



HEALTHCARE TASK FORCE

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

Task Force Co-Chairs: Seddon Savage & Lindy Keller

Thursday, September 27, 2018

Minutes

Present: Lindy Keller, Jeanne Ryer, Kathy Bizarro-Thunberg, Josh McCabe, Regina Flynn, Kate Frey, Sarah Freeman, Rebecca Sky, Ann Branen, Joe Harding, Anna Ghosh, Michelle Ricco Jonas, Kerry Nolte, Cynthia Kohen
On Phone: Andrea Meier, Susan Latham, Molly Rossignol

I. Minutes

- The August minutes were approved.

II. Legislative & Policy Updates

- The 45.2 million is to be distributed through RFP processes; members are encouraged to visit the vendor page of nh.gov as RFPs are coming out quickly.
 - The Department is working to execute the sole source contracts of the proposal and hire the new positions which have been approved by fiscal.
- Workforce legislation activities
 - No update from Provider's Association.
 - Jim Monahan and Bi-State are convening partners related to workforce legislation, however nothing is specific. It may be part of the budget, or may be part of HB2.
 1. This bill may include funding and appropriations
 2. **Jake Berry will bring some more report on this in the October meeting. Kate Frey will communicate this to Jake.**
- Proposed new legislation; syringes, lock boxes, Detera pouches
 - The Governor and stakeholders held a press conference to announce opioid disposal campaign which includes Detera bags distribution. This is closely tied to the "Zero Left" campaign started by the Moser family.
 1. This is an expansion of a program that some hospitals started a few years ago.
 2. Hospitals are making the determination of how to target which patients.
 3. The focus is wider opioid disposal so that messages are sustainable once the bags are gone.
 4. Michelle offered the PDMP notification system as a way to disseminate this information. **Kathy will send any materials she would like disseminated.**
 - Paula Minnehan has been working with the pharmacy groups; some have expressed few barriers to selling syringes, they haven't heard that this is an issue. NHHA is looking for data or evidence related to difficulties purchasing syringes in their stores.
 1. **NHHA can connect Kerry Nolte to the pharmacy groups to share that data and information about syringes being denied to consumers.**
 - Paula has also worked with drop boxes at hospitals, she did not pursue the lock boxes.
- The Department is working to change the language in the syringe access legislation from "self-funded" to "no general funds." If they do not bring forward this legislation, New Futures will.
- Medicaid Expansion workforce requirements
 - As of January 1, NH Health Protection Program will cease and be replaced by Granite Advantage. This notice went out, along with a sheet describing all the workforce "community" requirements. People have until April to be compliant.
 - On January 1 they may have to change their MCO, and then in July 1, they may have to change again. Some people may have 3 different plans in a 6-month period.

- Health care providers will have to connect with people they know that need the service and help facilitate this process for patients.

III. PDMP Expansion Legislation

- Michelle will send the handout electronically to Adelaide.
- Discussion occurred related to requiring persons treating people with substance use disorder to query the PDMP. The PDMP advisory program is looking at this and a proposal is in draft.
 - Conversations are needed to determine if this requires legislation or just a revision of the existing statute.
 - This would be valuable to collect data on who is receiving community based MAT and is also receiving other controlled substances. Some states are finding 20-30% of MAT patients are still receiving controlled substances from another source.
 - It is a requirement that organizations that receive BDAS funding for treatment have to query the PDMP.
- It was expressed that having this requirement for treatment providers could change practice and be an additional challenge/barrier to getting providers waived.
 - This could cause prescribers to not become waived due to the threat of loss of license.
 - Conversations could take place with Northern NE Society of Addiction Medicine, to ask what other policies are being implemented nationally. Molly can bring this up at the next call of this group. Vermont would be particularly helpful to hear from because they have this statute.
- Susan shared that her organization does PDMP queries – it’s not a requirement but it’s best practice. They do them at intake, annual, and if there is a concern of diversion. Patient sign releases of information and there is very little pushback from patients. In can in fact help patient learn about the dangers of polysubstance use and it is used as an educational tool.
- It was suggested that instead of mandating use of the PDMP, the group could gather more data from providers on barriers, and try to remove that barrier instead. The concern is more potential providers not being providers because of a perception on difficulty.
- Another legislation is expanding access to “non-clinical” providers – professionals licensed to practice in scope such as, psychology, drug and alcohol professionals, social workers, licensed mental health counselors
 - There are other roles that can be assigned to these individuals.
 - Provider’s association would want to think more about this before endorsing this
 - Conversation: if they find something, then what?
 1. Consent is an issue, because what would providers be allowed to do with the information. Could they talk to other providers about the information due to 42 CFR Part 2?
 2. Michelle and Sarah will connect to share proposed ideas for legislation
 - This could be integrated into larger practice transformation conversations
- Continued conversation and examination of data is needed for all proposed legislation.
 - This will likely not be moved forward in this legislation session to make time for continued conversation.
 - This will be revisited by the group in October.

IV. Review of Task Force Priorities 3 & 4

- Task Force members were asked to review priorities 3 and 4 before the next meeting and come prepared to the next meeting to discuss what has changed/happened between when the priority was made, and now.
- As members consider this, send this to Adelaide or bring prepared to the next meeting.

V. Other:

- Valley Regional Hospital just received approval from their school board to put a syringe service program in their hospital.
 - o Manchester is also in need of this approval to get their program started.
 - o There is also a barrier for recovery organization to be placed in a school zone, which are the best partners for these programs.
- UNH ECHO Updates
 - o Today is the last day of the perinatal ECHO, funding opportunities continue to be explored.
 - o MAT ECHO was held last week
 - o The Department of Nursing at UNH and IHPP are including waiver training in their nursing curriculum for ARNPs and Psych NPs, there is also an ECHO component. This will be the launch of the UNH ECHO hub.
 - o There will also be an ECHO coming up on care of older adults. What are issues of SUD in the older adult population?
- **In October, the Task Force will reschedule their November and December meetings.**
- An issue was raised that someone received Narcan through a standing order, and had their life insurance dropped.
 - o The insurance department hasn't heard any consumer complaints; they need these to have consumer complaints to take action.
 - o **Joe will share this information with Dave Mara to encourage the consumer, and Dave, to call the insurance commission.**
 - o **Cynthia will share this at the next meeting of the Nurses Association and encourage more consumers to reach out to the Insurance Department and Dave Mara.**
- Upcoming Events
 - o The Perinatal Substance Exposure Task Force is holding a summit on January 29. It will be focused on the Plan of Safe Care. Registration will come out in November. Please share the save the date with partners; let Anna know if they want the electronic copy
 - o The Safe Stations Academy is October 25
 - o [CMC Opioid and Pain Treatment is November 16; Register Here.](#)
 - o [The Behavioral Conference is Dec 10 and 11, early bird registration is until October 31](#)
- The UNH Sidore Lecture Series this year is "Contextualizing and Reframing the Opioid Crisis in New Hampshire: Interdisciplinary Perspectives on Policy, Practice, and Discourse". [The list of presentations is available here.](#) Kerry will explore recording/webinar options of the lectures.
- The kick off of the BH learning Collaborative is tentative for November 28. It will focus on the intersection of opiate use disorder and suicide.
- Mass Targeting Response provides an SUD 101 training for health care organizations, and provides TA. They are willing to come to NH between October and December to present to health care providers. **Get in touch with Rebecca directly if you have thoughts on this training or know of other efforts in the state.**
- The Medical Society is pursuing the MAT provide education and training RFP; **Kerry will connect with Jim about this.**