



# HEALTHCARE TASK FORCE

## Governor's Commission on Alcohol and other Drugs

ComTask Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, February 27, 2020

### Meeting Minutes

**Participants:** Seddon Savage, Hannah Lessels, Jessie Daigneault, Anna Ghosh, Janet Thomas, Peter Ames, Regina Flynn, Ann Branen, Molly Rossignol, Jake Berry, Kerry Nolte, Steven Kelly  
**On the Phone:** Carol Furlong, Julie Hazel-Felch, Colleen Dowling

Agenda Item	Discussion	Action Steps
<b>Welcome and Introductions</b>	<ul style="list-style-type: none"> <li>January minutes approved.</li> </ul>	<ul style="list-style-type: none"> <li>CHI will post <a href="#">the January minutes</a>.</li> </ul>
<b>Legislative &amp; Policy Updates</b>	<p>A discussion was held reviewing MAT Telemedicine Bills <a href="#">HB 1623</a> and <a href="#">SB 647</a>.</p> <ul style="list-style-type: none"> <li>Both bills passed in the Senate last week through a voice vote. No major opposition exists.</li> <li>Both are to waive the first in person consultation visit for MAT prescribed over telemedicine for ERs, Doorways, VA hospitals, and jails and prisons.</li> <li>The language for each bill is relatively similar.</li> <li>The next steps will be a hearing in the House. The vote will take place on March 26.</li> <li>Kerry Nolte reviewed the literature regarding outcomes of care between in-person vs. remote patient care. Meta-analysis and systematic reviews do not find a difference in retention in care, overdose deaths or success in treatment for in-person vs. remote visits. However, the reviews do not specifically identify whether the studies looked at the first visit in particular.</li> <li>Federal law currently states the need to have a face-to-face visit within 24 hours, not necessarily before the start of MAT. Some prescribers may be exempt according to the legislation, but the DEA has not clarified this.</li> <li>At this point, there is bipartisan support, so the question about lack of clarity of federal law would need to be raised in a more meaningful way.</li> <li>Concerns of telehealth medicine for MAT:               <ul style="list-style-type: none"> <li>General impression of the patient for an evaluation includes many things that may be difficult to ascertain through a video screen (ability to make eye contact, appearance, anxiety levels).</li> <li>Physical examination is not possible to do thoroughly over video, including heartrate, BP, looking for skin abrasions, etc.</li> <li>Unclear whether an app is considered telemedicine</li> <li>Discussed including a modifier for billing purposes to use telemedicine in cases where a</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Regina Flynn will research if the bill stipulates a first person visit before the start of MAT or within a timeframe from start.</li> </ul>

PCP is not willing to prescribe MAT but there is another provider who is willing to complete an evaluation online for the purpose of MAT. In these cases, there would be established in person communication with patient by one provider.

- Telemedicine does provide opportunity to lower barriers to treatment
- Telemedicine might pose a challenge to engaging with patients, particularly early in treatment. Having in-person visits may create a safe space for the patient.
- Concerns were discussed about whether the bill defines whether telehealth prescribing needs to be “live” and synchronous and involves a video component, or if asynchronous communication, such as email, chat board or communication passed through a 3<sup>rd</sup> person, will be included. The Task force will review the definition of “live telehealth”.
- "Store and forward," as it pertains to telemedicine means the use of asynchronous electronic communications between a patient at an originating site and a health care service provider at a distant site
- "Remote patient monitoring" means the use of electronic technology to remotely monitor a patient's health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not take place in real time.
- Concerns about reimbursement for first visit via telemedicine given the lack of comprehensive physical exam with telehealth.
- Task force participants expressed interest in that telehealth not only include email, but should include an audio and visual communication as well.
- Task force participants who support the bill believe telemedicine breaks down patient barriers and encourages participation, particularly with the visual component.
- Differing views on telemedicine and the requirement for an initial in person visit were voiced; some participants stated they would like further information regarding the bill to inform their view.
- The Task Force agreed to study the bill further and will revisit at the next meeting.

Other legislative policy issues:

- [Bill 1286](#):
  - Licensing and regulation for music therapy.
  - Executive Committee is still discussing and settling on the language for this bill.
- Bill that was introduced to cover yoga therapy as an alternative therapy for insurance coverage. Jake Berry emailed the sponsor to suggest changing the language to not refer to it as

	<p>an “alternative to opioids”, but use broader language as useful for pain management.</p> <ul style="list-style-type: none"> <li>• <a href="#">SB 504</a> for outdoor therapy passed in the Senate through a voice vote.</li> <li>• <a href="#">SB 600</a> requires provision of MAT (methadone, naltrexone, buprenorphine, and others) in county corrections. Expected strong opposition, but this passed unanimously out of the Senate HHS committee. <ul style="list-style-type: none"> <li>▪ ACLU has stated the \$5 million price tag is heavily inflated, as it does not take into account services that are already being provided in the facilities.</li> <li>▪ This law allows a client to be initiated in the facility after an assessment, with no need to enter the facility with a prescription.</li> <li>▪ Consensus from the Task Force to support the bill. Seddon will bring this to the Governor’s Commission.</li> </ul> </li> <li>• <a href="#">HB 1663</a> has been sent to interim study for the rest of the year. This is the only cannabis bill left for the year that would only allow homegrown marijuana. New Futures does not have a stance on this as their concern is mostly with commercialization.</li> </ul>	
<p><b>Harm Reduction Coalition Update (Kerry Nolte)</b></p>	<ul style="list-style-type: none"> <li>• New Coalition documents: goals and mission for the next three years, a one-page document about pharmacy access, and a draft list of projects and programs.</li> <li>• The Harm Reduction Coalition is an all-volunteer organization. They are expanding the board with four additional members.</li> <li>• There are currently 6 registered SSPs, with the goal to ideally have 25 throughout the state to support other groups.</li> <li>• Using Neo360 for data collection and stories of those using SSPs to show the effect of the SSPs. Having the resources and time to collect data has been a current barrier.</li> <li>• Discussed advocating for pharmacy access and safe disposal (access to syringes, naloxone and MAT). The coalition will survey NH pharmacies, develop evidence-based pharmacy specific resources, and provide technical assistance and support to pharmacies interested in implementing practice changes through academic detailing. <ul style="list-style-type: none"> <li>▪ This is in response to issues of stigma and lack of access to syringes at NH pharmacies when those pharmacies did not have access to resources around harm reduction.</li> <li>▪ There was a recent case in Revere where there was an overdose death in the bathroom where the pharmacist refused to provide naloxone. This underscores the necessity to emphasize liability as an argument for harm reduction strategies in pharmacies.</li> <li>▪ Harm reduction strategies around bathroom safety, include having sharps containers, help pull strings, etc., which would also provide harm reduction to other health conditions such as falls, heart attacks, seizures, etc.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Kerry will be presenting this to Opioid Task Force.</li> <li>• Seddon will send electronic copies of the Opioid Task Force funding request.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Discussed engaging American Heart Association to support and make safety broader to include other populations in addition to those who use substances.</li> <li>• The coalition will be creating guidance around best practices for starting an SSP. Coalition provided training education with an estimated 600 participants. Resources will become available later in the year.</li> <li>• Started Queen City Exchange in 2019 in Manchester, with 12 regular volunteers. The Coalition plans to expand Queen City Exchange, but more resources are needed in order to do this. <ul style="list-style-type: none"> <li>▪ Current outreach is 1 day a week at 2 hours.</li> <li>▪ In a year, the program saw 750 new participants with about 100 visits.</li> </ul> </li> <li>• Participants mentioned that some community members expressed concerns about needles in public areas. Manchester Health Department has shown some opposition at the Governor’s Commission. Chief Goonan has been supportive and mentioned that there have been fewer needles found in parks recently. <ul style="list-style-type: none"> <li>▪ If you hear pushback or concern, please direct them to Kerry Nolte, so she can discuss with those who are concerned.</li> </ul> </li> </ul>	
<b>Investment Recommendations Update</b>	<ul style="list-style-type: none"> <li>• Opioid Task Force recommended funding for SSPs.</li> <li>• The amount of funding granted was less than expected. The Governor’s Commission attempted to fund all Task Forces to some degree.</li> <li>• Members of the Task Force worked on the request for SUD care integration into 12 hospitals. The task force will likely not receive the full amount, but will receive some funding. This will likely fund fewer hospital systems.</li> <li>• Education related to stigma was another priority of the Healthcare TF. Opioid TF submitted a request for technology based education around stigma. Many organizations in the state are already doing education and trainings around this, so the funding could support existing programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Seddon will send out information about funding requests.</li> </ul>
<b>Updates from Member Organizations</b>	<ul style="list-style-type: none"> <li>• Foundation for Healthy Communities received funding from the Ford Foundation for rural hospitals to increase addiction and OUD care for inpatient settings.</li> <li>• The Foundation for Healthy Communities is currently recruiting to hire a Substance Use Director and Ford Foundation grant program coordinator. Please direct candidates to Peter Ames.</li> <li>• Brain Injury Association’s interagency task force plans to develop priority areas. This task force focuses on the issue around individuals who have experienced overdoses who have also likely developed brain injuries through a hypoxic episode. <ul style="list-style-type: none"> <li>▪ They have partnered with the Department of Safety to distribute naloxone (Safety First).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Peter Ames will provide more updates in regards to strategies and interventions using funding from Ford Foundation.</li> </ul>

	<p>They also developed a card to include in the naloxone kits with information about brain injury. They will distribute these cards to the Health Care Task Force once they have been finalized.</p> <ul style="list-style-type: none"><li>• Nursing department, UNH, and Citizens' Health Initiative have a collaborative program called ANEW, to get NPs to be waived when they graduate to serve in rural, underserved populations. Funding available for scholarships for nurses to become NPs. Program takes about two years for a nurse to become an NP.</li><li>• Northern New England Society of Addiction Medicine, ASAM conference will be held from November 6<sup>th</sup>-7<sup>th</sup> in Bethel, Maine. Molly Rossignol to serve as president of the chapter in the coming year.</li></ul>	
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**Next Meeting:** March 26, 2020, 9am-10:30am

**Zoom Information:** <https://jsi.zoom.us/j/130590059>

**Call-In Information:** +1-646-558-8656

**Meeting ID:** 130 590 059