.gencourt.state.nh.us/bill_status/Bill_status.aspx?lsr=2955&sy=2016&sortoption=&txtsessionyear=2016&txtbillnumber=sb447

This will not study the effectiveness of Narcan but rather the issues, use, and distribution of Narcan.

2. *Relative to the penalty for possession and use of fentanyl-class drugs, insurance coverage for substance use disorders, the funding of the controlled drug prescription health and safety program, the membership of the board of medicine, and prescribers of controlled drugs*
http://www.gencourt.state.nh.us/bill_status/Bill_status.aspx?lsr=2758&sy=2016&sortoption=&txtsessionyear=2016&txtbillnumber=sb576

This bill is an omnibus piece of legislation addressing numerous issues, including:

- Modifying the penalty for the manufacture, sale, and possession with intent to sell or transport of fentanyl to align with penalties for heroin.
- Requiring state regulated health carriers who provide substance use disorder (SUD) benefits to use American Society of Addiction Medicine (ASAM) criteria. Currently, each insurance carrier has their own guidelines for determining medical necessity of treatment thus placing a barrier to treatment access among patients with Substance Use Disorders. Beginning in January of 2017, insurance companies will become standardized to follow ASAM criteria to determine medical necessity.
- Prohibiting state regulated health carriers from requiring prior authorization for the first two SUD visits for assessment or outpatient treatment and shortening the 72-hour turnaround time.
- Mandating comprehensive use of the PDMP by health care providers by September 2016 with an accompanied appropriation. Currently, providers are required to register but are not required to routinely use the PDMP. PDMP revisions are set to be implemented on September 1, 2016. However, the revisions may depend on the funding or technology upgrades established under RSA 218-B:32. Once technology upgrades have been made, prescriber's will be mandated to register with the program for a patient's initial prescription when prescribing schedule II, III and IV opioids for pain management, and to use the PDMP at least twice per year. The Medical Society will be inviting all Boards to participate in an informal networking meeting with the goal to have general parity about the PDMP among each of the healthcare facilities. The Medical Society would like to avoid some from being minimalistic versus others being more prohibitive.
- Mandating continuing education for all health care providers on opioids as a condition for initial licensure and license renewal. Providers will need to take a three-hour online exam. If this exam is not passed further training would be required. The Medical Society will work with Boards on training.

- Increasing membership of Board of Medicine – A specialist in pain medicine and anesthesiology will be recommended. Currently, the Board does not have someone with a background in addiction.
- Other bills mentioned include the legalization of Marijuana that would legalize, regulate and tax marijuana for personal use which will be heard on Tuesday, January 19. The bills are HB1675 - regarding the legalization and taxation of marijuana, HB1694 - the legalization and regulation of marijuana, and HB1601 - legalizing the possession and cultivation of marijuana for personal use. And, the reauthorization of Medicaid Expansion which is scheduled to sunset on December 31, 2016.
(http://www.gencourt.state.nh.us/bill_status/Bill_status.aspx?lsr=2594&sy=2016&sortoption=&txtsessionyear=2016&txtbillnumber=hb1696)
- The commissioner of the Department of Health and Human Services will be discussing if a 24-hour drug crisis hotline should be available. If this is determined, recommendations will be presented to the Commissioner on or before April 1, 2016. Members felt that this should be a strong focus of our work.

VI. Discuss HB 1648

- Per a request from Andrew Gyorda, a NH pharmacist, HB 1648 was discussed during the meeting.
- This bill would authorize pharmacists to fill a prescription for certain controlled drugs for a 34-day supply or 100 dosage units, whichever is less upon any single filling for controlled drugs of Schedule II or III. Current law allows pharmacists to fill the prescription for the 34-day supply.
- It was mentioned that this may apply to methadone treatment.
- Members generally agreed with the proposed bill, but are not actively supporting.
- A hearing date has not been scheduled.

VII. Reports from Active Groups

- **Naloxone Task Force**
 - In Hillsborough County, individuals who are offered Narcan due to an overdose are referred to a recovery coach. Taskforce members agreed that this model should be made available across all counties.
 - Members discussed that doctors have been writing prescriptions for naloxone, however, are forgetting to write a prescription for the optimizer. More education needed on this.
 - There is also an increase in the price of naloxone. These two factors may potentially limit access to Naloxone among individuals with Substance Use Disorders.
- **NH Superior Court**

- Judge Tina Nadeau mentioned that they are working on the drug court expansion bill.
 - Drug courts have been shown to reduce recidivism rates.
 - There are currently five drug courts across the state. The Governor's Commission is in favor of expanding drug courts with the aim to provide general funds to pay for technical assistance.
- **New Futures**
 - Working on reauthorization of Medicaid Expansion to offer individuals Substance Use Disorder services and as well as other bills mentioned above.
- **Board of Pharmacy**
 - Mass College of Pharmacy & Health Sciences (MCPHS) has been selected to receive SBIRT (screening, brief intervention and referral to treatment) training. Twenty-five students will receive this training. The program is set to begin at the end of the month.
- **Justice and Law Enforcement**
 - Overdose number has risen to over 400.
 - DOJ now has three prosecutors assigned to the Drug Prosecution Unit. An additional attorney was also temporarily assigned to work directly on the prosecution of drug related deaths..
 - Training will be provided for law enforcement on how to conduct drug related death investigations.
 - Currently, police departments are the only agencies which have authority to collect medications via drop boxes and take back events. Mailback system of prescription drugs is also an option in NH. Expanding to include hospitals and pharmacies will be discussed. It was mentioned that it is a hardship for police departments to incinerate and audit meds. It was clarified that, per statute, PD's are not required to audit the meds coming in. James Vara will send a memo of the requirements to all PD's. Joe Hannon will speak with Mike Rogers at DHHS/BDAS about providing trainings to PD's.
- **Legislature**
 - Working on five different bills to include reimbursement from Centers for Medicare and Medicaid Services (CMS) for patient satisfaction surveys and establishing walk-ins for orthopedic offices to encourage less prescription drugs. Also, sponsoring bill to remove barriers for syringe exchange - Healthy Syringes Bill. Joe Hannon has worked with Harm Reduction Coalitions in Pennsylvania and NYC to promote clean needles preventing increase in HIV or Hepatitis C. At least five locations across the state with private funding and fundraising will be coordinated. He is working with DHHS on disposal. Funding is not a major barrier for the bill to pass.
- **Community Health Institute/Center for Excellence**

- Conducted Young Adult Assessment. Survey administered via Facebook with 18-25 year olds to measure perception of risk. Focus groups were also conducted. By December, over 4,300 individuals had participated in the online survey. 56% of the age group were 18-25, while the rest were in the 25-30 age group. Next steps are to analyze the data and compile a report of findings and themes. The information will be used to inform youth assessment strategies and recommendations for addressing the unique needs of this population.
- Medication Assisted Treatment Guidance Document has been developed on behalf of the Bureau of Drug and Alcohol Services (BDAS). The document reviews best practices and provides recommendations for the delivery of office-based opioid treatment. This information will be made available to community health centers and community mental health centers and is available on the BDAS and Center for Excellence websites - http://www.nhcenterforexcellence.org/images/FINAL_BDAS_MATGuidanceDocument.pdf

VIII. Other Business

- Addiction Summit – April 4, 9AM at Wentworth-Douglass. Melissa Silvey will provide more details as the date gets closer.

Next Meeting:

Wednesday, February 10, 2015, 8:30AM-10:30AM,
Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

Call In #: 1-866-210-1669

Passcode: 9060313