



HEALTHCARE TASK FORCE

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

Task Force Co-Chairs: Seddon Savage & Lindy Keller

Thursday, December 6, 2018

Minutes

Present: Carol Furlong, Anna Ghosh, Rachel Eichenbaum, Hannah Lessels, Kristine Stoddard, Regina Flynn, Jake Berry, Sarah Freeman, Rebecca Sky, Peter Mason, Lindy Keller, Jeanne Ryer, Kerry Nolte, Seddon Savage, Julie Hazel-Felch

- I. Welcome and Introductions
 - A. Seddon Savage discussed new co-chair needs to be selected for the Task Force, as her term on the Governor's Commission will be ending in October. This person must be a member of the Governor's commission. **Task Force members will keep people in mind for the position.**
- II. Minutes: November minutes were approved
- III. Legislative & Policy Updates
 - A. Jake Berry (New Futures):
 1. Future of Medicaid work/community engagement requirement: [New Futures](#) is working to fix problems with the work requirement - self-employment (which includes small businesses, substitute teachers and others) is not recognized as fulfilling the work requirement due to concerns about false reporting and fraud. Originally education hours only applied to in-state institutions but this has been resolved to include any educational institution. New Futures is looking to expand education hours to online education. Looking to include caregiving that applies outside the home (currently only in-home care applies and out of home is hour by hour). Parenting exemption applies but only in relation to one parent in a housing unit – roommate rule (adults living together with different children would only have an exemption for one parent.) Looking to make homeless time exempt (currently have to account for hours spent homeless.) Letters have gone out to inform those who qualify for exemptions. There are proposals to repeal the work requirement, but it is unclear if these will be supported, so New Futures is focusing efforts on the fixes.
 2. [New Hampshire EASY](#): Although are claims of no wrong door approach to register for Granite Advantage, there is not sufficient staffing to help with problems and updating in real time. People who are homeless without access to secure internet are at risk entering personal health information. Forums are being held across the state to address concerns about overall awareness of the program among constituents and providers. With the current bill there are concerns over restarting coverage after being suspended from Medicaid. When someone has suspended status, they are still considered a Medicaid patient so they often do not qualify for other funding.

3. Syringe Service Programs: New Futures is working to remove restrictive language that prevents use of state funding for SSPs.
 4. Ban-The-Box: prohibits employers from including a box to identify if a candidate has a felony on their record.
- B. Kristine Stoddard ([Bi-State Primary Care Association](#)): Proposal with 8 goals;
1. Healthcare pipeline investments: looking to target students early on to encourage them to enter healthcare profession and stay in NH (via scholarships etc.),
 2. Targeted marketing campaign to draw in people from out of state to fill NH workforce, plans to collect more data on the workforce,
 3. Replicate advanced training programs from other states; educational and training components (people in the programs will be licensed); an NP residency/fellowship program to attract people from out of state, attracts people from out of state by providing additional support for new practitioners, looking to target NPs who are fast tracked and who need additional support.
 4. Invest more money in the state loan repayment program, which has shown to make the difference for people accepting employment offers to stay in NH. Estimate \$5 million with additional funding, there is hope to attract more people from out of state. Proposing 5% home health providers reimbursement rate increase first year, 7% second year for any provider who can bill Medicaid, as a conservative estimate.
 5. Administrative relief - when rules are expired or redundant, give JLCAR more authority to clean them up. Reciprocity rules on parity for mental health providers are still not promulgated.
 6. Reducing the Medicaid spend-down so that people don't go in and out of coverage every month
 7. Eliminating long wait time for background check for jobs (expedite the system; online services)
 8. Telehealth – Bi-State wants to expand telehealth similar to DHHS; will help primary care providers. **Hope to have draft copy of bill out next week and will send to the Task Force.**
 - a) Workforce housing and transportation were mentioned as related to the workforce issue, but this work is meant to be healthcare focused.

IV. Other Updates

- A. Recovery Task Force speakers' bureau: Lindy Keller stated that the Recovery Task Force (RTF) does not have a speakers' bureau. The current priority is for the RTF to identify a chair. **Work on a speakers' bureau will follow this.**

V. Task Force Priorities

A. Review Harm Reduction Strategies

1. Kerry Nolte: Syringe Service Programs (SSP): 2 currently operating: one in Nashua and one in the seacoast area as well as one in the works in Claremont

- a) Strafford: has expanded to 5 scheduled outreach sites - 500-600 contacts with individuals each quarter as well as 500 new contacts, and collects elective information about where people are coming from.
- b) The Syringe Services Alliance of the Nashua Area (SSANA): About 100 contacts every 3 months.
- c) Manchester: No specific site is established. There are discussions to get a program up and running in Manchester through Granite Pathways as part of Hub services in Manchester.
- d) Claremont: Site based at hospital. All hurdles passed but Dartmouth College has liability issues with students operating the program.
- e) SB357 allows school board approval of SSPs in school zones, but this is likely not a viable option. School zones include: bus routes and areas where school activities occur, such as parks and Head Start programs.
- f) Summary: 2 programs in place, 1 in discussion, 1 almost ready at hospital site that could be model for expansion to other hospitals.
 - (1) Needs: a means to create a network of syringe service programs.
 - (2) Challenges: school zones and bus zones.
 - (3) Opportunity: Elliot and other hospital settings, and Hubs.

Funding: SSANA applied to RFP for harm reduction program.

- 2. Study the efficacy, advisability and feasibility of supervised injection sites: It is difficult to garner public support because usual incentive is to move people injecting out of public spaces, which in rural places does not pose an issue, however Manchester may be a good opportunity.
- 3. Harm reduction messaging to users; Harm Reduction Coalition developed resources for HIV testing sites, healthcare resources, treatment resources etc. available to print at nhhrc.org . Tools can be tailored. **Members will think about how their own organizations can use these resources.**
 - a) Lindy Keller mentioned that the task force can endorse messaging with approval from the Governor's Commission, so it would be more efficient to ask about endorsing all Harm Reduction messaging as opposed to seeking approval for each document the Task Force seeks to endorse - **Seddon Savage will ask the Commission about this**
- 4. Engaging practitioners in discussing harm reduction with their patients: need training for medical professionals, should permeate MAT programs, guide for providers in talking about harm reduction with IV drug use is available on nhhrc.org.
- 5. Academic detailing as part of funding proposal for prescribers, recovery community organizations. Distribute flyers at waiver trainings. **Carol Furlong to talk about academic detailing at next MAT Community of Practice December 13-- will share the details with the Task Force.**

VI. Organizational Updates and Group Sharing

- A. The MAT Community of Practice has resumed its meetings which are held every other month. Please contact Adelaide Murray to receive notifications for this series of meetings and resource sharing opportunities: adelaide_murray@jsi.com
- B. Friday 1/4/18 at 1:00pm at 125 Airport Road Mid Coast Hospital from Maine will come speak about their addiction resources. **The announcement will be going out soon.**
- C. Rachel Eichenbaum from [Qualidigm](#) announced resources for trainings in chronic pain management: Living a Healthy Life with Chronic Pain. Those interested can contact her directly to set up a training: reichenbaum@qualidigm 603.573.0915
- D. Kerry Nolte: research study recruiting participants to study mindfulness approach to chronic pain. Requires pre and post MRI and ACT therapy over 4 weeks. Contact Kerry for more information: Kerry.Nolte@unh.edu