



HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, June 27, 2019

Meeting Minutes

Participants: Lindy Keller, Anna Ghosh, Hannah Lessels, Rachel Eichenbaum, Gerard Hevern, Rebecca Sky, Jeanne Ryer, Regina Flynn, Cynthia Cohen, Krystal Sieradski, Lisa Martin, Jake Berry, Catheryn Leznick, Christine Stoddard, Kerry Nolte
On the Phone: Molly Rossignol, Jim Potter, Lena Joshi

Agenda Item	Discussion	Action Steps
Welcome and Introductions	<ul style="list-style-type: none"> Minutes accepted from May. 	
Legislative/Policy Updates	<ul style="list-style-type: none"> HB 481 Marijuana <ul style="list-style-type: none"> Retained in the senate and will be picked up again in January 2020. HB 359 Red Sticker bill <ul style="list-style-type: none"> This bill is now an orange sticker that says “Opioid” with a warning label. Passed and is awaiting the governor’s signature. SB 308 Healthcare Workforce bill <ul style="list-style-type: none"> Boosting Medicaid reimbursement rates for all providers. 6.2% increase passed and written into the final version of the budget. Expecting a veto. There is money for the State Loan Repayment Program, which is getting \$6.5 million. Online background checks were included and passed. The bill states that the state must have an online system, it does not specify who will do this, and the state may contract for this. Background checks are a state issue. There is a case pending in federal district court about the PDMP: the DEA and the justice department requested that they have access to the complete data of the PDMP. They used this to develop an algorithm to determine when practitioners were prescribing above a certain level and sent them a letter or a summons. SB 258 Telehealth Expansion <ul style="list-style-type: none"> Includes telehealth expansion by allowing reimbursement for primary care to use telehealth. Reimbursement is limited to Medicaid. Passed. 	

	<ul style="list-style-type: none"> ○ The budget veto will likely result in a continuing resolution for 60 days. ● SB 5 Medicaid Provider Rates <ul style="list-style-type: none"> ○ Making an appropriation to the department of health and human services for Medicaid provider rates for mental health and substance use disorder and emergency shelter and stabilization services. Amended to be non-lapsing. Governor vetoed this bill. Wants to address this in the budget, which he may also veto. ● HB 311 Regulating Sober Living Facilities <ul style="list-style-type: none"> ○ Retained in the house. Will be picked up again in January. ● SB 80 Licensure by Mental Health Practitioners <ul style="list-style-type: none"> ○ Passed. Does not include LADC or MLADC, just mental health. 	
<p>Opioid Prescribing Discussion Follow Up Steps</p> <p>Continuation of last month's discussion</p>	<ul style="list-style-type: none"> ● Instead of addressing the supply component, Dr. Hevern presented the idea of looking at a person's community, contributing factors and other sociologic factors / Framing the discussion around substance use disorder and not one substance specifically. ● What is the role of this particular group? <ul style="list-style-type: none"> ○ The task force discussed the importance of trauma-informed care in the context of healthcare and treatment. Trauma can come in many different forms. ○ Dr. Hevern shared a story of a man who had suffered physical trauma from surgery, who was prescribed Suboxone and has recently started his own business. ● The task force discussed the importance of behavioral health and other supports during MAT. ● Looking at SUD from the perspective of chronic disease. In other chronic diseases, medication is not the only tool, other supports are also important. ● The NH Guidance Document on Best Practices for Implementing MAT provides more information and resources about MAT and the other supports available for treatment. ● The Task Force discussed having Medicaid and other payors reimburse for care coordination. <ul style="list-style-type: none"> ○ Medicare has codes that reimburse for chronic disease care management/coordination. This model may not always cover the actual costs of the care coordination. When discussing this with legislators, it is beneficial to mention the overall savings to the system of proper care coordination. 	<ul style="list-style-type: none"> ● Look at better methods for educating our partners. ● Identify who those partners are. ● Identify resources to share. ● Look for opportunities to make legislative recommendations to the Governor's Commission.

	<ul style="list-style-type: none"> • Dr. Hevern mentioned the importance of providing supports to people who are incarcerated. He also mentioned a model of geographically tracing areas with high levels of drug use for police to plan raids. How do we use this model to provide supports to these areas instead of punitive action? • Funding for all of these efforts was a major theme of the discussion. • MCO contracts require reimbursement for care management; however, some MCOs want to provide this themselves. • Rachel Eichenbaum is compiling a toolkit about chronic pain, which mentions stigma, behavioral health, and the role of adverse childhood experiences that can contribute to the development of SUDs. • The Center for Excellence conducts a Community of Practice about MAT. This includes a Google Group that you can join as well as other resources. 	
Update on Sober Housing Certification	<ul style="list-style-type: none"> • The statute that was passed told BDAS that they need a registry of recovery housing by June 30th, but cannot register any entities until June 30th. • On June 30th, no entity that receives state or federal funding for SUD can refer to any recovery housing that is not on the registry. • BDAS has posted the application for recovery housing to be listed on the registry. • The registry is a voluntary list, but has no quality assurance: anyone can join the registry. BDAS must have a complaint process, but has no authority to investigate complaints, so complaints will be referred to the appropriate local or state authority. • There is a disclaimer on the registry, which states that the registry does not imply endorsement. It also recommends that people refer to a document of questions a client should ask before entering any recovery housing. • BDAS has also worked with organizations including the Doorways about education around recovery housing. • National standards exist for recovery housing. NHCORR is a NH affiliate that can certify houses. Kristine Paquette and Andrew West have been leading this work. This is also a voluntary process. The Governor’s Commission has authorized funding for NHCORR to hire staff. • HB 311: will come back in January. Proposes to allow municipalities to adopt regulations around sober housing. 	<ul style="list-style-type: none"> • The registry will have a column that states if a house is NHCORR certified. Many houses are in the process of being certified, but NHCORR does not have the capacity to certify them all of them immediately. • In the interim, Lindy Keller recommended that people searching for recovery housing go to their local recovery center. • BDAS is requesting information about whether houses take people on MAT. The standards do not dictate what the policies around MAT are, but they

	<ul style="list-style-type: none"> • Does BDAS know how many houses exist in the state? <ul style="list-style-type: none"> ○ No, this process will collect that data. • HR 4684: federal bill passed to provide funding for sober living. • Are these residences listed on the Treatment Locator? <ul style="list-style-type: none"> ○ The locator is opt in, so many are, but they are not required to be. • Recovery centers/recovery houses are NOT licensed treatment/clinical service providers. They are considered recovery supports. • Contracts and funding for Sober Housing are in progress in the state. The Governor’s Commission has approved rent assistance for sober housing. 	<p>require houses to state their policies.</p>
<p>Updates and Group Sharing</p>	<ul style="list-style-type: none"> • Kerry Nolte distributed materials about the UNH Academic Detailing project (Harm Reduction Education and Technical Assistance Project) which is up and running. • There are five operating Syringe Service Programs (SSPs) up and running in the state. Discussions are in the works about beginning an SSP in the North Country. 	<ul style="list-style-type: none"> • The resources that Kerry Nolte distributed will be on the Harm Reduction website. • Kerry Nolte requested any resources or help with finding funding for Queen City Exchange. • Academic detailing/Harm Reduction will be on the agenda for next meeting.

Next Meeting: July 25, 2019, 9:00am – 10:30 am 125 Airport Road, Concord.

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