Governor's Commission on AOD
Healthcare Task Force

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

Present:
Gene Harkless, Chair of Department of Nursing University of New Hampshire – Call-in
Mary Bidgood-Wilson, NH Nurse Practitioner Association
Kate Frey, New Futures
Julie Hazell-Felch-Manchester Community Health Center
Lindy Keller, NH DHHS Bureau of Drug and Alcohol Services
Amy Pepin, Center for Excellence
Molly Rossignal, Addiction Physician Concord Hospital
Kathy Bizarro-Thunberg, NH Hospital Association
Laurie Harding, NH Commission on the Primary Care Workforce
Peter Mason, Family Practice and Suboxone Provider

Lindy Keller opened the meeting and introductions were done around the table.

April minutes reviewed and approved with one amendment.

The first discussion item on the agenda "Review updated Healthcare TF strategy and priorities" will be deferred to the next meeting as Seddon will provide the group with the most recent version to review.

Review of the structure of the Governor's Commission

- There have been some changes and we want to be clear on the structure.
  - Prevention Task Force.
  - Treatment Task Force.
  - Recovery Task Force.
  - Opioid Task Force.
  - Healthcare Task Force (formerly the Healthcare Work Group under the Opioid Task Force).
  - Prenatal Task Force.
  - Data Task Force.

- The taskforce's primary mission is to make recommendations to the Governor's Commission.
- We need clarification of the taskforces and the roles of the taskforces.
- Amy Pepin will get clarification on the task forces and what they do for the next meeting.
- There are plans to have all the task forces meet at one time when they start work on the "Strategic Plan".
  - The chairs of each of the task forces typically meet quarterly.
  - We are going to recommend to Tym Rourke to generate a list of all the task forces, the chairs of the task forces and who the members are.

Review of crosswalk of opioid prescribing rules and guidelines in NH

The assignment was to look at the CDC Guidelines and see how they lined up with the NH Board of Medicine Rules, 2016 and NH HB 1423 – pending.

- Chronic Pain
  - We mirror the CDC guidelines quite closely.
  - CDC recommends a three month review. During the rules committee it came up so they decided on four months review.
  - CDC recommends lowest effective dose to be reassess at 50 with a justification of greater than 90 MME. The NH Board of Medicine has prescribe for the lowest effective dose for a limited duration.
  - The CDC is recommending co-prescribing Naloxone. That is not in the Board of Medicine Rules.
  - Recommendation to go to a pharmacy to have naloxone in the home.
  - All recommend PDMP query before initial prescription and the CDC from every TX to q3 months. Board no less than twice a year. HB1423 at least twice annually.
  - CDC discourages opioid co-prescribing and that is not listed under the Board of Medicine.
    - In HB1423 there is a consideration of non-pharmalogical approaches and non-opioid approaches.
    - http://www.gencourt.state.nh.us/lsr_search/billText.aspx?id=850&type=4
    - Physicians are being requested to have that conversation with their patients.
    - The Medical Society and the Board of Medicine are going to be working together to develop the CME courses.
    - Growing through this process there is a balance in being very specific in statute and rules versus allowing practice to happen.
    - From the Industry we have hear this is actually a pretty good balance between dictating certain practice standards versus allowing practice standards and some flexibility depending on patient by occasion.
  - This crosswalk is just for this group. There were some questions in the past about the CDC guidelines coming out and how it line up with our guidelines.
  - We should look at the Board of Medicine and Board of Nursing and be careful of the language that we use.
    - The Board of Medicine and the Board of Medicine uses language that is exactly the same.
    - We can make a note under Board of Medicine rules that says it adopted by Board of Nursing.
  - Vetinary rules are different.
  - As soon as HB 1423 passes all licensing boards that have prescribers have to follow the same rules.
  - The intent is that they will all create rules together.
  - The Board of Medicine rules did pass JLCAR a couple of weeks ago. That was after the emergency rules became active.
  - Once HB 1423 passes the Board of Medicine is going to do another set up rules on the same topic. It is good because then all of the Boards will be on the same timetable for adopting their rules.

- Eventually by the end of the year all these boards will have the same rules.
- We need to put on the websites that at this time the rules are changing.
- While the process for rules is going on we will need to follow the statutes.
- These will be our temporary rules from May 4, 2016.
- The rules will be in place – the ones in the left hand column and then when HB 1423 is signed that then becomes a law and there are some elements in HB 1423 that are close to current but they are tweaked a bit. (Frequency of drug screening, etc.)
- Once HB1423 passes (goes into effect July 1) then all of the Boards will have to go through the rulemaking process again.
- Is there anything in the law of HB 1423 that will need to be utilized by practitioners once it is passed and the rules are written?
  - The highlighted area under HB 1423 (farthest column on the right, 2nd page) is the newest addition "Treatment plan includes consideration of non-pharm & non-opioid approaches."
  - That may be something that needs to be added.
- If this passes today maybe the boards could simply add the highlighted pieces so it doesn't get confusing.
- To round out the differences the CDC encourages effective discontinuation strategy which there is not any mention of that in the Board of Medicine.
- The CDC advises opioid misuse disorder referral arrangement. The Board of Medicine does have MAT treatment and using ASAM 2015 guidelines but treatment referral arrangement is not specifically in the rules.

PDMP

- There is a separate statute being considered right now to appropriate $130,000 to upgrade. It is in House Finance right now. There is some opposition to spending the money.
- They were questioning whether Boards could institute fees to fund the PDMP.
- While legislation is pending they are looking at the contract language already.
- For the PDMP appropriation there is a work session on Tuesday and then a vote in the executive session on Wednesday.

UDT Sub-Committee Presentation

- What we have learned
  - There was an ad hoc committee meeting on April 4.
  - The discussion was on urine drug testing. Urine drug testing was always a forensic testing.
  - In this setting we are recognizing this is therapeutic and adherence testing both from a perspective of pain care in keeping patients safe. To ensure adherence.
- Options
  - Point of care testing is reasonable.
  - For patients who may have a higher risk whether it's using an assessment tool or if they say they have a history of addiction.

- There is a hybrid test that is a send away if more solid results are requested. It basically looks at metabolites and it takes about 3-4 days to come back. The cost to the company is $60 - $70. It also can show if fentanyl and/or cocaine were also used not only opioids.
- For pain care it is reasonable.
- A good read for everyone involved, especially primary care doctors is 2012 Dr. Douglas Gourlay and Dr. Howard Heit manifest. Seddon sent it a while back. Molly will resend to the group.
- Gene Harkless is going to have some of her graduate students look into other options.

Healthcare Task Force and Recovery Coaches.

- What role if any does the Healthcare Task Force play in recovery?
  - Assist to get workers certified by the Licensing Board.
    - Certification requires supervision.
    - Supervised by an experienced certified recovery support person not a LADC.
  - Help recovery groups to become an association.
  - Eventually the Healthcare Task Force will have a role in certification and reimbursement.
  - Recovery Coaches should be in the emergency rooms.
    - Their role is still being defined for hospitals and emergency rooms.
  - Crisis Environment is not the total answer. Room for conversation and how it works for healthcare.
  - They will need a strong support organization to support the workers.

- **MAT expansion/SAMHSA RFP**
  - New Hampshire is applying. It is $1 million a year over three years.
  - There are two high need areas in the state.
  - Requires working with community groups across the population.
  - Increase number of admissions for treatment.
  - Decrease in opioid use at follow-up.
  - Will follow guidelines of MAT.
  - Work with organizations to facilitate in making these things happen.
  - Need to get statistics on number of doctors getting certified.
    - We do not know how many prescribe.
    - Federal government could supply the numbers.

The next meeting is May 26, 2016
at the NH Hospital Association, 9:00 am to 10:30 am