



# HEALTHCARE TASK FORCE

## Governor's Commission on Alcohol and other Drugs

Task Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, February 28, 2019

### Meeting Minutes

**Participants:** Seddon Savage, Lindy Keller, Anna Ghosh, Hannah Lessels, Kristine Stoddard, Rachel Eichenbaum, Cynthia Cohen, Regina Flynn, Tom Loughman, Rebecca Sky, Carol Furlong, Kerry Nolte, Peter Ames, Kate Frey, Leena Joshi  
**On the Phone:** Susan Latham, Jeanne Ryer, Jim Potter, Molly Rossignol, Phil Girard

Agenda Item	Discussion	Action Steps
Minutes	<ul style="list-style-type: none"> <li>• Review of the minutes from January and February.</li> <li>• Minutes accepted.</li> </ul>	
Legislative and Policy Updates	<ul style="list-style-type: none"> <li>• <a href="#">HB 359</a> <ul style="list-style-type: none"> <li>○ NH Representative Tom Loughman provided an overview of HB 359: warning labels on opioid medications.</li> <li>○ Arizona, Utah, Hawaii and other states have similar strategies and have had success.</li> <li>○ The original bill draft indicated a red cap to identify prescription opiates.</li> <li>○ Rep. Loughman sought feedback from the Task Force about the labels.               <ul style="list-style-type: none"> <li>▪ Suggestions: The cap/sticker and the insert should match in color. Include an evaluation for patients with a link on the insert. The label should address overdose risk and risk of addiction.</li> </ul> </li> <li>○ Task Force members echoed public concerns that the red color of the cap would reinforce the stigma associated with opiates.</li> <li>○ The bill is currently in the Senate Health and Human Services Committee.</li> <li>○ Patient input has not been obtained. The legislature consulted with organizations, public hearings and other states that have these programs.               <ul style="list-style-type: none"> <li>▪ Task Force members expressed concern that patients may not be reading the labels and that patient feedback is necessary.</li> </ul> </li> <li>○ Task Force members expressed concern that red caps can be an issue for diversion. The red cap can make opiates easier and quicker for people to identify and obtain.               <ul style="list-style-type: none"> <li>▪ Rep. Loughman indicated that Utah has implemented the cap program and had similar concerns beforehand. They have not heard any blowback after implementation. This is based on anecdotal feedback.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Seddon will follow up on the Medical Society sending a letter in support of HB 359.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Susan Latham: Colorado began the <a href="#">Lift the Label campaign</a> to remove damaging labels and stigmas that prevent those with opioid addiction from seeking effective treatment. This proved effective.</li> <li>○ Will there be an option to convene stakeholders? <ul style="list-style-type: none"> <li>▪ Rep. Loughman is open to the idea, but this bill is in the later stages of development.</li> </ul> </li> <li>○ The Opioid Task Force has discussed this. They were in support of an orange cap, not red. Concerns the Opioid Task Force heard: <ul style="list-style-type: none"> <li>▪ Pharmacists wanted to be able to apply the sticker etc. in private. If it is applied where other people can see, it may create a danger for people picking up their prescriptions.</li> </ul> </li> <li>○ Rep. Loughman asked: How should the process work for codifying the language of the handout? Who should approve this? <ul style="list-style-type: none"> <li>▪ Governor’s Commission (and by extension the Opioid and Healthcare Task Forces). This way they can update language and patients can give feedback.</li> </ul> </li> <li>○ Two present members preferred a cap to a sticker. <ul style="list-style-type: none"> <li>▪ Support for the cap is because some members believe the cap would more clearly alert patients to the risk.</li> </ul> </li> <li>○ The Task Force felt that the sticker on the cap was the most important aspect of the bill.</li> <li>○ The Medical Society may be able to send a letter of support.</li> </ul>	
Cannabis Legalization	<ul style="list-style-type: none"> <li>● <a href="#">HB 481</a> just passed in the House Ways and Means committee.</li> <li>● Will be voted on the house floor 4/4/19.</li> <li>● Should be on the senate in the third or fourth week of April.</li> <li>● Many healthcare/public health organizations have taken positions against the bill.</li> <li>● As this bill might pass, the Task Force will begin to focus on how to respond to its passage. <ul style="list-style-type: none"> <li>○ This may involve advising select boards across the state that they can opt out.</li> </ul> </li> <li>● Finance committees will control revenue distribution. <ul style="list-style-type: none"> <li>○ This has been a failure for public health work with tobacco and alcohol.</li> </ul> </li> <li>● This bill still allows consuming edibles in public.</li> </ul>	<ul style="list-style-type: none"> <li>● Organizations who have positions on this bill should distribute them to legislation.</li> <li>● Hannah Lessels will distribute Tom’s contact information after the meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>• This bill does not allow employers to create their own policies on cannabis use.</li> <li>• The advisory council has 9 members from the cannabis industry and one from public health.</li> <li>• There are no THC limits included in the bill.</li> </ul>	
Healthcare Task Force Priorities	<ul style="list-style-type: none"> <li>• Harm Reduction Education and Technical Support (HRETA) for NH: Kerry Nolte <ul style="list-style-type: none"> <li>○ A project from the NH Citizens Health Initiative, UNH College of Health and Human Services and the NH Harm Reduction Coalition that uses academic detailing and 1-on-1 visits to help integrate opioid related harm reduction into practices.</li> <li>○ Providing resources on an as-needed basis.</li> <li>○ Bi-weekly case conferencing.</li> <li>○ The project is currently planned to end in August, but there may be an extension.</li> <li>○ The intention is to have this project develop over the years and encourage more academic detailing in the future.</li> <li>○ DHHS was the funding source.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Please let Kerry know if you are interested in joining the advisory committee on this project or a resource development workgroup.</li> <li>• If you know someone with a practice site who may be able to offer participants, let Kerry know.</li> <li>• If you know academic detailers, please let Kerry know.</li> </ul>
Organizational Updates and Group Sharing	<ul style="list-style-type: none"> <li>• UNH project ECHO update: almost full. Faculty orientation was last week and was very successful.</li> <li>• The Department of Public Health in Manchester is identifying the providers who are the highest prescribers of opioids in Manchester.</li> <li>• A group of clergy across NH have been trained to provide compassionate funerals for people who have died of overdoses. There was a training last week that was very successful. This will be marketed through funeral homes and the PRSS community.</li> <li>• Youth Summit on 4/5 and 4/6. Saturday will be open to non-youth.</li> <li>• MAT waiver courses <a href="#">4/29<sup>th</sup></a> and <a href="#">5/16<sup>th</sup></a>, there will likely be a mid-June training. In May there will be a closed course for incarceration system providers.</li> <li>• Closed group for hospital EDs will be meeting this Friday to talk about supporting families. Rebecca Sky will report.</li> <li>• Rachel Eichenbaum is on a task force about clinician resilience/burnout and will report on next week's meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Contact Jeanne Ryer or Marcy Doyle if you are looking for practice coaching.</li> <li>• Seddon will distribute info on the youth summit.</li> <li>• Rachel will speak about the clinician resilience task force at a later meeting.</li> </ul>

**Next Meeting: April 25, 2019, 9:00am – 10:30 am 125 Airport Road, Concord.  
Call-In Information: Dial-in number: (605) 313-4427 Access code: 197873**