Governor's Commission on AOD
Healthcare Task Force

Offices of the NH Hospital Association, Airport Rd, Concord
Thursday, January 28, 2016

Present:
Lindy Keller, Bureau of Drug and Alcohol Services
Gene Harkless, Chair of Department of Nursing University of New Hampshire
Mary Bidgood-Wilson, NH Nurse Practioner Association
Sarah Blodgett, NH Board of Licensure and Certification
Amy Pepin, Center for Excellence
Molly Rossignol, Addiction Medicine & Family Practice
Seddon Savage, Pain Medicine & Addiction Medicine
Peter Mason, Family Practice suboxone provider
Laurie Harding, NH Nursing Association
Julie Hazell-Felch-Manchester Community Health Center
Polly Morris, CADY Prevention
Melissa Silvey, Goodwin
Susan Latham, CSAC Methadone Treatment (phone-in)

Seddon opened the meeting and introductions were done around the table.

December 17, 2015 minutes were approved with one amendment to write out Legislative Service Request instead of using just LSR.

Review Healthcare TF Strategy and Priorities

- In the addiction community there is a whole discussion going on about mental health trained providers versus LADC and people who have specific addiction training.
    - In the addiction community that having a masters level mental health trained person is not sufficient to treat addiction.
    - In terms of workforce development it will be interesting to know if the curriculum for nurse certification of the nurses is really going to help expand the workforce for treatment of substance use disorders.
    - The competencies for the Family Nurse Practitioner includes: addiction, behavioral counseling. It is quite clear on what is expected for licensing. Programs can have different emphasis.
    - The legislation has been introduced for Nurse Practitioners and the message is that it is being fast-tracked. The expectation is that it will pass this year. This is for suboxone treatment.
    - It is important that we contribute to curriculum development about substance abuse for nursing students.

- There should be help with clinical placements that enhance peoples experience with substance abuse.
- The local mental health agencies will use not undergraduate nursing students.
- Nursing needs to be looking into more non-traditional sites for nursing students.
- This is a conversation that we will take up at a later date.

- DCARE - seeks to promote creative solutions to reducing harmful use of alcohol and other drugs through network building and information sharing.
  - Lost funding back in December 2015.
  - Transitioned some of the programs in the Dartmouth Hitchcock system.
  - Working on education and trying to embed all the relevance substance use issues into primary care and others across the Dartmouth Hitchcock system.
  - Since it is a big healthcare provider in the state it may be helpful. One of the things we want to do is interface as much as possible with community based services.
  - This is part of the population based system.

Strategies for the Healthcare Sector to Reduce Opioid-Related Harm

On the left of the document the roles that we understand that our mission was to engage the healthcare communities, the non-specialty healthcare communities to discussing reducing harmful substance use, the roles that we identified were Best Practices in Opioid Prescribing for Pain, SBIRT, Support Recovery, Treatment, Naloxone Prescribe/Dispense and Post-Clinical Supply Reduction. SBIRT in high yield areas.

- We considered our priority in looking at PCP and OB/GYN setting. Separately there are a different set of considerations for the ERs.

- Support for Recovery. Many of us felt it should go under Screening, Brief Intervention, and Referral to Treatment (SBIRT).
  - We had a conversation with somebody from SAMHSA (Substance Abuse and Mental Health Services Administration) who is leading one of the SBIRT projects in the state, was here speaking about adding "R" to the end of that for "Recovery".
- Treatment looks at psychosocial treatments.
  - We looked at embedding LADC's in HC clinics.
  - Expanding buprenorphine has been a huge focus on providing that.
  - Lindy Keller brought in a draft booklet "Guidance Document on Best Practices: Key Components for Delivering Community-Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire" for your review. To review the document further and provide input you may go to: http://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf We are going to have them printed but we need to know if we need to print a lot of these or will folks go to the website.

    - We discussed the methadone waitlist and how we can reduce it.
    - Naloxone is an emerging therapy that we might want to focus on.
    - These cover treatment and look at the pharmacologic therapies.
- Naloxone prescribing and dispensing.
    - There is now a legislative task force that is trying to figure out the final details of it as there have been some problems with that.
    - The task force will deal with the final roll-out.
- Post-clinical supply reduction.
    - Take back and disposal.
    - Lock boxes.
    - A lot of attention has been focused on doctors and nurses prescribing less but there needs to be a partnership with patients and some responsibility.
    - In treating pain we don't always know how much is needed.
    - Can we do a better job of making people accountable for getting rid of their extra pain meds?
- Education and recommendations
    - We saw that our providers who are involved in this do outreach too many others.
- What we haven't had in the strategy is "Workforce Development".
    - The specialty folks have been working on workforce development. More LADCs and training.
    - This will be added as a heading to the strategy.

Loan Repayment

- We've gotten our first request for loan repayment funds.
- These funds are for people who are in graduate programs or just finished graduate programs who are employed and who have debt that they need assistance with.
- The state loan repayment includes both LADC and Master's level.

Healthcare Workgroup Taskforce

- We should have somebody from the School Nurse Association on this workgroup.
- We should have someone from the Superintendent Association as the nurses do not have the power to make policy.
- There is concern about preventing harm in schools particularly the middle school kids.
    - Also facilitating parent groups.
    - This is something family physicians are involved in.
- We need to have a whole meeting on workforce development.
    - There are a lot of things going on but they are all segregated.

    - One of things that the taskforce can do is look at the total picture and make sure that we don't have different initiatives competing for the same kind clinical sites for a common goal.
- Homecare Association on this taskforce would be good.
    - If we are going to address trying to get drugs out of people's houses one of the first lines of contact are people doing home visits.
    - They see clients all over the state.
- We don't necessarily need to expect these folks to become members of this taskforce. They should be invited when we have a particular focus at a particular meeting.
- Our first discussion here is about the workforce and then we can decide if we need to invite others.

Update on the Board of Medicine and opioid prescribing rules

- The Board of Medicine is designated to work on rules.
- There are two legislative bills one of which was passed and signed.
- The Bradley bill, HB 576 came out of the special session of the Governor. "Relative to the penalty for possession and use of fentanyl-class drugs, insurance coverage for substance use disorders, the acceptance of general funds by the controlled drug prescription health and safety program, the membership of the board of medicine and prescribers of controlled drugs and making an appropriation therefore" http://www.gencourt.state.nh.us/legislation/2016/sb576.html
    - It is non-specific but it does require three hours of education or passing an online examination for prescribing opioids.
    - Fentanyl penalties.
    - Funding for the PDMP's.
    - Expanded Medicaid.
- HB 1423 http://www.gencourt.state.nh.us/legislation/2016/HB1423.html "Relative to rulemaking for prescribing controlled drugs."
    - More detailed and more prescriptive than SB 576.
    - Not widely embraced by people in the legislature.
    - Probably will go away.
- One of the things people in the healthcare community have been working for is the legislation to be as general as possible and leave it to board with all their input and expertise.
- The board met for ten hours in a total of three meetings to review. We used Representative Rosenwald bill as a template.
    - All boards should have prescribing guidelines.
    - We came up with what we thought was fair and sensible.
    - Some of it was clearly more than what has been on the books regarding prescribing, needing to have a treatment agreement, informed consent

specifically stating how often you need to check the PDMP (Prescription Drug Monitoring Program).

- In the end there was another meeting with Senator Rosenwald and it was very confusing with the physicians sitting around the table, it felt like we were testifying. The board rules were felt to be fair and sensible, but going over the bill again it needs to further specify a couple of paragraphs that will help the subcommittee.
- Current Recommended Language: Acute pain starts out saying "physicians are not obligated to prescribe opioids. If they are indicated the prescriber shall do the following: document the prescription and rational for all opioids; comply will all federal and state controlled substance laws; consider patients risk for opioid misuse, abuse and diversion and prescribe for the lowest effective dose for limited duration. Ensure that the patient has been provided information that contains the following: risk of side effects including addiction overdose; options for keeping, securing and unused medications; danger of operating motor vehicle and machinery." These are already in the temporary rules.
- Both the Board of Medicine and the Medical Society have templates that can be used widely.

The next meeting is February 25, 2016
at the NH Hospital Association, 9:00 am to 10:30 am