

**Governor's Commission on AOD**  
**Healthcare Task Force**

Offices of the NH Hospital Association, Airport Rd, Concord  
Thursday, February 25, 2016

Present:

Gene Harkless, Chair of Department of Nursing University of New Hampshire  
Mary Bidgood-Wilson, NH Nurse Practitioner Association  
Adrian Thomas, NH Spine Institute  
Polly Morris, CADY Prevention  
Seddon Savage, Pain Medicine & Addiction Medicine  
Peter Mason, Family Practice suboxone provider  
Laurie Harding, NH Commission on the Primary Care Workforce  
Janet Monaham, NH Medical Society  
Julie Hazell-Felch-Manchester Community Health Center  
Donna Primera, Manchester VA  
Cheryl Furlong, Harbor Homes

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

January 28, 2016 minutes to be finalized later.

Healthcare work group strategies were reviewed

- Add topic "Assessment of persons with SUDS identified in the course of treatment of other medical conditions" in the SBIRT section (Screening, Brief Intervention, and Referral to Treatment).
- Hospitals are experiencing patients coming in for various procedures then going into withdrawal from alcohol or drugs.
  - Perfect time to speak with them as they are typically more willing to listen.
  - Recovery Supports in hospitals would be ideal for this.
  - Polly will bring in information on Recovery Supports in hospitals for the next meeting.
  - Adrian Thomas will ask Jeff from Catholic Medical Center to come to a meeting to share their experiences with regards to this issue.
- Last week we added the workforce development and thought about inviting various people but decided to talk about it as a group first. Will defer for now.

Status of opioid prescribing rules and other opioid regulations were discussed

- In January SB 576 (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) was passed. This is a statute.

- With respect to the initial 72 hours of treatment following admission, medical necessity shall be determined by the treating licensed clinician using ASAM criteria as the maximum standard necessary for determining medical necessity
- There is debate about whether opioid prescribing guidance should be statute or rules or guidelines.
- Board of Nursing and the Board of Medicine have written rules and sent them to the Attorney General to go forward.
  - it would be helpful for the boards to have on their websites: screening tools, treatment agreements, etc to support adherence to the rules.
- The Board opioid prescribing rules contain exemptions from checking the PDMP when controlled medications are to be administered to patients in the healthcare setting or when treating acute pain with serious post traumatic injury or post-operatively with objective findings no more than 30 days. (SB 576).
  - The PDMP must otherwise be checked before prescribing opiates to the patient and during the prescribing process at least twice per year.
- Representative Rosenwald's bill has more detailed requirements similar to the original Governor's emergency rules from last fall which were rejected by the Board. [http://www.gencourt.state.nh.us/house/members/m\\_billtext.aspx?billnumber=HB1423.html](http://www.gencourt.state.nh.us/house/members/m_billtext.aspx?billnumber=HB1423.html) There is some duplication between the proposed law and Board rules
- There is now a requirement for a report combining information from the Medical Examiner, PDMP and Health and Human Services Oversight committee to look at what has happened with deaths, PDMP prescribing with introduction of PDMP, legislation, rules etc; some suggested this could help inform a decision about what else is needed so better to defer other restrictions that might interfere with patient care such as a five day limit on scripts until we know more.
- Governor's office has said on more than one occasion that law enforcement wants the ability to prosecute prescribers who over prescribe.
- Janet Monahan worked with others to come up with an amendment to Representative Rosenwald's bill basically saying "the boards shall submit to the joint legislative committee on administrative rules final proposed rules for prescribing schedule II, III, and IV opioids, for the management or treatment of pain." HB 1423  
[http://www.gencourt.state.nh.us/lsr\\_search/billText.aspx?id=850&type=4](http://www.gencourt.state.nh.us/lsr_search/billText.aspx?id=850&type=4)
- Since the amendment came out there was a meeting with the Governor's office staff, legal counsel and the prosecutor who may back off a little bit on the 5 day limit. They are still encouraging a requirement to check the PDMP every time.
- The blame for the opioid crisis is being put on physicians for overprescribing but some feel the reality is that the more opioids are available for therapeutic purposes, the more they are available for misuse and the more people demand addiction treatment and more people overdose and die. That is very different than saying "prescribing for pain that is creating this."
- Most patients who are prescribed opioids do not become addicted but there are a percentage of persons with vulnerability or who misuse.
- How do we change the conversation and reframe the understanding that overprescribing is not totally to blame for opioid addiction?

- There was discussion of the need to improve conversation between the AG's office, the Medical Society, the Board of Nursing, NHNTA to develop a more nuanced view of the problem.
- There was discussion of the need to have a presence at the subcommittee work session on HB1423 meeting on Tuesday, March 1 from 8:30 am to 10:00 am at the LOB Room 205.
  - [http://www.gencourt.state.nh.us/lsr\\_search/billText.aspx?id=850&type=4](http://www.gencourt.state.nh.us/lsr_search/billText.aspx?id=850&type=4)
  - Adrian Thomas will try to attend.
  - Mary will find someone to attend from the nursing side
- This bill potentially creates barriers to good patient care.
- It was suggested that the Medical Society and the Nurse Practitioners Association co-author a news release highlighting what clinicians are doing to improve prescribing and what rules they do support.
- Having nurses speak underscores the reality that this is a patient care issue and our true concern is that patients are going to be harmed.

Next meeting we will have a discussion about recovery coaching and that goes along with workforce.

***The next meeting is March 24, 2016  
at the NH Hospital Association, 9:00 am to 10:30 am***