



# OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage

September 8, 2016 – 8:30AM – 10:30AM

## Minutes

**Attendees:** Seddon Savage, Chris Shambarger, Kimberley Fortier, Tina Nadeau, Pamela O'Sullivan, Ken Bradley, Joe Hannon, James Potter, Kate Frey, Jacqui Baker, Jim Moser, Kathy Bizarro, Sandra Kiplagat, Nicole Rodler (Phone), Helen Pervanas (Phone)

### I. Meeting Minutes

- The meeting minutes for August were approved.

### II. Reviewed & Discussed Key Domain Strategies

- Seddon indicated that the final draft of the key strategies document is due October 1<sup>st</sup>. The Governor's Commission is currently working on submitting their annual report.
- Members agreed that the key strategies should be more relevant to the state and there needs to be an end goal for the strategies discussed. Recommended changes were made to the document based on the discussion (see updated list of strategies).
- Members inquired about the law enforcement section that required the state to centralize police data on drug enforcement. Kimberly indicated that the fusion attempts to gather all PDs to report on drug crimes. However, each PD may have a different system thus there is inconsistency, this may cause difficulty having a centralized system.
  - Ken Bradley indicated that there is an upcoming HIDTA conference to address a de-confliction system in the state to develop a uniform recording system such as central data depository. Joe Hannon cited concerns regarding data safety breaches indicating that there would be a need to maintain data security and confidentiality. Barriers in implementing a centralized system include: funding (high maintenance fee) and buy-in from residents of local towns.
- Members indicated that there are opportunities for public policy and legislature opportunities to request funding to develop a uniform system.
- *Kate Frey and Joe Hannon will review the strategies document and provide legislative opportunities in all the sections of the document.*

### III. Presentation & Discussion on the role of NH Insurance Department on SUD – Jennifer Patterson

- The presentation included a brief overview of insurance, how it works and the increased coverage of SUD.
- Insurance is regulated by states and not by the federal government. The Affordable Care Act (ACA) will have comprehensive regulation of the state laws. The ACA lists 10 essential healthcare benefits including SUD coverage.

- Health insurance has 3 distinct groups namely: Employer (Small <50, Large >50), Individuals (Self-Buy), Medicaid (Govt. Program) and Medicare (Govt. Program). The NH Insurance Department's (NHID) role is to assess full insurance coverage for individuals and employers throughout the state. However, NHID will not regulate coverage by employers who self-insure and state employees.
- The role of the NH Insurance Department is to:
  - Review the contracts between insurance companies and individuals according to New Hampshire Policy.
  - Review and regulate the premiums to ensure fair rates that are not too high or too low.
  - Perform Market Conduct Examination allowing them to visit any insurance company and observe the processing claims. No subpoena is needed to visit the insurance company.
- In February 2016, NHID presented preliminary findings to the Governor's Commission on the barriers to care by conducting market exams on SUD claims throughout the state. They are currently working on final findings to be released to the public for the first time by the end of the year. They are also interested in presenting final findings to the Governor's Commission as well.
- Kathy Bizarro inquired about the SUD cases that have made it to external review. External reviews will occur when an independent medical expert reviews the insurance company's medical necessity determination. There were only 6 external reviews in 2013 but had been increasing in the past years and there were 35 external reviews conducted in 2016.
- NHID has recently established a formalized working group with providers and insurance agencies to bring content expertise and to discuss ongoing barriers to SUD care as well as expansion of all Behavioral Health Services. By ensuring that we can coordinate the providers and carriers vastly improve the identified care.
- Kate Frey indicated that non-clinical issues such as recovery are not required to be covered by insurance services. Seddon added that recovery coaches are moving towards interventions that are cost-effective and evidence based. Traditionally, these medical services have not been covered but carriers are moving towards this direction.
- It was mentioned that the Healthcare Taskforce is currently addressing barriers to medication assisted treatment (MAT) since insurance companies form their own criteria. There is a need to expand market exam to include MAT services.
- Judge Tina Nadeau indicated that there is difficulty in Medicaid to provide ongoing treatment to individuals who are in the re-entry program and once they find a service job, they are no longer qualified for Medicaid. Members suggested that these individuals can explore options: Qualifying for Special Enrollment (Get Federal subsidies) and Available Bus Grants to assist people in exchange enrollment.
- Members questioned if there is a mechanism to adopt evidence-based practices to have a uniform system on all insurance carriers. There is ongoing discussion on this but no decisions have been made.

#### IV. Reviewed NH DMI Reports

- Kimberly indicated that there is vested interest to develop more data (raw data) and Data Per Capita to identify and inform of hotspots for regions that may be indicated as higher risk. For example, page 3 on the DMI Report, naloxone administration is reported by county and this report could include naloxone administration per capita to show regions with the highest risk.
- Hospital ED visits currently show where the patient resides but does not identify the location of the hospital. DHHS may review the suggestion and indicate if it's best to include in the DMI reports.
- It was reported that drug overdose deaths seem to be levelling off. The projected deaths in the Medical Examiner's report are higher than actual deaths for this year.
- Members agreed that it is important to see how other states utilize the DMI reports. For example, Kimberly can compare the DMI reports in Maine vs. NH and make some inferences based on those reports.
- Based on the implementation of the PDMP, the increase in PDMP results has indicated a decrease in the use of prescription drugs and the increase of illicit drug use. Members indicated that solutions are needed to deter the illicit drug use increase and one recommendation included to allow some revisions on the PDMP Guidelines.
- Currently, in the PDMP, providers are required to inform the patients about the risks and the benefits and storage of medicine.
- Jim Moser inquired about a violation to the rules of the PDMP and whom to report that to. Seddon indicated that any individual can file a complaint with the Board of Medicine.

#### V. Other Updates

- Judge Tina Nadeau indicated that a drug court will be established in Manchester.
- Seddon will be presenting on December 8 on the Stigma of Substance Use Disorders. Any input or feedback will be greatly appreciated.
- PBS will host a series of episodes focused on substance use disorders in December.
- Jim Moser requested that Seddon provide a brief overview of abuse deterrent opioids discussed in the last meeting. Seddon indicated that the discussion on abuse deterrent opioids focused on third party reimbursement. *Seddon mentioned she would research more on the topic and provide feedback in the next meeting.*

**Next Meeting: Thursday, October 13, 2016 – 9:00AM – 10:30AM**

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