

CONSENT CALENDAR

June 6, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred HB 247,**

AN ACT relative to treatment alternatives to opioids.

Having considered the same, report the same:

RECOMMENDED FOR FUTURE LEGISLATION.

Rep. Mark Pearson

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 247
Title:	relative to treatment alternatives to opioids.
Date:	June 6, 2022
Consent Calendar:	CONSENT
Recommendation:	RECOMMENDED FOR FUTURE LEGISLATION

STATEMENT OF INTENT

While the committee believes this bill is a very sincere attempt to address the genuine problem of over-prescribing opioids, we found this bill to be over-loaded. Instead, several smaller bills, each addressing a particular alternative should be presented. Because insurance coverage comes into play with several of these alternatives, some of these future bills might solely be a Commerce Committee bill or else a two-committee bill with the Health, Human Services and Elderly Affairs Committee added.

Vote 17-0.

Rep. Mark Pearson
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 247, relative to treatment alternatives to opioids. **RECOMMENDED FOR FUTURE LEGISLATION**.

Rep. Mark Pearson for Health, Human Services and Elderly Affairs. While the committee believes this bill is a very sincere attempt to address the genuine problem of over-prescribing opioids, we found this bill to be over-loaded. Instead, several smaller bills, each addressing a particular alternative should be presented. Because insurance coverage comes into play with several of these alternatives, some of these future bills might solely be a Commerce Committee bill or else a two-committee bill with the Health, Human Services and Elderly Affairs Committee added. **Vote 17-0.**

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

October 26, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred HB 247,**

AN ACT relative to treatment alternatives to opioids.

**Having considered the same, report the same with the
recommendation that the bill be REFERRED FOR
INTERIM STUDY.**

Rep. Erica Layon

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 247
Title:	relative to treatment alternatives to opioids.
Date:	October 26, 2021
Consent Calendar:	CONSENT
Recommendation:	REFER FOR INTERIM STUDY

STATEMENT OF INTENT

The committee believes that misuse of opioids is a threat to our state, and that patients should have greater access to non-opioid pain management. This is a complex topic with implications in treatment, administration and reimbursement that the committee believes is best addressed through Interim Study.

Vote 21-0.

Rep. Erica Layon
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 247, relative to treatment alternatives to opioids. **REFER FOR INTERIM STUDY.**

Rep. Erica Layon for Health, Human Services and Elderly Affairs. The committee believes that misuse of opioids is a threat to our state, and that patients should have greater access to non-opioid pain management. This is a complex topic with implications in treatment, administration and reimbursement that the committee believes is best addressed through Interim Study.

Vote 21-0.

Original: House Clerk

Cc: Committee Bill File

HOUSE COMMITTEE ON Health, Human Services and Elderly Affairs

BILL NUMBER: HB 247

BILL TITLE: relative to treatment alternatives to opioids.

DATE: February 18, 2021

THE COMMITTEE HAS VOTED TO RETAIN THIS BILL.

Rep. M. Pearson, Chair

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 247

BILL TITLE: relative to treatment alternatives to opioids.

DATE: June 6, 2022

LOB ROOM: 201-203

MOTION:

Interim Study (2nd yr) Recommended for Future Legislation

Moved by Rep. Weber

Seconded by Rep. Layon

Vote: 17-0

Respectfully submitted,

Rep Beth Folsom, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # 247

BILL TITLE: Relative to treatment alternatives to opioids

DATE: 6-6-2022

LOB ROOM: 201-203

MOTION: (Please check one box)

OTP ITL Retain (1st year) Adoption of Amendment # _____
Further legislation Interim Study (2nd year) (if offered)
 Moved by Rep. WEBER Seconded by Rep. layon Vote: 17/0

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) (if offered)
 Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) (if offered)
 Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) (if offered)
 Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

CONSENT CALENDAR: ___ YES ___ NO

Minority Report? ___ Yes ___ No If yes, author, Rep: _____ Motion _____

Respectfully submitted: _____
Rep. Beth Folsom, Clerk



2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: 247 Motion: Rep Weber recommended for further legislation AM #: 1710 Exec Session Date: 6-6-2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	X		
Layon, Erica J. Vice Chairman	X		
McMahon, Charles E.	X		
Acton, Dennis F.	X		
Gay, Betty I.	X		
Cushman, Leah P.			X
Folsom, Beth A. Clerk			X
Kelsey, Niki	X		
King, Bill C.			X
Kofalt, Jim	X		
DeLemus, Susan C.			X
Weber, Lucy M.	X		
MacKay, James R.	X		
Snow, Kendall A.	X		
Knirk, Jerry L.	X		
Salloway, Jeffrey C.	X		
Cannon, Gerri D.	X		
Nutter-Upham, Frances E.	X		
Schapiro, Joe	X		
Woods, Gary L.	X		
Merchant, Gary	X		

Health, Human Services and Elderly Affairs

Public Hearing on Bill# HB 247 Date 6/6/22 Room: 201-203 Time: 9:37am - 10:15am

Committee Members: Reps. M.Pearson, Layon, Folsom, McMahan, Acton, Gay, Cushman, Kelsey, B. King, Kofalt,, Rice, Weber, MacKay, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant

Relative to treatment alternatives to opioids

Rep. Knirk

- Doesn't think we should be legislating medicine, also coverage issues with insurance. Not wanting to mandate coverage, picking and choosing what service to be covered.

Rep. Weber

- When mandating we need to start narrowing what coverage is included. Start with a few coverage bills, people are far tuned in to alternative treatment. This should be Commerce.

Rep. Layon

- Agrees that this is not about the fact that people need alternatives. It's about coverage and should go to Commerce. Insurance is quick to cover surgery, pills and not alternatives, however they are starting to. It's hard to discern what is useful and what if not useful.

Rep. Woods

- How did we get here, we went away from government medicine and got tied in with big pharma? We got on a pain scare of 1-10. The public caught on to this scale and here we are.

Rep. Lundgren

- Is open to ad hoc group to look into (it) now to solve this issue. We do not want to tell the medical community how to practice, but we need to figure this problem out on how to come up with a policy on coverage.

Dr. Nagel

- Balance between opioid and addiction. Most treatments require multi modalities of treatment. If all the insurance companies want to do is pay for pills and procedures, then all we are going to get is pills and procedures.

Respectfully submitted,

Rep. Beth Folsom, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 247

BILL TITLE: ... relative to treatment alternatives to opioids.

DATE: 10/26/2021

LOB ROOM: 205-207

MOTION: (Please check one box)

Interim Study (2nd year)

Moved by Rep. Layon Seconded by Rep. Cushman Vote: 20-0 1 absent

CONSENT CALENDAR: YES NO

Minority Report? No

Respectfully submitted: Rep. Beth Folsom, Clerk

**STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK**



1/22/2021 10:06:45 AM
Roll Call Committee Registers
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 247 **Motion:** Interim Study **AM #:** _____ **Exec Session Date:** 10/26/21

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	21		
Layon, Erica Vice Chairman	1		
McMahon, Charles E.	2		
Acton, Dennis F.	3		
Gay, Betty I.	4		
Cushman, Leah P.	5		
Folsom, Beth A. Clerk	6		
Renzulo, Andrew	7		
King, Bill C.	8		
Kofalt, Jim	9		
Rice, Kimberly A.	10		
Weber, Lucy M.	11		
MacKay, James R.	12		
Snow, Kendall A.	13		
Knirk, Jerry L.	14		
Salloway, Jeffrey C.	15		
Cannon, Gerri D.	16		
Nutter-Upham, Frances E.	17		
Schapiro, Joe	18		
Woods, Gary L.	19		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK



1/22/2021 10:06:45 AM
Roll Call Committee Registers
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #:	HB 247	Motion:	Interim Study	AM #:		Exec Session Date:	10/26/21	
Marsh, William						20		
TOTAL VOTE:						21	0	0

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 247

BILL TITLE: relative to treatment alternatives to opioids.

DATE: February 8, 2021

LOB ROOM: 306/308

MOTIONS: RETAINED

Moved by Rep. Gay

Seconded by Rep. B. King

Vote: 21-0

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Beth Folsom, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 247

BILL TITLE: An Act relative to treatment alternatives to opioids.

DATE: 2/8/2021

LOB ROOM: 306-8

MOTION: (Please check one box)

OTP ITL **Retain (1st year)** Adoption of
Amendment # _____
 Interim Study (2nd year) (*if offered*)

Moved by Rep. Gay Seconded by Rep. King Vote: 21-0

CONSENT CALENDAR: YES X NO

Minority Report? Yes X No If yes, author, Rep: _____ Motion _____

Respectfully submitted: _____ BAF _____
Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK



1/22/2021 10:06:45 AM
Roll Call Committee Registers
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 247 Motion: Retain AM #: _____ Exec Session Date: _____

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	21		
Marsh, William M. Vice Chairman	1		
McMahon, Charles E.	2		
Nelson, Bill G.	3		
Acton, Dennis F.	4		
Gay, Betty I.	5		
Cushman, Leah P.	6		
Folsom, Beth A. Clerk	7		
Kelsey, Niki	8		
King, Bill C.	9		
Kofalt, Jim	10		
Weber, Lucy M.	11		
MacKay, James R.	12		
Snow, Kendall A.	13		
Knirk, Jerry L.	14		
Salloway, Jeffrey C.	15		
Cannon, Gerri D.	16		
Nutter-Upham, Frances E.	17		
Schapiro, Joe	18		
Woods, Gary L.	19		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK



1/22/2021 10:06:45 AM
Roll Call Committee Registers
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #:	HB 247	Motion:	Retain	AM #:		Exec Session Date:		
Merchant, Gary						20		
TOTAL VOTE:						21	0	0

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB 247

BILL TITLE: An Act relative to treatment alternatives to opioids.

DATE: 1/26/2021

ROOM: 206/8

Time Public Hearing Called to Order: 11:47 am

Time Adjourned: 1:07 pm

Committee Members Present:

In Room 206/8: Reps. M. Pearson, Folsom, McMahon, Gay, Cushman, B. King, Weber, MacKay

On Zoom from home:

Marsh, Nelson, Acton, Kelsey, Kofalt, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Representative Lundgren, Rock 5, Sponsor

- Chiropractic care shows improvement in pain care
- Greater increases in Opioid use even larger with Covid.
- More choices of proven alternative Care
- Referenced a medical study in Boston

Dr Anthony Mallone, Surgical Practice, NH Medical Society,

Illogical to mandate legislated alternative to be directed before "do no harm"

Q: Rep. Knirk: would concerns be met if language is directed to only chronic pain management.

A: Dr.Mallone: not a chronic pain practitioner, keep it as alternative

Q: Rep. Weber: Remove mandates but keep coverage requirements?

A: Rep. Lundgren: Dr. must have conversation regarding alternatives

Q: Weber: Non-opioid directives, are they coming from patient or legislation?

A: Lundgren: put the decision on alternatives on the patient

Dr. Mallone: No on precedent of legislating order of treatment. Dr. are already self-educating on alternatives.

Q: Lundgren: intention of bill is neck & back pain, opioid prescriptions not being curtailed

A: Rep. Cushman: clarification language, "shall" implies mandatory

A: Rep Gay: language clarification

Q: Rep. Shapiro: language, "directive, coverage mandates for "alternative" science based?

A: Knirk: "chronic pain"

A: Lundgren: comfortable with clarifying language

Q: Knirk: what evidence "alternative" Acute?

A: Lundgren: Reference to Dartmouth

Q: Merchant L18 p2 how would pharmacist know if they don't receive notice?

A: Lundgren: several language problems

Q: Chair Pearson: status of bill are you open to hold on to it and work through

A: Lundgren: yes

Knirk: retain

Weber: retain, would Chair ask Commerce to weigh in on insurance portion

Michelle Haff, NH Assoc. of Chiropractic Doctors: Supports bill

*** Dr. Nick Perenevich,**

Clarification between visceral and somatic pain

Alternatives are not necessarily available 24 hours day in emergency situations
Over prescribing on opioids should be reported

*** Rep. David Love, Rock 6**

Personal experience, alternatives can work in avoiding addiction, not always covered by insurance
Mandates/Costs

Tyler Brammen, Insurance

New insurance mandates impacts the cost of both group and individual plans
Cost increases due to state mandates above Fed have to be made up by the state.
Review mandate actuarial
Affects HSA
Weber: fiscal note?
Shapiro: review costs and effectiveness
Knirk: please submit information in written form

Adam Learner, Acupuncture Association

Support bill, clarify language, should be using every tool available to fight opioid abuse

12:45 - 1:05 Lunch recess

Andrew Hossmere, Harvard Pilgrim Health Care

supports alternatives
does not agree with bill as written
should not mandate coverage of treatments that are not licensed ie yoga

Written Testimony

- * **Sabrina Dunlap, Anthem**
- * **Patrick Ho, MD NH Psychiatric Society**
- * **Charlie Blitzer, MD**
- * **Paula Mattis, MSW**
- * **Robert Best, Esq.**

Respectfully submitted,

Rep. Beth Folsom, Clerk


House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB247 on 2021-01-26

Support: 31 Oppose: 8 Neutral: 3 Total to Testify: 12

<u>Name</u>	<u>Email Address</u>	<u>Phone</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Signed Up</u>
Roy, Terry	Terry.roy@leg.state.nh.us	978.235.2400	An Elected Official	Myself	Oppose	Yes (0m)	1/21/2021 8:15 PM
Learner, Adam	alearner@acufamily.com	603.988.4140	A Member of the Public	Myself	Support	Yes (0m)	1/25/2021 5:09 PM
OHiggins, Jennifer	Jennifer.OHiggins@dhhs.nh.gov	603.406.4178	State Agency Staff	DHHS	Neutral	Yes (0m)	1/25/2021 6:23 PM
Mollano, Dr. Anthony	mollano@mac.com	603.545.8891	A Member of the Public	Myself & NH Medical Society	Oppose	Yes (0m)	1/25/2021 6:52 PM
Perencevich, Dr. Nick	nperencevich@gmail.com	603.545.7114	A Member of the Public	Myself & NH Medical Society	Oppose	Yes (0m)	1/25/2021 6:55 PM
Haff, Michelle	info@drhaff.com	480.223.2758	A Member of the Public	NH Association of Naturopathic Doctors	Support	Yes (0m)	1/25/2021 1:09 PM
Mangipudi, Latha	Latha.Mangipudi@leg.state.nh.us	603.891.1239	An Elected Official	Hills 35	Support	Yes (0m)	1/26/2021 8:36 AM
Hosmer, Andrew	ahosmer@preti.com	603.496.2078	A Lobbyist	Harvard Pilgrim Health Care	Oppose	Yes (0m)	1/26/2021 9:01 AM
Mattis, Paula	Paula.L.Mattis@doc.nh.gov	603.271.3707	State Agency Staff	Department of Corrections	Neutral	Yes (0m)	1/26/2021 10:49 AM
Lundgren, David	qtipnh@aol.com	603.432.1800	An Elected Official	Myself	Support	Yes (0m)	1/22/2021 10:49 AM
Brannen, Tyler	tyler.j.brannen@ins.nh.gov	2712396	State Agency Staff	Insurance Department	Neutral	Yes (0m)	1/22/2021 1:57 PM
McCann, Brendan	bhmccann@gmail.com	603.498.8015	A Member of the Public	New Hampshire Chiropractic Association	Support	Yes (0m)	1/26/2021 9:46 AM
Bigelow, April	abgourmet@gmail.com	617.281.5630	A Member of the Public	Myself	Support	No	1/26/2021 9:53 AM
Lanzara Bazzani, Dr Lisa	drlisa@myfairpoint.net	603.557.5990	A Member of the Public	Myself	Support	No	1/26/2021 9:57 AM
Bazzani, Victor	drbazzani@bazzanichiropractic.com	603.889.5400	A Member of the Public	Myself	Support	No	1/26/2021 10:32 AM
Fordey, Nicole	nikkif610@gmail.com	516.318.2296	A Member of the Public	Myself	Support	No	1/21/2021 2:36 PM
Kramer, Alyson	Alysonkramer@gmail.com	603.858.1340	A Member of the Public	Myself	Support	No	1/23/2021 4:11 PM
Ferreira, Melinda	melindaferreira@gmail.com	508.397.4633	A Member of the Public	Myself	Support	No	1/23/2021 5:10 PM
Mosier, L.Ac., Paul	pmosier@amherstwellness.com	603.213.6090	A Member of the Public	Myself	Support	No	1/24/2021 10:07 AM
Halloran, Eileen	Eileenmhalloran@gmail.com	603.801.1672	A Member of the Public	Myself	Support	No	1/23/2021 4:25 PM
Millar, Allison	allison_lac@basicbalancekeene.com	603.721.9388	A Member of the Public	Myself	Support	No	1/24/2021 9:16 AM
Norton, Kenneth	knorton@naminh.org	603.225.5359	A Lobbyist	NAMI NH The National Alliance on Mental Illness	Support	No	1/26/2021 9:05 AM
Szela, Scott	drscottszela@gmail.com	603.494.8913	A Member of the Public	Myself	Support	No	1/26/2021 8:49 AM
Padmore, Michael	michael.padmore@nhms.org	603.858.4744	A Lobbyist	NH Medical Society	Oppose	No	1/25/2021 1:52 PM

Minnehan, Paula	pminnehan@nhha.org	603.496.1047	A Lobbyist	New Hampshire Hospital Association	Oppose	No	1/25/2021 3:02 PM
ploszaj, tom	tom.ploszaj@leg.state.nh.us	603.279.9965	An Elected Official	Myself	Support	No	1/25/2021 8:33 PM
Dunlap, Sabrina	sabrina.dunlap@anthem.com	603.703.8073	A Lobbyist	Anthem	Oppose	No	1/25/2021 6:59 PM
Rathbun, Eric	ericrathbun@gmail.com	860.912.3751	A Member of the Public	Myself	Support	No	1/25/2021 6:59 PM
Dolan, Tom	tom.dolan@leg.state.nh.us	603.321.2071	An Elected Official	Myself	Support	No	1/25/2021 8:50 PM
Massimilla, Linda	balloontraveler@yahoo.com	603.545.2101	An Elected Official	Myself	Support	No	1/25/2021 10:39 PM
Binford, David	david.binford@leg.state.nh.us	972.351.3389	An Elected Official	Myself and fellow Veterans	Support	No	1/25/2021 11:04 PM
Johnson, Dawn	Dawn.Johnson@leg.state.nh.us	603.305.8466	An Elected Official	Myself	Oppose	No	1/25/2021 11:14 PM
Johnson, Andrew	ugogalbags@gmail.com	603.527.0390	A Member of the Public	Myself	Support	No	1/25/2021 11:24 PM
Kelley, Diane	diane.kelley@leg.state.nh.gov	603.484.1377	An Elected Official	Myself	Support	No	1/25/2021 11:41 PM
Swiesz, Matthew	swiesz1@aol.com	603.817.7536	A Member of the Public	NH State Chiropractic Society	Support	No	1/26/2021 8:24 AM
Kolgin, Andrea	Akolgin@resilienceandhope.com	603.534.4355	A Member of the Public	Myself	Support	No	1/23/2021 9:51 AM
ODell Wilson, Amy	amyodellwilson@gmail.com	603.289.1989	A Member of the Public	Myself	Support	No	1/23/2021 4:32 PM
Clark, Andrew	andrewpclark77@gmail.com	917.771.7163	A Member of the Public	Myself and my business.	Support	No	1/25/2021 8:23 AM
Permut, Julie	juliepermut@gmail.com	603.630.3629	A Member of the Public	Myself	Support	No	1/25/2021 11:20 AM
Love, David	davidlove4rep@gmail.com	603.275.9851	An Elected Official	Rockingham 6	Support	No	1/25/2021 12:06 PM
Bigelow, Brian	brianb249@comcast.net	603.315.0283	A Member of the Public	Myself	Support	No	1/25/2021 12:44 PM
Learner, Betsy	blearner@acufamily.com	617.290.4707	A Member of the Public	Myself	Support	No	1/25/2021 12:58 PM

Archived: Wednesday, March 17, 2021 1:26:47 PM
From: [Reardon, Stefani](#)
Sent: Monday, February 8, 2021 5:39:19 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 247 - Treatment Alternatives to Opioids
Importance: Normal
Attachments:
[HB 247 - Opioid Treatment Alternatives.docx](#) 

Mr. Chairman and members of the Health, Human Services and Elderly Affairs Committee,

On behalf of Harvard Pilgrim Health Care, attached please find our written comments on HB 247 – An Act relative to treatment alternatives to opioids, which was heard before your committee on January 26, 2021.

Please let me know if you have any questions.

Thank you,
Stefani

Stefani Reardon
Government Affairs Specialist
Government Affairs & Programs
Harvard Pilgrim Health Care
93 Worcester Street
Wellesley, MA 02481
(617) 509-2313 (office)
(617) 869-5655 (cell)
Stefani_Reardon@harvardpilgrim.org

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I am writing to ask you to support HB 247 which requires the department of health and human services to create a voluntary nonopioid directive form which may be used for nonopioid treatment options for pain.

Too many NH citizens are becoming addicted to heroin after first being prescribed opioid pain relief. We need to have safer alternative treatment available.

Please vote for HB247.

Thank you for your time.

Corinne Dodge Derry, NH

Anthem Blue Cross and Blue Shield
1155 Elm Street, Suite 200
Manchester, NH 03101-1505
Tel 603 541-2000



January 25, 2021

Chairman Mark Pearson
Health, Human Services and Elderly Affairs
107 North Main Street
Concord, NH 03301

Dear Chairman Pearson and Members of the Committee,

I am writing on behalf of Anthem with comments related to HB 247, *an act relative to treatment alternatives to opioids*. With respect to the services required under this bill, our plans already provide coverage for physical therapy, occupational therapy, chiropractic services, osteopathic manipulative treatment, and acupuncture for the treatment of pain (acupuncture is included in small and large group plans, but not in the individual market). Given that we reimburse for these services as alternatives to opioid treatment already, this bill is not necessary for coverage of these services.

We do have concerns related to the coverage of yoga, which is not considered a specific medical therapy shown to improve a specific medical condition. Yoga falls into the category of self-exercise, which may be covered as part of a wellness benefit that would cover gym memberships, exercise classes, etc. However, unlike the other services listed above, which require licensing and which have demonstrated utility as treatment alternatives to opioids, yoga is not a regulated service shown to improve any specific medical conditions.

Anthem has broad coverage of extensive therapeutics that treat conditions as alternatives to opioid medications that have proven efficacy. Use of yoga for the treatment of pain, however, is not an effective focused therapeutic. While yoga likely has many of the benefits that other exercise has, we do not support the mandate that it be covered as a form of treatment. Due to this provision, we respectfully oppose HB 247.

Please do not hesitate to reach out if you would like additional information or have questions about any of the above.

Sincerely,

Sabrina Dunlap
Sr. Director, Government Relations
(603) 703-8073
sabrina.dunlap@anthem.com

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February 8, 2021

Representative Mark Pearson
Chairman
House Health, Human Services and Elderly Affairs Committee
New Hampshire Legislature
Concord, NH 03301

RE: HB 247 – An Act relative to treatment alternatives to opioids

Dear Mr. Chairman and Honorable Members of the Committee:

Harvard Pilgrim Health Care (Harvard Pilgrim) appreciates the opportunity to provide comments on HB 247 – An Act relative to treatment alternatives to opioids. Harvard Pilgrim is a leading not-for-profit health services company that currently serves about 100,000 New Hampshire residents.

HB 247 would mandate health insurance coverage of “nonopioid treatments for pain, including but not limited to, yoga therapy, chiropractic care, osteopathic manipulative treatment and acupuncture treatment.” “Coverage for at least 20 visits per event for yoga therapy, physical therapy, occupational therapy, osteopathic manipulation, a chronic pain management program, and chiropractic services” would be required when ordered by a provider to treat conditions that cause chronic pain.

This very broad coverage mandate is unnecessary since health insurers already cover a wide variety of pain management treatment options that are not opioids, including some listed in the bill. For example, physical therapy and occupational therapy are already covered services on all of Harvard Pilgrim’s New Hampshire plans. And chiropractic care and acupuncture are covered on all individual and small group plans. We also cover a range of safe, non-opioid medication options, including NSAIDs, topical analgesic, and cortico-steroids. Each plan has a variety of coverage options with varying benefit designs, allowing members to choose a plan that best meets their needs.

Yoga therapy, however, is not covered on any Harvard Pilgrim plan and we have a lot of concern with being required to cover it. A similar mandate was introduced in the 2020 legislative session and sent to Interim Study. The study committee acknowledged that as there is not currently a state licensure or credentialing process for yoga instructors that could be utilized for regulatory oversight. This lack of state oversight makes it impossible for insurers to determine if an instructor is qualified or effective. The study committee recommended that further work needs to be done before an insurance coverage mandate can be considered. We are opposed to any coverage mandate where we would be unable to determine if the provider is safe and qualified to be treating our members.

Finally, requiring insurers to cover all of the services listed in the bill, even at the limits outlined, could significantly impact premiums, increasing costs for individuals and employers in the state at a time when individuals and small employers are already struggling.

For the reasons described above, we respectfully urge you find this bill inexpedient to legislate. Harvard Pilgrim appreciates the opportunity to provide comments on HB 247. Should you have any questions, please contact me at any time.

Sincerely,

Stefani Reardon
Government Affairs Specialist
Harvard Pilgrim Health Care
Stefani_Reardon@HarvardPilgrim.org
(617) 509-2313

Good morning Mr.Chair and Committee members,
My name is Representative David Love,
I Represent Rockingham District 6,and I am a Co-Sponsor of this bill.

Back in 1972 ,I had extensive knee surgery after a motorcycle accident.

Being young and stupid ,I became addicted to opioid pain meds .

I know the pain of addiction . Know the pain in my Mother's eyes and in her voice when she said "I hope you're Grandmother never finds out ,it would kill her "...and not being able to do anything about it..I was a living definition of "Powerless ".

Fast forward...Seven weeks ago ,I broke my back after falling 15 feet while climbing into a three stand while hunting.

I was prescribed 10 Percocet 5mg at first ,then 40 percocet 10mg. to be taken ,1 every 4 hrs for pain .The pain was excruciating for the first 2 or 3 days.When the pain subsided, I was able to start backing off the percocet dosage,using a "Tens Unit " ,a mild form of Electric Muscle Stimulation, provided by my Chiropractor, which helped immensely with my pain .

I started going to my Chiropractor approximately one week after my injury .He used a stronger Electric Muscle Stimulation and Laser therapy on my injured back.

Because of this "Alternative Therapy " ,I was able to be "PAIN MEDICATION FREE" at around three weeks, post injury.

As Legislators, I feel we should leave no stone unturned in the battle against opioid addiction.

Some may argue that if we pass this bill ,as written, requiring health insurance companies to pay for some alternative therapy treatments ,that health insurance rates would rise,but I would argue that those costs would be offset by insurance companies NOT having to pay for usually multiple Rehabilitation Hospital stays .

Taxpayers wouldn't have to pay for the unfortunate incarcerations and broken families that often result from addiction.

I'm grateful to say that because of the Alternative Therapy (which wasn't covered by insurance) provided by Chiropractor ,I only used the first 10 ,5mg Percocet and 22 of the 10 mg and have 18 left over which will be turned into the Derry Police Department soon .

And most importantly, my family doesn't have to go through the agony of having an opioid addicted loved one .

Once again, Thank you Mr.Chairman and Committee members for taking my testimony.

Representative David Love

Rockingham 6

My name is Dr. David Lundgren. I am a state representative in Rockingham (5) Londonderry, NH. I come before you to submit this bill regarding the need for opioid reductions . I have worked closely on a similar bill with 3 colleagues from the state of West Virginia which is the 2nd worst state in addictions in the US followed by New Hampshire.

We were able to present this bill to a delegation from the US Congress both for New Hampshire and West Virginia. While in Washington we also met with the Secretary of the Veterans Administration. He believed in the merit of this so much that he had the bill distributed to all of the VA's across the country.

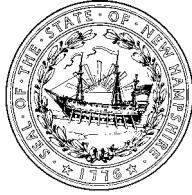
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The bill basically states that by first giving the patient the choice to implement alternative care before prescribing these highly addictive medications, we can provide them the opportunity to try one of the proven alternative care therapies and their ability to reduce and or illuminate their pain without potential risk of addiction.

I appreciate your time and consideration of this bill and hope to be able to work together to move it forward to the House of Representatives.

Respectfully,
Dr. David Lundgren



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL & FORENSIC
SERVICES

Helen Hanks, MM
Commissioner

Paula Mattis, MSW, FACHE
Director

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TDD Access: 1-800-735-2964
paula.mattis@doc.nh.gov

HB 247

Title: relative to treatment alternative to opioids.

**Testimony of Paula Mattis, Director of Medical and Forensic Services, DOC
January 26, 2021**

The Department of Corrections (DOC) takes a neutral stance on this legislation but would like to present some potential issues that are operational and budgetary for the DOC.

While the proposed legislation makes it clear that a health care practitioner should prescribe nonopioid modalities as a first line of treatment when *possible*, as written it also appears to require a nonopioid treatment *at least simultaneously* with an opioid. It is this section that causes us concern.

Of the services listed in this bill the DOC does offer, on site, physical therapy. If this bill passes, one could argue that the law sets forth a *medically necessary* treatment path. This would bind the DOC to either directly providing or transporting people to these services.

The operational challenge if this bill were to pass as written is that we do not have the staff to transport people to these nonopioid services such as chiropractic, occupational therapy, acupuncture, massage therapy, and/or osteopathic manipulation.

We have looked at adding occupational therapy and acupuncture to our on-site services, but budgetary constraints have not allowed us to do so to date. Please note that it appears that there will be an uncalculated financial cost to this for the DOC. This bill does address insurance coverage issues for such services, but that does not allow the DOC to defer or reduce costs for these services. We are only able to defer costs to Medicaid for hospital

stays coded as *inpatient* services. These outpatient services would need to be funded by the DOC healthcare budget, which is a general fund expense.

We support the movement to reduce prescription of opioid medications in our system. We have done education with our staff and residents on this topic. It is extremely rare for us to use opioids in the normal course of our work with residents. This is clearly a thoughtful bill designed to help citizens and encourage a rethinking of how to approach medical situations where opioids have often been a first line in treatment. We are concerned, however, about the impact on our agency.

Thank you for considering this testimony.

Respectfully submitted,

Paula Mattis

Dear Committee Members,

Thank you for listening to my testimony today. As I said during the hearing, I would be happy to work with any subcommittee on this bill. My only expertise in this area is that of a patient. Since being diagnosed with Adhesive Arachnoiditis in October of 2020, I have learned a new definition of pain. Constant, unremitting pain. Without opioid treatment available, I do not know how I could function. Since being diagnosed I have joined several worldwide support groups with people from all walks of life who also suffer chronic pain. One of the most common problems people seem to be having is legislatures across the country interfering in medicine to the point that physicians, fearing the loss of their license, refuse to prescribe pain medication and refuse to continue it for patients who have been on it for years. This has sadly led to many suicides. I used to be of the mind that suicide was either the act of the mentally ill or a coward. I now know differently. If you could imagine the worst injury you have every sustained and then further imagine the moment that it actually occurred. Imagine that split second, be it an ankle sprain, a broken arm, labor contraction or other source of pain. Now imagine that moment didn't stop. That original excruciating pain signal never ended. Not while you sleep, not when you change positions, not ever. Now imagine you are prescribed a medication that interrupts that pain signal. Not perfectly mind you. There is still pain, but it is manageable with alternative treatments like massage and acupuncture. Imagine the relief of getting your life back. Now imagine some legislator, who never suffered your pain, writing legislation that could take that medication away with the stroke of a pen by the Governor. As one of the doctors testified, we need to let the Board of Medicine do its job. It is not only them. The DEA tracks opioid prescription as well as pharmacies and indeed the insurance companies themselves. There is a new awareness of the dangers of these medications when not used properly. There is also a danger if they are taken away from those who suffer. I might add that the statistics given by the sponsors regarding overdose deaths last year, though I'm sure not intentionally, were misleading. The overdose numbers included illicitly obtained drugs. This means diverted medication, imported fentanyl etc. The overdose deaths from legitimately prescribed opioids is tiny in comparison.

On its face, this bill looks to require a lot of work but I think it may not require as much as it first seems. I would suggest that in the interest of streamlining the process, there be only two mandates and one purpose change. The first mandate being that physicians have a conversation about different treatments for chronic pain. The second mandate would be to insurance companies to cover certain alternative treatment methods. The purpose change being that it relates to chronic pain. I think a good start would be to look at what methods are covered already. I know that chiropractic is covered under many policies and I believe acupuncture is as well. I think that there is also ample evidence for the use of massage therapy. Perhaps a look at what therapists require licensure in NH? I know that in ED&A we are hearing a bill that would require licensure for anyone practicing "music therapy". Without getting into what exactly that is (I assume it is a mental health alternative treatment), one of the reasons given by the advocates of this licensure is that insurance companies would be required to cover it if the treatment provider was licensed. I cannot speak to whether or not that is the case or how that works but it would, in my mind, be a good place to start. I think after identifying the treatments to be covered, having the actuary for the state run the numbers on the potential impact to the insurance market and to the state itself due to federal mandates, would be a logical next step.

Again, thank you for listening and letting be a part of the discussion on this very important topic.

Kind regards,

Terry

HON. TERRY W. ROY
NEW HAMPSHIRE HOUSE OF REPRESENTATIVES
ROCKINGHAM DIST. 32
VICE CHAIR
COMMITTEE FOR EXECUTIVE DEPARTMENTS AND ADMINISTRATION

www.sulloway.com | 9 Capitol Street, Concord, New Hampshire 03301

January 25, 2021

VIA Electronic Mail

Chairman Mark Pearson and Members of the Committee
Health, Human Services, and Elderly Affairs Committee
Legislative Office Building Room 205
New Hampshire House of Representatives
107 North Main Street
Concord, NH 03301

Re: **Vote Yes on House Bill 247**
Featuring Amendatory Language to Allow For 20 Visits to Acupuncturists

Dear Chairman Pearson and Members of the Committee,

I am writing to you on behalf of the NH Acupuncture and Asian Medicine Association (the “Association”) in support of HB 247. This Bill is a matter of great importance to both acupuncturists and to every New Hampshire citizen that needs effective treatment for pain management. In addition to our expression of support, we hope the committee would consider a minor clarifying amendment, which we outline at the end of this letter.

The Association supports HB 247 because it is beneficial to patients and helps combat the opioid crisis. Much has been written about the severe and horrific impact that opioid addiction has had on our state. Moreover, recent evidence from the Center for Disease Control (CDC) reports that overdose deaths are accelerating during the Covid-19 crisis.¹ Although the crisis is many-faceted and difficult to combat, one aspect of it is plain and simple: *avoiding opioids saves lives*. To that end, whenever there are safe and effective alternatives to opioids, those alternatives must be explored before resorting to potentially dangerous and addictive drugs.

Acupuncture is a safe and effective alternative for a significant population of patients. New Hampshire began licensing acupuncturists in 1997, and since that time many thousands of New Hampshire residents have enjoyed the benefits of this therapy. The US Veterans Administration has incorporated acupuncture into the healthcare services it offers to our servicemen, and in January 2020 Medicare approved up to 20 visits of acupuncture as a therapeutic treatment for low back pain. In

¹ <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

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January 25, 2021

Page 2

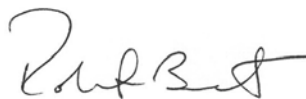
2017 a US *Consortium Pain Task Force* published a white paper on evidence based alternatives to opioids and wrote²:

- *Acupuncture has accrued extremely strong evidence in the treatment of chronic pain.*
- *Based on a systematic review, the American College of Physicians (ACP) Clinical Practice Guideline recommends acupuncture for acute, subacute and chronic low back pain (cLBP). The US Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) concluded that acupuncture therapy is effective for cLBP compared to placebo, sham, no treatment, usual care or wait list controls. The NIH also recommends acupuncture for low back pain and for knee OA. The FDA Education Blueprint For Health Care Providers Involved In The Management or Support of Patients with Pain suggests acupuncture among a range of available therapies as part of a multidisciplinary approach to pain management.*

For these reasons, we applaud the sponsors and supporters of HB 247 for including acupuncture among the alternative treatments that ought to be explored before opioids are prescribed. The minor clarifying amendment mentioned at the beginning of this letter concerns section 2, at lines 32-35 which outlines several alternative treatments that must be covered by an insurer for 20 outpatient visits. Although Acupuncture is mentioned both before and after this passage in section 2, it is not mentioned on the list that requires 20 visits to be covered. The Association believes acupuncture should be on this list in order for the coverage available to patients to be meaningful. We suspect that the absence of Acupuncture in this critical sentence was an oversight and hope that the committee would adopt a clarifying amendment.³

In closing, the Association would like to invite any interested member of the committee or legislature to learn more about acupuncture. The benefits of acupuncture are well understood in the industry, however, it is often not well understood by the general public. To that end, we welcome the opportunity to meet, discuss, or have you tour an acupuncturist's office. On behalf of the Association, thank you in advance for all of your valued support.

Best Regards,



Robert L. Best, Esq.

² “*Evidence Based Nonpharmacologic Strategies For Comprehensive Pain Care – The Consortium Pain Task Force White Paper*” by Heather Tick, MD; Arya Nielson, PhD; Kenneth R, Pellitier, PhD, MD *et al.* (2017). (internal citations omitted). Available here:

<https://www.sciencedirect.com/science/article/pii/S1550830718300223?via%3Dihub>

³ Proposed Amendment to the sentence in section 2, beginning on line 32:

Policies issued pursuant to this section shall provide coverage for at least 20 visits per event of yoga therapy, physical therapy, occupational therapy, osteopathic manipulation, a chronic pain management program, acupuncture, and chiropractic services when ordered by a health care practitioner to treat conditions that cause chronic pain.

Archived: Wednesday, March 17, 2021 3:38:00 PM
From: [Corinne Dodge](#)
Sent: Monday, January 25, 2021 1:55:01 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 247
Importance: Normal

Sent from [Mail](#) for Windows 10
Health, Human Services and Elderly Services Committee members:

I am writing to ask you to support HB 247 which requires the department of health and human services to create a voluntary nonopioid directive form which may be used for nonopioid treatment options for pain. Too many NH citizens are becoming addicted to heroin after first being prescribed opiod pain relief. We need to have safer alternative treatment available.
Please vote for HB247.
Thank you for your time.

Corinne Dodge Derry, NH

Archived: Wednesday, March 17, 2021 3:38:00 PM
From: qtipnh@aol.com
Sent: Tuesday, January 26, 2021 7:18:13 AM
To: ~House Health Human Services and Elderly Affairs
Subject: HB247
Importance: Normal

I wish to offer an amendment to this bill. I would like to eliminate section V. No need for an extra 4 hours continuing ed.

Archived: Wednesday, March 17, 2021 3:37:59 PM
From: Terry Roy
Sent: Tuesday, January 26, 2021 1:18:25 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 247
Importance: Normal

Dear Committee Members,

Thank you for listening to my testimony today. As I said during the hearing, I would be happy to work with any subcommittee on this bill. My only expertise in this area is that of a patient. Since being diagnosed with Adhesive Arachnoiditis in October of 2020, I have learned a new definition of pain. Constant, unremitting pain. Without opioid treatment available, I do not know how I could function. Since being diagnosed I have joined several worldwide support groups with people from all walks of life who also suffer chronic pain. One of the most common problems people seem to be having is legislatures across the country interfering in medicine to the point that physicians, fearing the loss of their license, refuse to prescribe pain medication and refuse to continue it for patients who have been on it for years. This has sadly led to many suicides. I used to be of the mind that suicide was either the act of the mentally ill or a coward. I now know differently. If you could imagine the worst injury you have every sustained and then further imagine the moment that it actually occurred. Imagine that split second, be it a an ankle sprain, a broken arm, labor contraction or other source of pain. Now imagine that moment didn't stop. That original excruciating pain signal never ended. Not while you sleep, not when you change positions, not ever. Now imagine you are prescribed a medication that interrupts that pain signal. Not perfectly mind you. There is still pain, but it is manageable with alternative treatments like massage and acupuncture. Imagine the relief of getting your life back. Now imagine some legislator, who never suffered your pain, writing legislation that could take that medication away with the stroke of a pen by the Governor. As one of the doctors testified, we need to let the Board of Medicine do its job. It is not only them. The DEA tracks opioid prescription as well as pharmacies and indeed the insurance companies themselves. There is a new awareness of the dangers of these medications when not used properly. There is also a danger if they are taken away from those who suffer. I might add that the statistics given by the sponsors regarding overdose deaths last year, though I'm sure not intentionally, were misleading. The overdose numbers included illicitly obtained drugs. This means diverted medication, imported fentanyl etc. The overdose deaths from legitimately prescribed opioids is tiny in comparison.

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Kind regards,

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HON. TERRY W. ROY
NEW HAMPSHIRE HOUSE OF REPRESENTATIVES
ROCKINGHAM DIST. 32
VICE CHAIR
COMMITTEE FOR EXECUTIVE DEPARTMENTS AND ADMINISTRATION



Archived: Wednesday, March 17, 2021 3:38:00 PM
From: qtipnh@aol.com
Sent: Saturday, January 23, 2021 2:42:13 PM
To: ~House Health Human Services and Elderly Affairs
Cc: [David Lundgren](#)
Subject: Bill 247 Written Testimony
Importance: Normal

My name is Dr. David Lundgren. I am a state representative in Rockingham (5) Londonderry, NH. I come before you to submit this bill regarding the need for opioid reductions . I have worked closely on a similar bill with 3 colleagues from the state of West Virginia which is the 2nd worst state in addictions in the US followed by New Hampshire.

We were able to present this bill to a delegation from the US Congress both for New Hampshire and West Virginia. While in Washington we also met with the Secretary of the Veterans Administration. He believed in the merit of this so much that he had the bill distributed to all of the VA's across the country.

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Respectfully,
Dr. David Lundgren

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From: [David Love](#)
Sent: Monday, January 25, 2021 12:53:59 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 247
Importance: Normal

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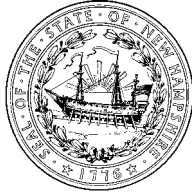
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Representative David Love

Rockingham 6



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL & FORENSIC
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HB 247

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**Testimony of Paula Mattis, Director of Medical and Forensic Services, DOC
January 26, 2021**

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We support the movement to reduce prescription of opioid medications in our system. We have done education with our staff and residents on this topic. It is extremely rare for us to use opioids in the normal course of our work with residents. This is clearly a thoughtful bill designed to help citizens and encourage a rethinking of how to approach medical situations where opioids have often been a first line in treatment. We are concerned, however, about the impact on our agency.

Thank you for considering this testimony.

Respectfully submitted,

Paula Mattis

HB247 – Coverage for non-opioid treatment for pain

House HHS – January 26, 2021

No position on the bill, but some concerns. The bill would be a significant policy development, and that's a legislative decision.

Expands coverage requirements for scope of services – traditional insurance mandate

- Mandates tend to put upward pressure on premiums
 - Some theories suggest better access to one type of service reduces costs overall
 - Evidence usually doesn't support this at the population level
 - Applies to both individual and group markets
 - Mandates will trigger a state liability for ACA products receiving subsidies – individual market
 - Services included unclear – only limited to “evidence based non-opioid treatment” “ordered by a health care practitioner”
 - Yoga therapy and acupuncture given as examples
 - NHID could perform a mandate review, as specified under RSA 400-A:39-b

Limits cost sharing to that for a primary care visit

- Would conflict with HDHP/HSA requirements – tax issue
 - Preventive screening services permitted to have low/no cost sharing
- Would conflict with catastrophic health insurance requirements

Re: Written Testimony on House Bill 247 1/26/2021
To: Health, Human Services and Elderly Affairs Committee
From: Nick Perencevich, MD, FACS representing the NH Medical Society

My background: General surgeon from Concord. Practiced in US Air Force 78-80, Massachusetts 1980-88, Concord 88-present, also VA Manchester 2010-2012, New London 2013. Quit clinical practice 2014, but teach 3rd and 1st year Dartmouth Medical students 3 days/week. Also worked for the NH Board of Medicine for 17 years thru 2019 NH medical Society Exec. Committee 2014-2020

Bill 247's mission in my reading is to reduce Opioid prescribing use by requiring practitioners to first try, if available, chiropractic, acupuncture, massage therapy, osteopathic manipulation, physical therapy and occupational therapy. The last 2 are very often prescribed for somatic pain.

Much of my teaching of medical students is anatomy and physiology, the backbone of medical science. Pain is perceived by the brain receiving nerve signals from the somatic system (muscles, bones, tendons) and the visceral system (solid organs (liver, pancreas, ovaries, etc.) and hollow organs (gut, gallbladder, ureter, etc.) The pain nerves can be manipulated by the above mentioned therapies if they are somatic by the laying of hands. The manipulation is sometimes helpful and sometimes not. The therapies urged by the bill seem to have to no factual science based benefit with visceral pain.

In my 41 year clinical career the therapies the bill would ask providers to push forward first, before opioids, would not ever work in someone with say visceral pancreatic disease. The bill says "based on the practitioner's clinical judgement and the availability of treatment". My 17 years with the NH Board of Medicine allowed me to see the full spectrum of poor judgement amongst MDs, DO's and Physician's Assistants and it is not a trivial matter. Also in dealing with pain it is important to note that none of these therapies are available 24/7. A huge reason for ER visits is pain control after hours. Even urgent care are not 24/7.

I think this Bill does not see the reality of the pain issue. The 3 hour biannual required opioid prescribing CME via the Board of Medicine already educates providers on not just non-opioid medications to try but also these alternate therapies that have gone from alternative, to complementary, to integrated in the last 30 years. This bill does nothing but tell providers how to practice medicine in a way that most responsible providers are already doing.

Certainly the legislature has the right to tell the medical profession how to practice. Their motivation comes from the constituency they represent whether the data collected is based on facts and science or not. The current existence of laws around Lyme disease are examples of that in my opinion.

There will always be some patients, especially cancer patients, that need the opioid only and using the words "shall prescribe" alternatives in a law is in my opinion a bad idea. Standards of care of debated all the time at the Board of Medicine where 500 plus suits, claims, and complaints are filed each year. It is the right place for this issue to be raised by the public at their monthly open to the public meetings.

To: NH House Health, Human Services and Elderly Affairs Committee

From: Charlie Blitzer, MD

Re: HB 247 - Relative to treatment alternatives to opioids

Date: January 26, 2021

I will start by stating that I am strongly opposed to HB247.

*“When patients seek treatment for any of the myriad conditions that cause pain, a health care practitioner **shall refer or prescribe** to a patient any of the following treatment alternatives, based on the practitioner's clinical judgment and the availability of the treatment, **before starting a patient on an opioid**; chiropractic, physical therapy, occupational therapy, acupuncture, massage therapy, and/or osteopathic manipulation.”*

There are many clinical situations where the above alternatives are not appropriate, e.g. acute fractures, major trauma, certain surgical procedures, kidney stones, certain cancer situations. (One could certainly list more).

“Policies issued pursuant to this section shall provide coverage for at least 20 visits per event of yoga therapy, physical therapy, occupational therapy, osteopathic manipulation, a chronic pain management program, and chiropractic services when ordered by a health care practitioner to treat conditions that cause chronic pain.”

Mandating coverage of "alternative" therapies has potential to rapidly increase health care costs of limited/questionable efficacy - think: Reiki, nutritional supplements, homeopathy, PRP, lipotherapy.....

“Procedures for yearly continuing education for health care practitioners which shall include proof that they have completed no less than 4 hours of continuing education relating to effective alternatives to the use of opioids which focus on the use of nonpharmacological modalities for pain management, specifically chiropractic, acupuncture, osteopathic manipulation, and massage.”

Mandating specific CME needs has a major downside of forcing physicians to spend educational hours on something that may have very little relevance to their medical practice.

An allergist, geneticist, radiologist, endocrinologist (and many others) may never prescribe narcotics. Isn't it more beneficial that a practitioner concentrate their CME time and money on staying current in the areas relevant to their practice? 4 hours yearly is a major percentage of CME time with little expectation that there would be major developments. Furthermore, every discussion of opioids I have been part of (as instructor or student) has always discussed alternatives to opioids.

Thank you,
Charlie Blitzer, MD



New Hampshire Psychiatric Society

7 N. State St., Concord, NH 03301

Patrick Ho, MD
President

Catrina Watson
Executive Director

To: NH House Health, Human Services and Elderly Affairs Committee

From: Patrick Ho, MD, MPH, President, New Hampshire Psychiatric Society

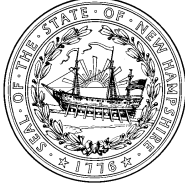
Re: HB 247 - Relative to treatment alternatives to opioids

Date: January 26, 2021

I am strongly opposed to this bill because as a psychiatrist on the frontlines, I am responsible for the care of patients fighting substance use disorders. While the gravity and magnitude of opioid misuse and abuse in our state has indeed contributed to a great deal of morbidity and mortality, uniformly taking away a physician's ability to effectively control pain is an inadequate and potentially harmful attempt to solve the opioid crisis.

Opioid medications have addictive potential, and are also one of the most effective tools at our disposal to adequately control pain. Opioid medications, when parsimoniously prescribed and effectively monitored by trained prescribers, are evidence-based medications for acute and chronic pain. If physicians and other prescribers are unable to prescribe an opioid in a case where it might otherwise be indicated, this could contribute to suboptimal treatment of pain which could potentially lead to more illicit opioid use. Physicians and prescribers should be able to use discretion as stewards to be able to prescribe opioid medications when indicated. Without the ability to adequately control pain through appropriate prescription of opioid medications, we could unintentionally be contributing to the opioid crisis rather than curbing it.

Thank you,
Patrick Ho, MD, MPH
President, New Hampshire Psychiatric Society



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL & FORENSIC
SERVICES

Helen Hanks, MM
Commissioner

Paula Mattis, MSW, FACHE
Director

PO Box 1806, Rm. 328A
Concord, NH 03302-1806
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HB 247

Title: relative to treatment alternative to opioids.

Testimony of Paula Mattis, Director of Medical and Forensic Services, DOC

October 05, 2021

The New Hampshire Department of Corrections (NHDOC) opposes this legislation as written. While the proposed legislation makes it clear that a health care practitioner should prescribe nonopioid modalities as a first line of treatment when *possible*, as written it also appears to require a nonopioid treatment *at least simultaneously* with an opioid. This section causes us concern.

Of the services listed in this bill the NHDOC does offer, on site, physical therapy. If this bill passes, one could argue that the law sets forth a *medically necessary* treatment path. This would bind the DOC to either directly providing or transporting people to these services delineated in this bill.

The operational challenge if this bill were to pass as written is that we do not have the staff to transport people to these nonopioid services such as chiropractic, occupational therapy, acupuncture, massage therapy, and/or osteopathic manipulation. We would very quickly be out of compliance with the law if this bill passes.

The fiscal challenge is a major one for the NHDOC. This bill does address insurance coverage issues for these outpatient services, but that does not pertain to the DOC. All the costs for these outpatient services would come out of our medical budget, which is 100% general funded. The NHDOC is only able to defer costs to Medicaid for *hospital stays* coded as *inpatient* services. Projecting the actual amounts this could cost the NHDOC is challenging due to the range of services listed, the inability to know which services—or array of services—would benefit any individual patient, and the number of patients in any year since we cannot predict how many people with a chronic pain condition will be sent to prison.

If we take average costs for these services by the number of patients who would be eligible for these services currently, we project it would cost the NHDOC \$61,180.

It is important to understand what this amount means. This means that 133 patients (a number that will change) could get **each** of the following services **once a year**: chiropractic, occupational therapy, acupuncture, osteopathic manipulation and massage therapy.

Since it is highly improbable that any single patient would only get **one** service **once** a year, we are looking at significantly higher costs that are impossible to project because of the number of combinations available of service type and frequency.

For example, the bill requires insurers to cover at least 20 sessions per year for the different services specified. If one individual got a minimum of 20 sessions for each of the services identified, the total cost per year would be \$9,200. If one-half of the 133 patients (67 patients) received this level of services, it would cost the state \$616,400.00 in general fund dollars.

Please note that we have looked at adding occupational therapy and acupuncture to our on-site services, but budgetary constraints have not allowed us to do so to date.

The amounts projected are only what we would owe to community providers. There are significant additional costs in terms of getting NHDOC residents to these appointments.

NHDOC is experiencing the same workforce challenges that other employers are. As a result, we are unable to hire into vacant positions and frequently have to pay overtime to meet our current needs. This legislation would require us to increase our already burdened transportation services. We would be paying correctional officers overtime to complete the transportation runs required by this bill.

The average cost per appointment would be \$177.48 to have two officers take one person for one of these appointments. If each of the 133 patients has **at least one** appointment due to this legislation, additional costs of \$23,605 per year would be incurred. Again, it is highly unlikely that each patient would have only one appointment per year so this amount is provided to give perspective the possible costs associated with this legislation. (Please note the table below to provide you with our assumptions and references we used.)

We support the movement to reduce prescription of opioid medications in our system. We have done education with our staff and residents on this topic. It is extremely rare for us to use opioids in the normal course of our work with residents. This is clearly a bill designed to help citizens and encourage a rethinking of how to approach medical situations where opioids have often been a first line in treatment. We are concerned, however, about the impact on our agency, especially in the area of costs and liability.

Thank you for considering this testimony.

Respectfully submitted,

Paula Mattis

<u>Average Cost</u>	\$75.00/visit (Range \$50-\$200)	\$150/visit (Range \$50-\$400 and hour)	\$90/visit (range \$60-\$120 per session)	\$75/visit	\$70/visit	Potential Additional Costs
<u>Service</u>	Chiropractic	Occupational Therapy	Acupuncture	Osteopathic Manipulation	Massage Therapy	
<u>Current Chronic Pain Clinic Patients-133</u>	\$9,975	\$19,950	\$11,970	\$9,975	\$9,310	\$61,180
<u>Source</u>	Cost of a chiropractor-2021 Healthcare Costs-Cost Helper	Cost of occupational therapy—2021 Healthcare Costs (costhelper.com)	Cost of acupuncture—2021—The Pricer	Osteopathic manipulation-Clear Health Costs	Massage therapy-average massage therapy cost (Near Me) (thervo.com)	

HB 247 - AS INTRODUCED

2021 SESSION

21-0164
08/05

HOUSE BILL **247**

AN ACT relative to treatment alternatives to opioids.

SPONSORS: Rep. Lundgren, Rock. 5; Rep. Dolan, Rock. 5; Rep. Crawford, Carr. 4; Rep. Massimilla, Graf. 1; Rep. Lascelles, Hills. 20; Rep. Love, Rock. 6

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill requires the department of health and human services to create a voluntary nonopioid directive form which may be used for nonopioid treatment options for pain. This bill also establishes insurance coverage for such treatment options.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~[in brackets and struckthrough.]~~
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to treatment alternatives to opioids.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Subdivision; Nonopioid Directives. Amend RSA 126-A by inserting after section 88 the
2 following new subdivision:

3 Nonopioid Directives

4 126-A:89 Definitions. In this subdivision:

5 I. "Health care facility" means a facility licensed under RSA 151.

6 II. "Health care practitioner" or "prescribing practitioner" means a person who is lawfully
7 entitled to prescribe, administer, dispense, or distribute controlled drugs.

8 126-A:90 Treatment of Chronic Pain.

9 I. When patients seek treatment for any of the myriad conditions that cause pain, a health
10 care practitioner shall refer or prescribe to a patient any of the following treatment alternatives,
11 based on the practitioner's clinical judgment and the availability of the treatment, before starting a
12 patient on an opioid; chiropractic, physical therapy, occupational therapy, acupuncture, massage
13 therapy, and/or osteopathic manipulation.

14 II. The health care practitioner shall honor the nonopioid directive first, by administering
15 less addictive, nonopioid medications or nonpharmacological modalities as a first line of treatment,
16 whenever possible.

17 III. Nothing in this section shall be construed to require that all of the treatment
18 alternatives set forth in paragraph I shall be required to be exhausted prior to the patient receiving
19 a prescription for an opioid.

20 IV. Nothing in this section shall preclude a health care practitioner from simultaneously
21 prescribing an opioid and prescribing or recommending any of the procedures set forth in paragraph
22 I.

23 126-A:91 Rulemaking. The commissioner shall adopt rules, pursuant to RSA 541-A, relative to:

24 I. A standard form for the recording and transmission of the voluntary nonopioid directive
25 form, which shall include verification by the patient's practitioner and which shall comply with the
26 appropriate confidentiality requirements of the Health Insurance Portability and Accountability Act
27 of 1996 (HIPAA) as amended, and shall include, the basic procedures necessary to revoke the
28 voluntary nonopioid directive form.

29 II. Procedures to record the voluntary nonopioid directive form in the patient's medical
30 record or, if available, the patient's interoperable electronic medical record in the system.

1 III. Requirements and procedures for a patient to appoint a duly authorized guardian or
2 health care proxy to override a previously filed voluntary nonopioid directive form and circumstances
3 under which an attending practitioner may override a previously filed voluntary nonopioid directive
4 form based on documented medical judgment which shall be recorded in the patient's medical record.

5 IV. Procedures to ensure that any recording, sharing, or distributing of data relative to the
6 voluntary nonopioid directive form complies with all federal and state confidentiality laws.

7 V. Procedures for yearly continuing education for health care practitioners which shall
8 include proof that they have completed no less than 4 hours of continuing education relating to
9 effective alternatives to the use of opioids which focus on the use of nonpharmacological modalities
10 for pain management, specifically chiropractic, acupuncture, osteopathic manipulation, and
11 massage.

12 126-A:92 Protections.

13 I. A written prescription which is presented at an outpatient pharmacy or a prescription
14 that is electronically transmitted to an outpatient pharmacy shall be presumed to be valid for the
15 purposes of this subdivision, and a pharmacist in an outpatient setting shall not be held in violation
16 of this subdivision for dispensing a controlled substance containing an opioid or other controlled
17 substance in contradiction to a voluntary nonopioid directive form, except upon evidence that the
18 pharmacist acted knowingly against the voluntary nonopioid directive form.

19 II. No health care practitioner or employee of a health care practitioner acting in good faith
20 shall be subject to criminal or civil liability or be considered to have engaged in unprofessional
21 conduct for failing to offer or administer a prescription or medication order for a controlled substance
22 containing an opioid under the voluntary nonopioid directive form.

23 III. No person acting as a representative or an agent under a health care proxy shall be
24 subject to criminal or civil liability for making a decision under RSA 126-A:90 in good faith.

25 2 New Section; Coverage for Nonopioid Treatment for Pain; Individual. Amend RSA 415 by
26 inserting after section 6-aa the following new section:

27 415:6-bb Coverage for Nonopioid Treatment for Pain; Individual. Each insurer that issues or
28 renews any individual policy, plan, or contract of accident or health insurance providing benefits for
29 medical or hospital expenses shall provide to persons covered by such insurance who are residents of
30 this state coverage for the costs of options to patients for evidenced-based nonopioid treatment for
31 pain, including but not limited to, yoga therapy, chiropractic care, osteopathic manipulative
32 treatment and acupuncture treatment. Policies issued pursuant to this section shall provide
33 coverage for at least 20 visits per event of yoga therapy, physical therapy, occupational therapy,
34 osteopathic manipulation, a chronic pain management program, and chiropractic services when
35 ordered by a health care practitioner to treat conditions that cause chronic pain. Reimbursement,
36 coinsurance, copayment, and deductible amounts for pain management care utilizing yoga therapy,
37 chiropractic, acupuncture, and/or osteopathic manipulation shall be determined as a service under

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1 the Patient Protection and Affordable Care Act of 2009, as amended, definition of rehabilitation and
2 habilitation, but in no case shall be greater than the deductible, coinsurance, or co-pay required for a
3 primary care visit.

4 3 New Section; Coverage for Nonopioid Treatment for Pain; Group. Amend RSA 415 by
5 inserting after section 18-ee the following new section:

6 415:18-ff Coverage for Nonopioid Treatment for Pain. Each insurer that issues or renews any
7 policy of group or blanket accident or health insurance providing benefits for medical or hospital
8 expenses shall provide to each group, or to the portion of each group comprised of certificate holders
9 of such insurance who are residents of this state, coverage for the costs of options to patients for
10 evidenced-based nonopioid treatment for pain, including but not limited to, yoga therapy,
11 chiropractic care, osteopathic manipulative treatment and acupuncture treatment. Policies issued
12 pursuant to this section shall provide coverage for at least 20 visits per event of yoga therapy,
13 physical therapy, occupational therapy, osteopathic manipulation, a chronic pain management
14 program, and chiropractic services when ordered by a health care practitioner to treat conditions
15 that cause chronic pain. Reimbursement, coinsurance, copayment, and deductible amounts for pain
16 management care utilizing yoga therapy, chiropractic, acupuncture, and/or osteopathic manipulation
17 shall be determined as a service under the Patient Protection and Affordable Care Act of 2009, as
18 amended, definition of rehabilitation and habilitation, but in no case shall be greater than the
19 deductible, coinsurance, or co-pay required for a primary care visit.

20 4 Health Services Corporations; Applicable Statutes. Amend RSA 420-A:2 to read as follows:

21 420-A:2 Applicable Statutes. Every health service corporation shall be governed by this chapter
22 and the relevant provisions of RSA 161-H, and shall be exempt from this title except for the
23 provisions of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415-A, RSA 415-F, RSA 415:6,
24 II(4), RSA 415:6-g, RSA 415:6-k, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-t, RSA 415:6-u,
25 RSA 415:6-v, RSA 415:6-w, RSA 415:6-x, RSA 415:6-y, 415:6-z, 415:6-aa, **RSA 415:6-bb**, RSA 415:18,
26 V, RSA 415:18, XVI and XVII, RSA 415:18, VII-a, RSA 415:18-a, RSA 415:18-i, RSA 415:18-j, RSA
27 415:18-o, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w, RSA 415:18-y,
28 RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, RSA 415:18-cc, 415:18-dd, 415:18-ee, **RSA 415:18-ff**,
29 RSA 415:22, RSA 417, RSA 417-E, RSA 420-J, and all applicable provisions of title XXXVII wherein
30 such corporations are specifically included. Every health service corporation and its agents shall be
31 subject to the fees prescribed for health service corporations under RSA 400-A:29, VII.

32 5 Health Maintenance Organizations; Statutory Construction. Amend RSA 420-B:20, III to read
33 as follows:

34 III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415:6-g,
35 RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, RSA 415:6-t, RSA 415:6-u, RSA 415:6-v, RSA 415:6-w, RSA
36 415:6-x, RSA 415:6-y, RSA 415:6-z, RSA 415:6-aa, **RSA 415:6-bb**, RSA 415:18, VII-a, RSA 415:18,
37 XVI and XVII, RSA 415:18-i, RSA 415:18-j, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-

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1 v, RSA 415:18-w, RSA 415:18-y, RSA 415:18-z, RSA 415:18-aa, RSA 415:18-bb, RSA 415:18-cc, RSA
2 415:18-dd, 415:18-ee, ***RSA 415:18-ff***, RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply
3 to health maintenance organizations.

4 6 Effective Date. This act shall take effect July 1, 2021.