



Healthcare Task Force



Governor's Commission on Alcohol and Other Drugs

Date/Time: March 25, 2021 | **Task Force Chair:** Seddon Savage and Lindy Keller

<p>Welcome & Introductions</p>	<p>Members Present: Seddon Savage, Lindy Keller, Peter Mason, Dan Andrus, Jake Berry, Krystal Chase, Kerry Nolte, Jim Potter, Molly Rossignol, Polly Morris Members Not Present: Julie Hazel-Felch, Cynthia Cohen, Susan Latham Public Participants Present: Kristin Jordan, Carol Furlong, Janet Thomas, Peter Ames, Kate Frey, Nora Janeway, Donna Marston JSI Staff Present: Paul Kiernan, Robbie Floyd</p>	
<p>Agenda Item</p>	<p>Discussion</p>	<p>Action Item</p>
	<p>Seddon welcomes everyone and then begins the introduction of task force members and public members.</p>	
<p>Meeting Minutes</p>	<p>Motion to approve minutes that were circulated to TF members and asks for additions, corrections, or amendments. Jim motioned to approved. Dan seconded. Vote was unanimous The minutes will be accepted as is.</p>	<p>Minutes will be posted on the website.</p>
<p>Legislative & Policy Updates</p>	<p>Budget:</p> <ul style="list-style-type: none"> ▪ House Finance Subcommittees are finalizing budget proposals; yesterday, the Division III subcommittee approved its proposal. Full House Finance Committee will take up budget next week, & full House will vote April 8 or 9. ▪ Budget proposal does include increased Medicaid reimbursement rates from current budget; includes \$750,000 for State Loan Repayment Program (down from current year). Proposal includes back of the budget cuts, which could impact HHS staffing; proposed cuts to liquor enforcement positions <p>Many marijuana legalization and alcohol expansion bills have been retained and will be considered this coming Fall.</p> <p>HB 176, allowing beverages, wine, and mixed drinks to be sold for take-out and delivery by restaurants holding an on-premises license (New Futures opposes)</p> <ul style="list-style-type: none"> ▪ Would allow alcohol beverages, including wine and mixed drinks, to be sold by take-out and delivery. Retained in House Commerce Committee <p>HB 247, relative to treatment alternatives to opioids (New Futures is neutral)</p>	



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	<ul style="list-style-type: none"> ▪ Would require health care practitioners to refer or prescribe alternative treatments, including chiropractic, physical therapy, occupational therapy, acupuncture, others, before prescribing opioids. Retained in House Health and Human Services Committee <p>HB 578, relative to standards for mental health courts (New Futures supports)</p> <ul style="list-style-type: none"> ▪ Would instruct the NH Supreme Court to develop standards for a statewide system of mental health courts, similar to drug courts. House Health and Human Services Committee voted 11-10 to recommend the bill ITL (killed); Full House vote expected first week of April <p>HB 602, relative to reimbursement for telemedicine (New Futures opposes)</p> <ul style="list-style-type: none"> ▪ Would eliminate audio-only phone as a reimbursable telehealth service; would eliminate the reimbursement parity provision that requires telehealth services to be reimbursed at the same rate as in-person care. Retained in House Health and Human Services Committee <p>SB 59, relative to the collaborative care model service delivery method (New Futures supports)</p> <ul style="list-style-type: none"> ▪ Would require commercial insurers to reimburse primary care physicians for mental health/SUD treatment delivered under the collaborative care model. Passed Senate unanimously; hearing held March 24 in House Commerce Committee <p>SB 149, adopting omnibus legislation on health and human services (New Futures supports)</p> <ul style="list-style-type: none"> ▪ Includes provisions that would establish an Overdose Prevention Program in DHHS, and would allow municipalities to authorize safe injection sites. Passed Senate 23-1; referred to Senate Finance Committee 	
<p>NH Hospital System SUD Expansion</p>	<ul style="list-style-type: none"> ▪ Dan recommended we hear from Tanya Lorde & Carrie McFadden on the body of work the Foundation is doing for opioid response and SUD (FORE). Data is preliminary. FHC is receiving reports from the third quarter. Hospitals 	



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	<p>are beginning to move to a post-COVID phase allowing focus to return to other priorities. Some cumulative numbers are impacted by COVID.</p> <ul style="list-style-type: none">5 year RECAP: engaged 17 hospitals in 32 different projects. In the last year, TF moved from engaging 7 hospitals with 11 projects to 11 hospitals with 19 projects. Six inpatient projects and two emergency department projects added. <p>MAT project results:</p> <ul style="list-style-type: none">134 providers were credentialed to prescribe buprenorphine85 behavioral health care & management staff engaged in services to patients with SUD; Approx. 900 patients received treatment90 day retention rates of approx. 85% pre-COVID w/ data collection problems <p>EDs project results:</p> <ul style="list-style-type: none">4118 patients received program-supported services3122 (76%) patients referred for additional services to address SUD post-discharge <p>Inpatient services project results:</p> <ul style="list-style-type: none">670 patients received services641 (96%) patients received referral for post-discharge care <p>New Initiatives:</p> <ul style="list-style-type: none">MAT Community of Practice renamed as Hospital Systems Addictions Care Community of PracticePlanning to introduce services related to all SUD rather than limited to OUD--specifically alcohol and stimulantsIntroducing trauma informed care to SUD treatment aspectsTransform patient care w/ experience based co-design process from FORE workEmphasis on patient-centered care through motivational interview training & stigma reduction	
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	<p>A state's Trauma Emergency Medical Services and Information System may have information/data on Alcohol Use Disorder (AUD)</p> <ul style="list-style-type: none"> AUD seems to be associated w/ other chronic illnesses. 25 to 30% of inpatients screened positive for AUD <p>GC approved funding for targeting medical and behavioral health professionals to continue services with regard to alcohol's pervasiveness</p> <ul style="list-style-type: none"> Funding will be coming in the next few months for professional organizations 	
<p>Methamphetamine follow-up</p>	<p>GC recently approved funding for methamphetamine education w/in healthcare. Will be a few months before this comes out.</p> <p>EMTs, first responders, CMS, and law enforcement are preparing to engage in robust education related to methamphetamine presentation, treatment, and management in the field--2 state created trainings and 1 federal training</p> <ul style="list-style-type: none"> Concern was raised about past first responder/law enforcement trainings because in the acutely discriminatory towards those with a stimulant use disorder. <p>Four Education Resources on Methamphetamine</p> <ul style="list-style-type: none"> The TRUST Report by Dr. Richard Rawson - a living, evidence-based document on methamphetamine-use treatment. Can use the document however we see fit. Richard Rawson presentation on stimulants: https://www.youtube.com/watch?v=j46mwub1OjE 2019 NIDA research report contains relevant information for health professionals SAMHSA fact sheet - which has overviews for healthcare professionals (can be used as a "at-a-glance" document) <ul style="list-style-type: none"> Lindy affirms the information in this document, but points out the demeaning use of "meth mouth" 	<p>Funding received could be used to tweak the state and federal methamphetamine trainings (w/ permission)</p> <p>Jeanne or Janet Thomas to share information about resources from Center on Rural Addiction -- possibly in next meeting's agenda</p> <p>Be sure to include other stimulants in further discussions</p>



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	<ul style="list-style-type: none"> ▪ Dr. Rawson works w/ the University of Vermont's Center on Rural Addiction - offers many free benefits (link to UVM CORA: https://www.youtube.com/watch?v=w4_xeeuDu8&t=5s) 	
<p>Telehealth Recommendations</p>	<p>Revisited document the Task Force has created summarizing the conversation of the Telehealth Emergency Provisions related to SUD.</p> <p>Seddon asked whether the bill that would allow for evaluation and initiation of buprenorphine without in person examination in one of five different settings was still limited to those settings. If so, this would be a step backward from current practice.</p> <p>Jake mentioned that the bill was a part of HB 1623. The bill became the vehicle for broader COVID provisions allowing the administration of telehealth everywhere.</p> <p>It was noted that when emergency orders go away, initiation of MAT return to only being permitted based on virtual evaluation in the 5 settings. The TF has indicated it would recommend that provision remain across the board in primary care settings/hospital based settings</p>	<p>Seddon to circulate summary before the next meeting. TF will vote on whether those will be the Healthcare TF recommendations to the GC</p>
<p>Discuss Strategic Plan</p>	<p>Seddon screen-shared the mission, goals and strategies document created in 2017 by the Task Force with a goal of updating our strategic plan and identifying priorities for the next three years.</p> <ul style="list-style-type: none"> ▪ No comments or revisions suggested on the TF mission statement or objectives per se. ▪ The process of reviewing the roles and strategies of the TF was initiated, The following issues were as possible inclusions, not currently include <ul style="list-style-type: none"> ○ Advocacy role in policy ○ Advise the GC on specific issues and provide recommendations related to healthcare systems ○ Advising on priorities for the expenditure of the alcohol fund. 	<p>Revise the specific goals of the TF.</p> <p>Overview of strategies/keep eyes on harm reduction and Naloxone prescribing</p>



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	<ul style="list-style-type: none"> ○ It was asked if over/under prescribing of opioids is still an issue that members are seeing and should be captured in strategic goals. <ul style="list-style-type: none"> ▪ One person commented that orthopedic surgeons are still over prescribing. ▪ However it was noted that one the successful orthopedic initiative to reduce over prescribing--has been cut by two-thirds ▪ It was noted that some people are also being cut off (for no reason) when things are going well. ▪ Lack of treatment of acute pain for those w/ history of SUD. ○ The need for people receiving MAT to have stable housing was noted. The connection between providers and recovery houses needs to be improved. ○ Need to expand understanding of medications other than buprenorphine for other SUDs and medications for alcohol. 	
Other news and sector updates	Lindy reiterates that there are a lot of things in process in terms of contracts and RFPs that will come up over the next several months.	Link to BDAS Request for Proposal (RFP) <ul style="list-style-type: none"> ▪ https://www.dhhs.nh.gov/business/rfp/index.htm

Next meeting: April 22, 2021