



Healthcare Task Force

Governor's Commission on Alcohol and Other Drugs



Date/Time: May 27, 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, Carla Smith, Julie Hazel-Felch Members Not Present: Susan Latham, Kerry Nolte, Jim Potter, Molly Rossignol, Polly Morris Public Participants Present: Kristin Jordan, Peter Ames, Carol Furlong, Kate Frey, Jennifer O'Higgins, Janet Thomas JSI Staff Present: Paul Kiernan, Robbie Floyd</p>	
<p>Agenda Item</p>	<p>Discussion</p>	<p>Action Item</p>
<p>Meeting Minutes</p>	<p>Peter Mason moves to approve the minutes. Jake Berry seconds. Carla Smith abstains.</p>	
<p>Legislative & Policy Updates</p>	<p>Budget</p> <ul style="list-style-type: none"> • Senate Finance Committee is finalizing its budget proposal, likely to take final vote tomorrow, Friday, May 28; vote in full Senate likely in early June <ul style="list-style-type: none"> ○ At this time, budget proposal does maintain 3.1 percent increases to Medicaid reimbursement rates from the current budget ○ Includes \$1.5 million for State Loan Repayment Program; push for additional federal COVID funds ○ Includes \$220,000 funding for 'My Life, My Quit' tobacco prevention and cessation program (requested by DHHS) ○ Does not include back of the budget cuts, included in House-passed budget; does not include proposed cuts to Liquor Commission enforcement positions ○ Includes amended language about ban on teaching and training of so-called 'divisive concepts' (HB 544) including race and gender <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; House Commerce Committee recommending ITL (killed); full House vote likely in early June <p>SB 125, relative to beverage manufacturer licenses (New Futures opposes)</p> <ul style="list-style-type: none"> • Would make significant changes to the three-tier system – NH's alcohol statutes – such as district shipping and definitional changes. This bill poses immediate long-term public health and safety risks. • Passed Senate 23-1; House Commerce Committee recommending bill Ought to Pass; full House vote likely in early June 	



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	<p>SB 149, adopting omnibus legislation on health and human services (New Futures supports)</p> <ul style="list-style-type: none"> • Provisions related to Overdose Prevention Program, safe injection sites removed by Senate • Passed Senate; House Health and Human Services Committee recommending Ought to Pass; full House vote likely in early June <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 Health Commerce Committee <p>HB 247, relative to treatment alternatives to opioids (No position)</p> <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 • Died in House of Representatives <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>HB 544, relative to the propagation of divisive concepts (New Futures opposes)</p> <ul style="list-style-type: none"> • Would ban the dissemination of certain "divisive concepts" like unconscious bias related to sex and race • Language was included in the House Budget Proposal, now under consideration in Senate Finance Committee 	
<p>Education Recommendations</p>	<p>Adelaide Murray has been doing outreach to the other Task Forces to do some education opportunities about methamphetamine.</p>	<p>Paul Kiernan to connect with Adelaide Murray about trainings for Healthcare TF.</p>



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<p>& Methamphetamine follow-up</p>	<ul style="list-style-type: none"> ▪ It is an approx. 15 minute overview of stimulants targeted at increasing awareness; training provides a brief synopsis of what needs to be known, where information can be found, and the importance of this information ▪ The initial intention was not to make it available broadly; however, this can be discussed further as it would be a great way to spread this knowledge. ▪ Can the more intensive trainings be shared with the TF; can also be shared with networks <p>What is the goal of gathering information around stimulants? Is it mostly for those on the task force or to pass long to larger networks?</p> <ul style="list-style-type: none"> ▪ Community Health Institute @ UNH - Focus is shifting towards disseminating information to practices, providers, frontline workers and community organizations that are not necessarily clinical; those who could benefit from a better understanding ▪ There is always a need for more education. Healthcare professionals are a target audience (doctors and nurses) ▪ In the behavioral health community, educational resources are available and most people have access to the courses. Trainings that are applicable across multiple professions are welcomed. ▪ People in school (beginner social workers, mental health counselors) is another audience that could use inter-profession educational resources/trainings. ▪ 1 hour trainings that had CEU for the appropriate professions would be most useful for getting engagement <p>During the last meeting, the TF created a list of 5 different trainings to circulate to TF members and for use in their networks. Adelaide Murray's should be included.</p> <ul style="list-style-type: none"> ▪ There is an upcoming training on stimulants that does have doctor and nurse CEUs available. Link to training: https://www.nhadaca.org/Training-Events ▪ The Partnership at Drug Free NH are working on a series of documents around stimulants. One document features information about both treatment and harm reduction, but there are separate documents specifically for treatment or harm reduction as well. <ul style="list-style-type: none"> ○ The harm reduction document provides an overview from a professional standpoint. ○ Another document written was written for individuals using methamphetamine and contains information regarding harm reduction, staying alive, and preventing illness 	<p>Paul Kiernan & Robbie Floyd to create a resource summary with links to trainings and materials from Partnership at Drug Free NH</p>
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	<p>There has not been movement with the money approved by the GC for methamphetamine trainings for healthcare professionals.</p> <ul style="list-style-type: none"> Due to a huge backlog and this being the end of the fiscal year, there will be no movement towards new contracts for a while. <p>The professional awareness request for awards that had been posted is now closed. Some applications have been scored and there are some contracts currently in the works for that funding.</p> <ul style="list-style-type: none"> There were not as many applications as anticipated. Therefore, it is in the process of being reposted for re-procurement. Healthcare agencies and associations may want to keep an eye out for it. 	
<p>Discuss Strategic Plan</p>	<p>Within the Strategic Plan, a mission and key objectives were developed to gather strategies that people in the general healthcare system could bring to reducing substance related harm.</p> <ul style="list-style-type: none"> Once the strategies are mapped out, document will be circulated back to TF members to create an inventory of what is currently happening and what has happened in the areas mentioned <p>Lockboxes in pharmacies</p> <ul style="list-style-type: none"> Prevention was trying really promote lockboxes in pharmacies. NH does not routinely have lockboxes in pharmacies; it is possible that Massachusetts has a requirement that pharmacies have them for sale. People have been getting lockboxes from Walmart rather than pharmacies due to cheaper options Is it possible for insurance companies to cover lockboxes for individuals who are prescribed opioids Education to help people understand the items they can use and ones that are cost efficient Will remain on strategic plan <p>Post clinical supply reduction – disposal follow up</p> <ul style="list-style-type: none"> NHHA's effort to distribute Detera bags remains active. Orders from hospitals are still coming in and hospitals are actively using them, some more than others. Unsure about why Detera bags have not become more mainstream since they solve the problem of disposal Detera bags could be a companion piece to opioids or other drugs prone to misuse. Once prescribed then a disposal bag is also dispensed. 	



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	<ul style="list-style-type: none"> ▪ RALI in NH was the advocacy organization pushing Deterra bags. They are still active and would be good to engage on why uptake has been slow. They are also active in other places outside of NH ▪ Link to RALI: http://www.ralinh.org/ <p>Workforce development</p> <ul style="list-style-type: none"> ▪ compassion fatigue/burnout is being incorporated into several other trainings and strategies rather than being the sole topic ▪ Professional school training – more and more healthcare institutions are embracing interprofessional trainings for nursing students, medical students, and social work students. <ul style="list-style-type: none"> ○ This is filtering into the workplace as well ○ There is evidence that supports better patient outcomes; it enhances safety, communication, provides better patient-centered care <p>Some Hospitals are engaged in changing the culture within their departments which will ultimately lead to the interventions that we want to see—not just opioid focused but substance-use focused and system wide</p> <ul style="list-style-type: none"> ▪ The goal is that whenever patients access their care at hospitals, staff will be attentive to substance use concerns and address them like any other health concern, remaining supportive of the patient. ▪ This includes patient and family input into designing positive culture change. 	
<p>Other news & sector updates</p>	<p>Peter Mason has taken a part-time position as the medical director of Headrest.</p> <ul style="list-style-type: none"> ▪ Will provide a different perspective on SUD ▪ Headrest is the suicide hotline for NH, has 24hr emergency hotline for mental health issues, provides outpatient counseling for SUD, and has a transitional living facility. <p>UNITE US – is a population health program that addresses a need that has been identified with a closed loop referral system and the data that it could generate.</p> <ul style="list-style-type: none"> ▪ Is not currently in all hospitals but the goal is for it to be in all hospital systems and broader clinical systems for all people. The focus was to roll it out initially for people with SUD ▪ Is interested in educating people and possibly doing a presentation for the Healthcare TF <p>Some peer recovery support centers have been slowly promoting the effort to vaccinate people with SUDs or in recovery or treatment facilities</p> <p>There is an upcoming ECHO about increasing confidence in vaccines and addressing the reasons for hesitancy.</p> <ul style="list-style-type: none"> ▪ There will be two ECHOS; one for community leaders and community-engaged people and the other will be for healthcare providers 	<p>TF will allow time for a brief UNITAS presentation at an upcoming meeting (July)</p> <ul style="list-style-type: none"> ▪ Recent presentations have had a DHHS lead team representative and UNITAS together <p>Peter Ames to ask UNITE US to provide a brief overview of the system during July meeting.</p>



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Next meeting: June 24, 2021