



HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

ComTask Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, January 23, 2020

Meeting Minutes

Participants: Seddon Savage, Lindy Keller, Anna Ghosh, Susan Latham, Janet Thomas, Krystal Sieradzki, Adriana Lopera, Julie Yerkes, Julie Hazel-Felch, Peter Ames, Regina Flynn, Ann Branen, Molly Rossignol, Jake Berry, Kerry Nolte
On the Phone: Peter Mason, Christine Stoddard

Agenda Item	Discussion	Action Steps
Welcome and Introductions	<ul style="list-style-type: none"> December minutes approved. 	<ul style="list-style-type: none"> Hannah Lessels will post the December minutes.
Review Membership List	<ul style="list-style-type: none"> Seddon circulated a membership list for people to provide edits. The Foundation for Healthy Communities is actively recruiting to fill Rebecca Sky's role. Please help circulate this among your professional networks. 	<ul style="list-style-type: none"> Change name listed to Amoskeag Health
Legislative Updates <ul style="list-style-type: none"> Brief updates HB 1663 relative to the legalization and regulation of cannabis Telemedicine <ul style="list-style-type: none"> Update on TF Telemedicine recommendations Bill Review 	<ul style="list-style-type: none"> Licensure bills for the 2020 session: <ul style="list-style-type: none"> One bill would create a license for music therapists so that they could expand practices and bill Medicaid. One would require insurance to cover yoga therapy. <ul style="list-style-type: none"> Discussion: Framing as an alternative to opioids for pain is not accurate. Should be written as one pain management tool among many, each of this may be appropriate in different contexts. Jake Berry will discuss this with the sponsor of the bill. Is there anything about training requirements? Jake Berry will check this in the language of the bill. Concern expressed about safety and exposure to injury. Might need to require hours. Certifications for yoga teachers exist. One could create a committee to explore the effectiveness of outdoor, art and music therapy etc for PTSD and SUD. <ul style="list-style-type: none"> Seddon expressed that the word "alternative" therapy is problematic, as it has some evidence supporting its use. Participants expressed that there is still a need for many of the traditional evidence-based treatments. These can be thought of as symptom management/self-management. This aligns SUD more with chronic disease language. "Tool for self-management of 	<ul style="list-style-type: none"> New Futures will share document of talking points about Cannabis that includes conditions under which they would support legalization, and the Task Force will respond. Molly Rossignol has been in contact with people in Carroll County about MAT. She will connect them with Jake Berry. Next meeting: Task Force will discuss the timeframe we would like to recommend for an in-person visit for MAT. Kerry Nolte will look into

	<p>symptoms in chronic illnesses”.</p> <ul style="list-style-type: none"> • One bill coming up would require MAT for SUD in county jails. The bill does not provide a funding mechanism. County Commissioners voted this out in Carroll County even though the corrections staff supported it. Corrections staff tend to support this and see the benefit. Many correctional facilities only allow it for people who enter the facility with a prescription due to their capacity to diagnose and determine appropriate treatment. Strafford County has MAT and Rockingham County has just begun. • Cannabis Discussion <ul style="list-style-type: none"> ○ The bill that was held over from last year has been defeated. ○ Most of the bills introduced this year would legalize possession, not commercialization, so New Futures has opposed them less vocally. ○ Would these bills still allow the ATC system to remain the same? Yes, they would not allow retail sales outside of the ATCs. ○ Do any of the introduced bills include limits on potency? Jake Berry will check this. Limits would usually only apply to cannabis sales, not individual possession, since this would be difficult to enforce. Other states have limited quantities, not potency. ○ Concern about the continuation of the black market. People believe that if you deny legal access, the black market will continue and remain dangerous. ○ Jake Berry feels that the legislature will not pass HB 1663 this session, so the public health community has time to influence future bills. ○ Has the Liquor Commission made any comment? Not yet, does not seem interested in getting involved. ○ HB 1663 (Legalizes and taxes marijuana for adults over age twenty-one. A Cannabis Control Commission, similar to the Liquor Commission, would be responsible for licensing and enforcement. The bill also allows limited home-growing of marijuana for personal use) is in the Criminal Justice and Public Safety Committee. • Telemedicine/Technology Bills <ul style="list-style-type: none"> ○ Task Force Recommendations: Seddon has not presented these to the 	<p>evidence.</p> <ul style="list-style-type: none"> • NH Nurse Practitioner Association is requesting amendments away from physician-centered language in healthcare bills. Please keep this in mind for any legislative work you are doing. Many of these bills are not intentionally written this way, so early suggestions to change language are helpful. <p>Seddon to send technology recommendations to Gov Comm for endorsement</p>
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	<p>Governor’s Commission yet, but she did mention them and told the Commission that she will email the recommendations once they are finalized.</p> <ul style="list-style-type: none"> ○ Will add “Background” above the top three bullets. ○ Virtual Interactions. Seddon added an item to the document that initial face-to-face interactions are considered important by many. <ul style="list-style-type: none"> ● Please provide edits by tomorrow morning. Seddon will send to GC in the afternoon. ○ New Futures is supporting HB 1303 to create a study commission about providing remote testimony to legislation. Eight other states have enacted similar legislation. Hearing is 2/19/20. ○ HB 1623 introduced to waive the first required in person meeting for prescribing MAT. Would allow remote first meeting. Molly Rossignol is meeting with Telehealth providers to discuss Medicaid support. She strongly supports in person meetings. She expressed that in person contact makes a difference in understanding body language and building a connection. Medicaid would still be allowed to require first in-person visits. Kaden does an initial in-person visit because of the law, but would also still allow the prescriber to require additional in-person meetings if they feel that is important for a particular client. <ul style="list-style-type: none"> ● Concern expressed about this creating a barrier and extending the timeline of clients receiving MAT. ● There may be particular populations that fit this model better than other (people who are stable in their recovery), however, ASAM criteria is still important and the evaluation needs to be thorough. ● Federal law still requires an initial in-person evaluation as well as an in-person once every 24 months. Is it possible for state law to override this similar to cannabis? ● HB 1623 only provides exemption pursuant to 21 USC section 831H or veterans affairs practitioners and VA contractors. Also includes exemptions about providing MAT through telehealth in a correctional facility. ● HB 1623 does not require that the in-person meeting be the first visit. 	
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	<ul style="list-style-type: none">• Does this mean that if a client does not meet in person after the 24 months, they are cut off? Providers have ASAM strategies for keeping clients engaged and assessing their level of engagement, so there is a process. Molly Rossignol shared her process for when clients stop engaging and that if there is never in-person contact, it might as well be over the counter.• Susan Latham shared that in her organization (a Methadone provider), clients can come into the facility around nurses and medical assistants in person and skype with a prescriber, so there is some contact, but the prescription comes via skype. Face-to-face is not usually a large barrier.• Is there any evidence about treating other chronic illnesses without any face-to-face contact?• The original 2008 Ryan Haight Act special registration is not in place yet.• Rural access issues: High-speed internet and data plans are not widely available in rural areas, urine screenings, etc.• Urban areas are not a good fit since transportation is available and in-person builds better relationships.• Concerns about Kaden: making psychiatric diagnoses using AI over skype, marketing that they are working with organizations when they have only met once.• Concern regarding potential for diversion and conducting urine drug screens• There has not been any evidence on outcomes from in-person vs. remote first visits.• Participant expressed that many members at the table come from resource rich areas and we should hear from those in more rural areas.• Libraries are not a suitable option for accessing internet due to privacy concerns.• Would these issues be better left to providers to determine in their treatment plans? Concern that this is being heavily marketed as a way to make money for people who are not experienced MAT providers and who	
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	<p>would not be able to make those informed/experienced decisions in a treatment plan. Participants expressed that this is also an issue for in-person MAT.</p> <ul style="list-style-type: none"> • Our document should raise concerns that the legislature should consider and research during the process. 	
<p>Funding Recommendations for February Governor’s Commission Meeting</p>	<ul style="list-style-type: none"> • Seddon distributed our priority areas for investment. • There are ~\$3.7 million for FY20 that need to be allocated after the February GC meeting. Then ~\$5 million for FY21. • Task Force Chairs will try to collaborate on these. • Opioid Task Force will recommend Syringe Service Programs. They felt that additional investment to expand Syringe Service Programs across the state as a pilot involving EMS. • Investment for hospitals to expand ER and inpatient services for OUD and initiating buprenorphine. Some hospitals are looking for funding. <ul style="list-style-type: none"> ○ Include services for long-term treatment integrated into hospital services. ○ Kerry Nolte mentioned a service in Canada for outpatient IV antibiotics with a harm reduction approach. DHMC and UVM are doing pilots. ○ Include integration of services in the recommendation. ○ Changing system practice would be the biggest lift. Need to focus on current staff at hospitals. This is difficult to message to hospitals and it takes time and investment. This is work that nurses and other practitioners already do, but they need the information and support. ○ Estimate of about \$100k/hospital. ○ Amount: \$2 million multi-year investment with a goal of 15 hospitals. ○ Seddon will communicate about this with the Treatment Task Force. • Licensing backlog for behavioral health providers. There was not time to bring this up at the last GC meeting. • Are there additional areas? <ul style="list-style-type: none"> ○ Harm reduction: there is a lot of need for new programs. The Harm Reduction Coalition could provide support to new programs. This would need to be written without any specific vendor. 	<ul style="list-style-type: none"> • Kerry Nolte will help to fill out the template with specifics.

	<ul style="list-style-type: none"> ▪ BDAS would not be likely to support many little grants, but bundling grants/funds (for example a facilitating organization) would be more helpful. ▪ This recommendation could be for Harm Reduction in general and then include a list of areas that should be supported: SSP development, Technical Assistance, education etc. ▪ Amount: \$500k-800k ▪ Kerry Nolte will help to fill out the template with specifics. ▪ Multi-year investment. <ul style="list-style-type: none"> • Patrick Tufts and Annette Escalante will review the recommendations before the GC meeting, so they are due by 2/10/20. 	
<p>Updates from Member Organizations</p>	<ul style="list-style-type: none"> • Kerry Nolte mentioned that at the last GC meeting there were concerns raised about the NH Harm Reduction Coalition and Queen City Exchange (needles found in public spaces). The NH HRC will try to present on their work at the next meeting. None of these concerns have been brought up to the NH HRC, in fact the Fire Department, who collects the needles, have communicated that there have been fewer needles found. Seddon expressed that most attendees of the meeting found the comments to be odd and did not feel that it reflected badly on the NH HRC. 	<ul style="list-style-type: none"> • Seddon will reach out to the person who made these comments and attempt to connect her with the NH HRC.

Next Meeting:

February 27, 2020, 9am-10:30am

Call-In Information: 646-558-8656 Meeting ID: 912 945 3548

<https://jsi.zoom.us/j/9129453548>