HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

ComTask Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, December 19, 2019 Meeting Minutes		
	Participants: Seddon Savage, Lindy Keller, Carol Furlong, Kate Frey, Rebecca Sky, Krystal Sieradzki, Regina Flynn, Holly Stevens, Julie Hazell-Felch, Kerry Nolte, Ann Branen, Kiera Latham **On the Phone**: Peter Mason, Janet Thomas, Philip Girard, Jim Potter	
Agenda Item	**Discussion**	**Action Steps**
Welcome and Introductions	• October minutes approved.	• Hannah Lessels will post the October minutes.
Legislative Updates	• Kate Frey shared a list of healthcare related bills for the next legislative session. Most house bills have been printed. Hardly any senate bills are printed. • HB 1591: relative to cannabis use during pregnancy requires alternative treatment centers to prepare information regarding the risk of cannabis use during pregnancy. • HB 1623 relative to telemedicine and substance use disorder • Legislative trends this coming session include MAT, marijuana legalization (possession and home-grow, not commercialization), and vaping. • New Futures hopes that SB 248 Tobacco 21 will pass the senate in January. Federal legislation and some tobacco companies seem to support Tobacco 21. • Concern about lung disease from black market vape products: will vaping bans push youth access to the black market? • The CDC has said there is no single chemical or product that causes these issues. Vitamin E acetate has been linked to many of the issues, but not all. The general message is that vaping is not safe for anyone. Some studies have linked Juul brand to issues, but Juul is a regulated product. • Holly Stevens from New Futures is conducting a campaign about prescription drugs this session: one bill concerning drug importation, one bill concerning transparency among manufacturers (would create a drug affordability bill), and the third bill is a non-medical switching bill that would lock in the formulary for the year on January 1st. LSR #s of these bills are: 2725, 2727, 2763. • Rep Marsh entered a bill for the state to study block grant funding for Medicaid. If this	• If you know of individuals affected by SUD who might be able to speak about prescription issues, please let Holly know so that she can include them in the prescription drug campaign. o NH Hospice and Home Care Organization. • Holly has written a white paper on Block Granting Medicaid that she will share with the task force. • HB 1663 deep dive discussion will be on the next agenda. Chairs will explore the idea of incorporating the Prevention Task Force in a

	happens, then the state looks at how much Medicaid has cost in the past, then gets the funding all at once and has more flexibility, but when the money runs out, it's entirely gone, which could create Medicaid wait lists. Task Force members shared that this would be damaging for Medicaid patients. • Bill that would increase funding for the Medicaid In and Out Program. In and Out Medical Assistance helps individuals whose income is not enough to pay their medical bills but is too much to qualify for Medicaid. • There is a bill to put a study together looking at hospital mergers since rates of merging have increased. • Rep Tom Loughman is introducing HB 1610 establishing the manufacturer pharmaceutical drug take-back program. • There has been talk about the drug settlement funds. No bills have been entered about this yet, so they are likely confidential LSRs. • Rebecca Sky mentioned legislative trends: controlled drug possession, tobacco and vaping, licensing board, drug take-back, non-academic surveys, alternative therapies, workforce development, and recovery housing. • Licensing bills: HB 1440 and HB 1521 • HB 1663 relative to the legalization and regulation of cannabis: highly regulatory, industry may not support such high regulation. Over 21, commission, high regulation, no promotion/advertising. This bill is inclusive of all products including higher potency products. o Task Force to explore how to support education across the state around this issue. • Dartmouth has created clinical guidelines around medical use (responding to requests for medical cannabis from patients). In a final draft form. • Bills about medical use (retained from last year for the oversight board to review): getting rid of the cards, allowing MAs to prescribe, etc. • Recovery Housing law to be proposed: from BDAS, the law that was passed last year was not sufficient. Did not give BDAS authority to regulate the registry. This new law would give BDAS more authority to regulate and only allow certified houses on the registry.	future meeting.

Follow up on Telehealth Meeting	• Seddon Savage distributed a summary of the last meeting (12/5/19) with telehealth organizations. The Task Force will consider sharing this summary of concerns with the Governor's Commission or legislators. In order to promote this on behalf of the Task Force/GC, the Governor's Commission would need to approve the list. • Edits: o Restate "increasing access" in benefits as well as goals. o Change evitable to inevitable. o In person benefits: about community and safety. Task Force members shared that in person connection is important for evaluative purposes, the intangible cues that a provider cannot pick up over a screen. Concern also that clinicians do not have training in how to use telehealth effectively. o Concern about rural areas: if a person has had a traumatic experience at the one MAT location in their area, then telehealth becomes their only option. o Concern about areas with many options for in person care: if telehealth makes care from home too easy, clients may not ever interact in person and will lose the non-verbal communication aspect the community connection and supports. o Concern that there are many people who would access telehealth, but not in-person care, which reinforces stigma and silos SUD care. o Effectiveness of telehealth varies geographically. o Do we treat other illnesses using this type of telehealth? Some diabetes care is like this; reimbursement for specialty care (endocrinology). o Historically, much telehealth has been done in a medical setting where the specialist is not in the room, but communicates through technology to the client and other clinicians. Concern that the Task Force should clearly define what telehealth means. o University of New Hampshire Telepractice Center to be added under "State should consider contracting with academic experts who can help vet technology vendors." o Add: examine other states' policies, best practices and reimbursement. o American Telemedicine Association rates states based on their restrictiveness around telemedicine.	• Task Force to look at the telemedicine bills at the next meeting and extend the meeting another half-hour (telemedicine to be emphasized over cannabis). • Seddon will distribute the list with revisions to the Task Force in the next week. GC meeting is 1/10/19. • Task Force to look into the regulatory mandate passed for a technology-based care oversight committee. Seddon will update the statement accordingly.

	○ Need to clarify existing regulations: there was consensus that people are confused. Any new policy needs to be clear. Put this concern up front. ○ Primary care through telemedicine bill from last year was retained. ○ Recommend that consumers are included in discussions for legislation. ○ Marsh's bill allows telemedicine in correctional facilities.	
Funding Recommendations for Residual 2019 Governor's Commission Funds	• There is $2.3 million in residual funding available to be allocated until June 2020. Task Force would like to collaborate around funding recommendations. • Where are gaps that can be filled with a small amount of funding? ○ Syringe Services through Emergency Medical Services (Opioid Task Force is likely to recommend this as well) • Concern that harm reduction originates with hearing from the clients about their needs, so this should involve their perspectives. • EMS should work with existing services. • EMS Project First: EMS offering services to people who have overdosed. This project would run a pilot of EMS SSP. ○ Existing Syringe Services are losing a large amount of funding from the past years. The need is ~$150,000. Kerry Nolte will write up the funding need. ○ Existing Syringe Services will be top priority. ○ Rebecca Sky shared that the NHHA and the Foundation for Healthy Communities has also been looking to identify issues for which additional funding could support hospitals and other health care organizations to develop sustainable change improving quality of care for SUD patients. NHHA/FHC welcomes others to contribute to this list and is willing to consider helping to develop an idea into project proposals. ○ FHC has a proposal into another funder, the FORE Foundation, with hopes of being able to implement work in up to 5 rural hospitals to identify and make changes in care for the hospital inpatient population with SUDs. The hope is to implement screening, develop harm reduction strategies and treatment opportunities as well as constructive discharge planning in places without addiction medicine departments available for consult. If funded, additional funding could be helpful to engage additional hospitals in the project. If not funded, it is a fully developed	• Individual concerns around licensing should be directed to the Office of Professional Licensure and Certification/Lindsey Courtney.

	project idea for which the Foundation will be seeking funding from another source. Award notification to come in late January. o SUD and mental health credentialing for clinicians (two different licensing boards). Funding needed to help the backlog. This might also be a workforce issue; retention has been difficult. The current credentialing board is volunteer-based and application numbers have been increasing. The backlog occurs in the process before the application reaches the board (answering questions, submitting applications, etc.). • The Task Force can raise this issue with the commission to see what systemic solutions are possible instead of recommending this for funding. • Also a larger workforce issue: the licensing is so onerous and costly that many do not bother.	
Updates from Member Organizations	• Kerry Nolte: Harm Reduction Education Project at UNH will develop a guide of best practices for starting an SSP in NH. The guide will be available in spring 2020.Models of currently operating SSPs in NH: volunteer backpack outreach, recovery community organization, HIV prevention organization, and city public health. • Harm Reduction Coalition NEO 360: data tracking support for SSPs.	• Kerry will present a phase 1 report from the Harm Reduction Education Project in February meeting.

Next Meeting:
January 23, 2019 9am-10:30am

Call-In Information: 646 558 8656 Meeting ID: 912 945 3548 https://jsi.zoom.us/j/9129453548