

**New Hampshire Opioid Abatement Advisory Commission
Regular Meeting
DHHS Brown Building Auditorium, 129 Pleasant St, Concord, NH
Monday, May 23, 2022 at 1:00 p.m.**

Attending:

Senator, Cindy **Rosenwald** (Senate)
Representative Dennis **Acton** (House)
Attorney James **Boffetti** (Designee for the Attorney General)
Helen **Hanks** (Commissioner, Department of Corrections)
David **Mara** (Governor's Designee)
Kathryn **Kindopp** (Governor's Appointment)
Seddon **Savage**, MD, (Appointed by Governor's Commission on Alcohol and Drug Prevention, Treatment and Recovery)
Henry D. **Lipman**, Director of Medicaid

Present via Zoom Platform:

Toni **Pappas** (County of +100k appointed by Governor)
Traci **Fowler** (NH Charitable Foundation)
Elizabeth **Dragon** (City with < 75k appointed by Governor)
Benjamin **Gaetjens-Oleson** (Governor's Appointment)

Absent:

Patrick **Tufts** (Chair of Governor's Commission on Drug and Alcohol Treatment, Prevention and Recovery)
Emily **Rice** (Appointed by Governor's Commission on Alcohol and Drug Prevention, Treatment and Recovery)
Peter **Spanos** (County of <100k appointed by Governor)
Bianca **Monroe** (Appointed by the Attorney General)
Robert **Buxton** (Municipal Fire Chief appointed by Governor)
Kevin **Rourke** (Municipal Police Chief appointed by Governor)
Rachel K. **Miller** (Chief Deputy State Treasurer)

Senator Cindy Rosenwald (Chair) opened the meeting at 1:00 p.m. with a roll call of Commission members. A quorum of the Commission members physically present was not established and would be revisited at the close of the meeting. Otherwise, approval of the May 2, 2022 meeting minutes would be approved at the next scheduled meeting in June.

The first order of business was a presentation on Medication Assisted Treatment (MAT) by Seddon Savage, MD.

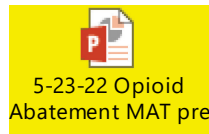
Senator Rosenwald welcomed Dr. Seddon Savage to share the PowerPoint presentation on MAT and also requested the PowerPoint be distributed in an email to the commission members.

Dr. Savage introduced herself to the commission members as a pain medicine and addiction physician, who although is not currently in clinical practice, is an educator within the Dartmouth-Hitchcock Health System and currently teaching virtual education on a variety of topics not limited to pain and addiction management. Additionally, Dr. Savage shared her affiliation with the Governor's Commission on Alcohol and Other Drugs and the current Chair on the Opioid Task Force and Healthcare Task Force.

Dr. Savage explained that currently stands for Medications in Addiction Treatment (MAT) which was once referred to as Medication Assisted Treatment has been renamed as we have appreciated the role of pharmacologic interventions it has become more mainstreamed and no longer only assisting psychosocial and has become more of a primary source of treatment for individuals with opioid addiction. While that term Medications for Opioid Use Disorder (MOUD) is specifically designed to treat individuals who are primarily addicted to opioids.

The American Society of Addiction Medicine is one of the major professional organization in the field for clinicians and their teams which defines addiction as a chronic and treatable disease involving the brain. Research focuses on the impacts the brain circuits, predispositions and experiences as individuals facing addiction go through life.

PowerPoint Presentation on MAT:



Following the presentation, Dr. Savage answered questions from the commission.

Representative Acton referred to the adverse effects on children suffering from early trauma and asks Dr. Savage if that damage to the brain can be undone. Dr. Savage responded that through various treatments and trauma techniques people can be taught to undo damage by treating with certain approaches such as desensitizing and trauma informed care and how not to trigger crisis responses.

Deputy Attorney General James Boffetti asked a question regarding the costs of treatment medications and if there is a difference in treatment based on the price of the medication and pointed out the wide range of costs associated with treatment and various medications and asked if there is a difference medically in the chosen treatment. Dr. Savage responded that each individual's treatment has its own level of effectiveness based on the individual. Although Methadone is the least expensive form of treatment, it is the most highly effective treatment. However, Methadone can have an impact on the daily lives of the person being treated, as it can be demanding to the person who has to go to a center to have the dose administered daily.

Commissioner Hanks, (corrections) indicated that she would be interested in the research that is cited where criminal involvement decreases based on SUD treatment and further explained that

although residents are being treated for SUD, there has been no reduction in criminal behavior in the prison facilities. Although individuals who are being treated and although criminogenic behaviors may be more stable with treatment they are still engaging in criminal behavior inside the facilities.

Additionally, Commissioner Hanks spoke on methadone treatment in the prison facilities and informed the group that women that come into the prison facilities who are pregnant and have substance abuse disorders are given methadone or buprenorphine (naltrexone) as treatment.

The Second order of Business was an informational presentation from Medicaid Director, Henry Lipman who spoke on the transitions between Medicaid and the Department of Corrections and explained that Medicaid coverage for New Hampshire inmates is not terminated upon incarceration. However, Medicaid coverage is suspended in order to allow for easier coverage reinstatement upon release. Although there is more work to be done, recent conversations concerning the state expansion of the Substance Abuse Disorders (SUD) Waiver where the state is looking to expand SUD outpatient mental health. Proposals in the next waiver to further support the proposal in the waiver that would further support the transition between incarceration and release.

Dr. Seddon Savage asked a question relative to the suspension of Medicaid for individuals in correctional facilities and Director Lipman responded that under federal statute there is currently no Medicaid coverage for individuals in correctional facilities with exception for inpatient care.

Commissioner Hanks further explained that Medicaid coverage for individuals in the State Department of Corrections facilities are offered a limited opportunity to seek Medicaid as a payment model only when the incarcerated individual is ordered by a provider into an inpatient level of care and is Medicaid eligible. If the provider orders an observation stay even if greater than 72 hours it does not qualify as an eligible Medicaid claim because it was not ordered as an inpatient stay.

Commissioner Hanks informed that part of the work we have done is to actually be able to suspend Medicaid coverage during incarceration for incarcerated individuals. Prior to being able to suspend Medicaid one of the obstacles we had to overcome was being able to modify the state's (DHHS) software program to in order to allow Medicaid suspensions.

Prior to the adoption of Medicaid Expansion, the State Department of Corrections (DOC) was able to defer a few hundred thousand dollars a year for payment through Medicaid for inpatient stays which at the time was a narrow population of eligible residents. After the adoption of the Medicaid Expansion in August 2014, nearly \$2 million dollars a year for in hospital based inpatient claims have been deferred through Medicaid instead of being paid through General Funds.

In 2021, there was a new congressional piece of legislation called the Medicaid Reentry Act which is currently in finance and if passed would allow for a thirty-day preceding release window of eligibility where individuals can use Medicaid as the payment model.

Another key area where we have worked successfully on, is the case management of individuals who are Medicaid eligible and to have a file transfer upon release to the State Medicaid Office to allow for seamless transition of coverage.

DOC has affirmed through our data that SUD or substance misuse is the primary cause of recidivism, through parole violations and by creating a stronger bridge for continuity of care for incarcerated individuals upon release to the community strengthens the model and a successful transition to the community.

Commissioner Hanks further explained that residents in the State Department’s Community Corrections Transitional Housing Units are Medicaid eligible based on their or involvement in the community while living in one of the transitional housing units as long as they meet the other eligibility criteria.

Director Lipman responded to a question from Senator Rosenwald concerning how the Medicaid office is notified when an individual is in the house of corrections, how does Medicaid find out when they are released and when to reinstate the Medicaid benefits after suspension. Director Lipman informed that there are 11 additional county facilities along with the state department of corrections and that the State DOC has a good system through data transfer but the information sharing from the Houses of Corrections is still an opportunity for improvement. Director Lipman indicated with the shorter lengths of stay at the County Houses of Corrections this is a contributing factor to the inconsistent communication to the Medicaid office regarding suspending Medicaid. In addition, Director Lipman indicated there is compliance work being done to validate people’s continued Medicaid eligibility in order to keep accurate caseload data of those who are Medicaid eligible. The NH Easy System tracks individuals with the assistance of case managers at the State DOC who assist residents with the application process and renewals during incarceration and at the time of transition to community release/access.

Commissioner Hanks indicated as the economy has driven the hourly wages up, and indicated that the average hourly rate of pay for those housed at State DOC Transitional Housing is @ \$15 to \$20 dollars an hour, many will exceed the minimum income thresholds established under Medicaid and Medicaid will no longer be an effective healthcare insurance coverage for those exiting correctional facilities. [Microsoft Word - 2022-03 \(Mar\) Fact Sheet.docx \(nh.gov\)](#)
 Extract from Fact Sheet below:

MONTHLY INCOME LIMITS	None	Family Size	Monthly Gross Income Limits (Step 6) ≤ 220% FPG	Family Size	Monthly Maximum Income Limits (% FPG)				Monthly Income Limits (% FPG)			Monthly Maximum Income Limits ≤ 450%* FPG	
					PCR	GA ≤133%	CM/PW/FP ≤196%	Expanded CM > 196%, ≤ 318%	HH Size	OMB ≤100%	SLMB120 ≤120%		SLMB135 ≤135%
		2	\$3,194	1	\$670	\$1,507	\$2,220	\$3,602	1	\$1,133	\$1,359	\$1,529	One person \$5,097*
		3	\$4,026	2	\$816	\$2,030	\$2,991	\$4,853	2	\$1,526	\$1,831	\$2,060	Two people \$6,867*
		4	\$4,859	3	\$965	\$2,553	\$3,762	\$6,103					*Note that MOAD's net income limit is < 250% FPG; however, a special MOAD disregard makes the effective MOAD limit 450% FPG, to align it with MEAD's net income limit.
		5	\$5,691	4	\$1,108	\$3,076	\$4,533	\$7,354					One person \$32,471
		6	\$6,523										Two people \$48,704
RESOURCE LIMITS	None	\$1,000,000 for combined resources of assistance group		None					One person \$8,400			Two people \$12,600	

Commissioner Hanks also indicated with the healthcare rates increasing Medicaid reimbursement rates need to continue to be reviewed to increase the provider group participation with Medicaid recipients.

Action Items: Senator Rosenwald requested that the guidelines for income eligibility for Medicaid recipients be shared with commission members for review. (below)



The third order of business was an update from Associate Attorney General James Boffetti on litigation efforts relative to settlements and distribution of settlement funds.

- Second annual payment from the McKinsey settlement in the amount of \$142,000 should be received in the next month or so via wire transfer to the state treasury. The original settlement amount was for \$5M and issued in four payments.
- The Mallinkrot bankruptcy plan has been confirmed and a distribution settlement is being finalized. The state can expect roughly \$1M in the settlement and the payments will begin in the Fall of 2022 and spread out over the coming 6 or 7 years.
- The Purdue bankruptcy settlement has not been finalized and proceedings continue to move forward through the New York Bankruptcy Court.
- The Johnson & Johnson settlement is scheduled for trial in early September 2022.
- There are other manufacturers in settlement talks, however too early to determine if that will result in additional funds to the State of New Hampshire..
- Of the \$7.2M in anticipated funds for distribution to New Hampshire, 15% will be deducted for distribution to the 23 litigating subdivisions.

The fourth order of business was an update on rulemaking. Commissioner Hanks informed that Attorney Melissa St. Cyr has been working diligently on the rulemaking and that there has been no changes in the language since we last met for discussion. Attorney Boffetti added further comment that currently DHHS is polishing up the documents and responding to any questions that were raised and is expected to go to JLCAR for approval in June.

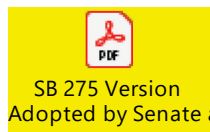
The fifth order of business was an update from the newly formed Grant Process subcommittee by its Chair, Traci Fowler who updated the group by circling back to where the commission left off last month. Firstly, Ms. Fowler pointed to the importance of reviewing rules and recognizing that the commission is tasked with a complex relationship in managing the distribution of funds and made a recommendation that we clarify our point person at HHS in order to collaborate as a partnership and to engage on the logistics. A second recommendation would be to sit down with the point person to go over the rules and figure out the capacity needed to make certain the distribution of funds is executed in an efficient and timely manner. Additionally, Ms. Fowler made a request that she and Senator Rosenwald sit down together with other essential staff for further discussion. Senator Rosenwald questioned if there is an outline of the logistical pieces and responsibilities of the HHS point person to perform in the role as liaison between the commission and HHS. Further discussion surrounding additional resources to guide the commission was suggested and that potentially JSI would be a resource to provide technical assistance and assist the commission with the navigating through the logistical pieces. Senator

Rosenwald added that she will consider the request to hold a meeting to further discuss and will follow up to schedule time.

In follow up, there was some discussion related to the focus of the commission and the general strategy which abates the opioid crisis. Attorney Boffetti clarified that the distribution of funds was primarily for Opioid Abatement purposes any approved uses of the funding decided among the commission with a direct correlation to the opioid abatement was not limited to ease the burden on local and state taxpayers. Senator Rosenwald suggested that the commission invite Patrick Tufts to the next meeting not only as a member of the commission, but to present a state plan.

Dr. Seddon Savage responded and suggested the commission invite Patrick Tufts to recommend an individual of interest to present to members.

The sixth order of business was a legislative update. Senator Rosenwald informed that SB 275 passed the house with a small amendment and the Senate concurred with the change that allows funding to non-public schools. The Bill will go to the Governor for anticipated signature in June.



There were no public comments.

Further conversation related to the application process were discussed. Among the topics discussed were:

- Eligibility
- Forms accessibility
- Submission
- Evaluation and prioritization of the grants

A date for the next meeting was decided to take place following the June JLCAR meeting and was scheduled on June 27, 2022 at 11:00am in the Brown Building Auditorium.

Agenda items for the June meeting to include:

- State Plan presentation by Patrick Tufts or his designee.
- A presentation by Katja Fox on The Process for Accessing Community SUD treatment Services

At the call of the Chair, the meeting adjourned at 3:00pm.

Respectfully Submitted on June 9, 2022 by:

Leslie Bartlett