

Governor's Commission on AOD
Healthcare Task Force

Offices of the NH Hospital Association, Airport Rd, Concord
Thursday, October 22nd, 2015

- Present:
 - Lindy Keller, Bureau of Drug and Alcohol Services
 - Patrick Clary, Hospice & Palliative Care
 - Stacy Allard, Community Health Access Center
 - Carol Furlong, Harbor Homes
 - Gene Harkless, Chair of Department of Nursing University of New Hampshire
 - Mary Bidgood-Wilson, LRG Healthcare
 - Julie Hazell Felch, Manchester Community Health
 - Melissa Silvey, Continuum of Care Coordinator Strafford County
 - Amy Pepin, Center for Excellence
 - Sarah Blodgett, NH Board of Medicine
 - Adrian Thomas, Orthopedist
 - Tom Barnes, Pinewood Professionals Pain Medicine
 - Molly Rossignol, Addiction Medicine & Family Practice
 - Janet Monahan, NH Medical Society
 - Susan Latham, CSAC Methadone Treatment
 - Seddon Savage, Pain Medicine & Addiction Medicine
 - Peter Mason, Family Practice buprenorphine provider (by phone)

- Introductions were made around the table.

- Minutes were reviewed and no revisions offered.

- The **current status of rules proposed by the AG and Governor to the Board of Medicine** was reviewed.
 - The Governor and AG have proposed extensive rules to govern the prescribing of opioids that would apply to both acute and chronic pain and have sought to have these adopted as emergency rules without public input.
 - As discussed at the last meeting, prior to receiving the actual proposed rules but in anticipation of a proposal of emergency rules, a letter was sent to the Board on behalf of this Task Force and copied to Jack Wozmak in the Governor's office that
 - Raised concerns about unintended consequence if rules were not considered carefully.
 - Offered input into the rules from the Healthcare TF
 - Asked that any rules be processed through the traditional rule making procedure due to the potential for unintended consequences

- The NH Medical Society circulated the proposed rules to its membership and requested comment
 - NHMS has received over 90 responses from physicians filling 40 pages with comments, 2 responses fully favorable, the rest voicing diverse and significant concerns.
 - The concerns have been distilled to key themes in two pages. This document was circulated to attendees.
 - The NHMS has sent a packet of materials to the Board of Medicine including
 - A letter of concern requesting open public hearings,
 - The short summary of concern themes
 - Transcripts of comments
 - A set of possible alternative rules for discussion with request for public hearings if these are considered.
- There was discussion of the rules at this meeting and comments within the group generally paralleled concerns gathered by the Medical Society
 - Overly prescriptive, burdensome and detailed
 - Will harm patients as clinicians stop prescribing, possibly increasing heroin and other substance use
 - Ambiguous and contradictory in places
 - Not appropriate practices for all types of pain, even as guidelines
 - Etc
- There was discussion about whether we might propose, as an alternative to specific rules (which are inflexible and difficult to match to all situations), a requirement for
 - All prescribers to review an updated set of opioid prescribing guidelines/best practices (to be updated within 2-3 months).
 - After discussion it was generally decided it lacked teeth and in reality would not likely result in significant change. The group moved on to discussion of alternative rules
- **The group reviewed alternative proposed rules drafted by members of the Medical Society.** There was lively and thoughtful discussion about each of the rules and several revisions were suggested and ultimately there was **consensus** (with Sarah Blodgett of the BOM abstaining) that they be proposed to the BOM with amendments.
 - The alternative proposed rules, as amended, are attached.
 - The group was unanimous (with Sarah Blodgett abstaining) in affirming that these should go through the usual rules process and be subject to further public input before formal adoption
 - The group also recommended that the prescribing guidelines be updated in tandem with the rules being established
 - Two other key issues were raised
 - It was suggested that ***we consider a requirement for risk counseling when providing opioids to patients, particularly in

the context of chronic or recurring acute pain, but possibly in any context. This was felt to have promise but would need careful crafting, so beyond being settled at today's meetings

- The need for a ***change in culture around dosing for acute pain was discussed. This was agreed to be critical but beyond today's meeting. Something that could not be subject to rules in terms of dose or duration since context and health issues vary wildly. So we need to brainstorm how to change the culture.
 - Prescribers need to
 - Honor patients choices not to use opioids
 - Use complementary pain txs
 - Not prescribe to outliers in terms of opioid requirements
 - Etc
 - The current climate of blame was noted with the public narrative being focused on the idea that opioids per se cause addiction and overprescribing is the proximate cause. The need to refocus the narrative on recognizing, respecting and intervening in vulnerabilities for addiction was affirmed.
 - A corollary narrative that most people who become addicted to opioids start with prescription opioids was also cited which leads people to believe that all or most people who use therapeutic opioids become addicted. Whereas in reality most persons who use opioids do not become addicted.
 - ***Changing these narratives to more productive ones will be discussed at another meeting
 - **The Governor has proposed a special session of the legislature to address the opioid epidemic** intending to propose and pass five items:
 - These are
 1. Increasing penalties for trafficking illicit street fentanyl (in quantities well beyond therapeutic range doses)
 2. Developing standards for insurance coverage for substance use disorder treatment & no prior authorization for first two visits
 3. Allowing PDMP to accept state & other \$\$ and allowing VA and medical examiner to access PDMP data;
 4. Adding two physicians to BoM medical review subcommittee; one being a pain specialist;
 5. Adding back limit of “or a 100 dosage units, whichever is less” to current controlled substance regulations that limit prescriptions to 34 days.
 - After discussion, the group was unanimous in supporting the first four recommendations.
 - It was suggested that the PDMP be further directed to make ease of access and, if possible, interoperability with health records a priority.

Prescribers would access more often if access was seamlessly integrated into computer systems

- The group unanimously opposed (with Sarah Blodgett abstaining) the reinstatement of the 100 dose limit. The following concerns were cited.
 - Will disproportionately affect the sickest patients including hospice and palliative care patients and those undergoing complex major surgeries who often require higher units of medications.
 - Will not actually reduce opioids available for diversion and misuse since clinicians will continue to write for more dose units when indicated by writing multiple prescriptions.
 - Will increase copays for persons requiring >100 dose units per month.
 - Will increase healthcare costs by increasing administrative requirements for prescriber offices, pharmacies, insurers etc.
 - Will reduce provider efficiency by requiring more time to write for the same amount of medications.
 - Could cause clinicians to write for higher doses of short acting opioids or for long-acting meds when short acting are preferred to reduce the burden of multiple prescriptions.
 - Brief updates
 - There are still challenges with naloxone dispensing. In Strafford County, an NP and physician have given standing orders to over 20 pharmacies and when they spot test availability, many stores tell them they do not stock it and will not order it.
 - Contact to Michael Dupuis at the board of Pharmacy was recommended and contact to Jack Wozmak
 - The Governors Office is planning an Opioid Summit.
 - Healthcare TF and Opioid TF will offer to assist
 - Thursday Dec 3rd will be a Symposium on MAT in depth at Dartmouth.
 - Goodwin is gathering a coalition to support clean needle exchanges as harm reduction strategy
 - Brief mention was made of needle disposal. The Board of Pharmacy has guidelines on their website. (Put in rigid plastic laundry detergent jar, duck tape closed and write in magic marker DO NOT RECYCLE)
 - Seddon will prepare letters on behalf of the Task Force to the BOM and Governor expressing:
 - support for the first four of the Governor's issues for special session of the legislature
 - rationale for recommending that the 100 dose unit rule not be reinstated.
 - concerns about the currently proposed rules
 - support for the proposed alternative rules as having the potential to improve prescribing and opioid management without major unintended harm
 - reiterating that any proposed rules go through the usual rules process.
- Will forward letters to Tym Rourke as chair of the Governor's Commission for review prior to sending.

- Meeting adjourned.

NEXT MEETING
THURSDAY NOVEMBER 19th 9-10:30

One week early due to Thanksgiving.

***For agenda at next meeting.