LEGISLATIVE COMMITTEE MINUTES

HB1022

Bill as Introduced

HB 1022 - AS AMENDED BY THE HOUSE

16Mar2022... 0964h

2022 SESSION

22-2137
05/08

HOUSE BILL ***1022***

AN ACT permitting pharmacists to dispense the drug ivermectin by means of a standing order.

SPONSORS: Rep. Cushman, Hills. 2; Rep. Kofalt, Hills. 4; Rep. Sheehan, Hills. 23; Rep. Yakubovich, Merr. 24; Rep. Blasek, Hills. 21; Rep. Torosian, Rock. 14; Rep. Harley, Rock. 20; Rep. T. Lekas, Hills. 37

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill allows pharmacists to dispense invermectin pursuant to a standing order entered into by licensed health care providers.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 Two

AN ACT permitting pharmacists to dispense the drug ivermectin by means of a standing order.

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

1 New Section; Ivermectin; Dispensing. Amend RSA 318 by inserting after section 47-m the following new section:

318:47-n Ivermectin; Dispensing.

I. In this section, "standing order" means a written and signed protocol authored by one or more physicians licensed under RSA 329:12 or one or more advanced practice registered nurses licensed under RSA 326-B:18. Such agreement shall specify a protocol allowing the pharmacist licensed under RSA 318:18 to dispense ivermectin under the delegated prescriptive authority of the physician or advanced practice registered nurse, specify a screening protocol for each patient, specify a requirement to document screening performed and the prescription in the patient's medical record, and include a plan for referring for evaluation and treatment of adverse events. Any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

II. Licensed pharmacists following standing orders may dispense ivermectin to persons in this state without a prior prescription. Pharmacies may charge a fee for consultation with the patient.

III. A pharmacist, pharmacy, physician, advanced practice registered nurse, or a medical facility that employs a pharmacist, physician, or advanced practice registered nurse issuing or following standing orders shall be prohibited from seeking personal financial benefit by participating in any incentive-based program or accepting any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.

IV. A pharmacist, physician, or advanced practice registered nurse shall be held to the same standard of care as when prescribing and dispensing any other medication.

V. The pharmacist shall provide each recipient of ivermectin pursuant to this section with an information sheet written in plain language, which shall include, but is not limited to, potential adverse effects, drug interactions, Food and Drug Administration-approved indications for ivermectin use, the importance of follow-up care, and health care referral information.

VI. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of this section are satisfied. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an advanced practice registered nurse based on a

pharmacist's failure to follow standing orders provided the provisions of this section are satisfied. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of this section are satisfied.

2 New Section; Prescription and Administration of Ivermectin. Amend RSA 329 by inserting after section 1-h the following new section:

329:1-i Prescription and Administration of Ivermectin. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of RSA 318:47-n are satisfied.

3 New Section; Prescription and Administration of Ivermectin. Amend RSA 326-B by inserting after section 37 the following new section:

326-B:37-a Prescription and Administration of Ivermectin. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an advanced practice registered nurse based on a pharmacist's failure to follow standing orders provided the provisions of RSA 318:47-n are satisfied. .

4 New Section; Prescription and Administration of Ivermectin. Amend RSA 318 by inserting after section 16-f the following new section:

318:16-g Prescription and Administration of Ivermectin. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of RSA 318:47-n are satisfied.

5 Effective Date. This act shall take effect 60 days after its passage.

HB 1022 - AS AMENDED BY THE SENATE

16Mar2022... 0964h
05/05/2022 1867s
05/05/2022 1977s

2022 SESSION

22-2137
05/08

HOUSE BILL ***1022***

AN ACT permitting pharmacists to dispense the drug Ivermectin by means of a standing order and establishing a commission to study the use of Ivermectin to treat Covid-19.

SPONSORS: Rep. Cushman, Hills. 2; Rep. Kofalt, Hills. 4; Rep. Sheehan, Hills. 23; Rep. Yakubovich, Merr. 24; Rep. Blasek, Hills. 21; Rep. Torosian, Rock. 14; Rep. Harley, Rock. 20; Rep. T. Lekas, Hills. 37

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill allows pharmacists to dispense Ivermectin pursuant to a standing order. The authority is repealed July 1, 2024. The bill also establishes a commission to study the use of Ivermectin to treat Covid-19 and to provide a recommendation regarding whether to make the standing order permanent.

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.

HB 1022 - AS AMENDED BY THE SENATE

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT permitting pharmacists to dispense the drug Ivermectin by means of a standing order and establishing a commission to study the use of Ivermectin to treat Covid-19.

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

1 New Section; Ivermectin; Dispensing. Amend RSA 318 by inserting after section 47-m the following new section:

318:47-n Ivermectin; Dispensing.

I. In this section, "standing order" means a written and signed protocol authored by one or more physicians licensed under RSA 329:12 or one or more advanced practice registered nurses licensed under RSA 326-B:18. Such agreement shall specify a protocol allowing the pharmacist licensed under RSA 318:18 to dispense Ivermectin under the delegated prescriptive authority of the physician or advanced practice registered nurse, specify a screening protocol for each patient, specify a requirement to document screening performed and the prescription in the patient's medical record, and include a plan for referring for evaluation and treatment of adverse events; provided that the standing order shall not be used if the patient is pregnant or under 18 years of age. Any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

II. Licensed pharmacists following standing orders may dispense ivermectin to persons in this state without a prior prescription. Pharmacies may charge a fee for consultation with the patient.

II-a. Any person who receives Ivermectin through a standing order shall sign an informed consent stating that there is no proven benefit to treating Covid-19 with Ivermectin.

III. A pharmacist, pharmacy, physician, advanced practice registered nurse, or a medical facility that employs a pharmacist, physician, or advanced practice registered nurse issuing or following standing orders shall be prohibited from seeking personal financial benefit by participating in any incentive-based program or accepting any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.

IV. A pharmacist, physician, or advanced practice registered nurse shall be held to the same standard of care as when prescribing and dispensing any other medication.

V. The pharmacist shall provide each recipient of ivermectin pursuant to this section with an information sheet written in plain language, which shall include, but is not limited to, potential

adverse effects, drug interactions, Food and Drug Administration-approved indications for ivermectin use, the importance of follow-up care, and health care referral information.

VI. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of this section are satisfied. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an advanced practice registered nurse based on a pharmacist's failure to follow standing orders provided the provisions of this section are satisfied. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of this section are satisfied.

2 New Section; Prescription and Administration of Ivermectin. Amend RSA 329 by inserting after section 1-h the following new section:

329:1-i Prescription and Administration of Ivermectin. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of RSA 318:47-n are satisfied.

3 New Section; Prescription and Administration of Ivermectin. Amend RSA 326-B by inserting after section 37 the following new section:

326-B:37-a Prescription and Administration of Ivermectin. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an advanced practice registered nurse based on a pharmacist's failure to follow standing orders provided the provisions of RSA 318:47-n are satisfied. .

4 New Section; Prescription and Administration of Ivermectin. Amend RSA 318 by inserting after section 16-f the following new section:

318:16-g Prescription and Administration of Ivermectin. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of RSA 318:47-n are satisfied.

5 New Subdivision; Commission to Study the Use of Ivermectin to Treat Covid-19 Established. Amend RSA 126-A by inserting after section 97 the following new subdivision:

Commission to Study the Use of Ivermectin to Treat Covid-19

126-A:98 Commission to Study the Use of Ivermectin to Treat Covid-19. There is established a commission to study use of Ivermectin to treat Covid-19.

I. The members of the commission shall be as follows:

(a) Three members of the house of representatives, appointed by the speaker of the house of representatives, at least one of whom shall be a member of the house health, human services and elderly affairs committee and one of whom shall be a member of the executive departments and administration committee.

(b) One member of the senate, appointed by the president of the senate.

(c) The commissioner of the department of health and human services, or designee.

(d) A representative of the New Hampshire board of pharmacy, appointed by the board.

(e) A representative of the board of nursing, appointed by the board.

(f) A representative of the board of medicine, appointed by the board.

(g) A representative of the New Hampshire Medical Society, appointed by the society.

(h) A representative of the New Hampshire Hospital Association, appointed by the association.

(i) A representative of the New Hampshire Nurse Practitioners Association, appointed by the association.

(j) A representative of the New Hampshire Pharmacist Association, appointed by the association.

(k) Two members of the public, one of whom shall be appointed by the senate president and one of whom shall be appointed by the speaker of the house of representatives.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

III. The commission shall examine national data on the use of Ivermectin to treat Covid-19, relevant studies around the use of Ivermectin and work already being conducted by other states standing orders. The commission shall review implementation of RSA 318:47-n, permitting pharmacists to dispense Ivermectin by means of a standing order, and provide a recommendation as to whether such authority should be made permanent.

IV. The members of the study commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. A majority of commission members shall constitute a quorum.

V. The commission shall report its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before November 1, 2023.

6 Repeal. The following are repealed:

I. RSA 126-A:98 and the subdivision heading preceding RSA 126-A:98, relative to a commission to study the use of Ivermectin to treat Covid-19.

II. RSA 318:47-n, authorizing pharmacists to dispense Ivermectin by means of a standing order.

7 Effective Date.

I. Paragraph I of section 6 of this act shall take effect December 31, 2023.

II. Paragraph II of section 6 of this act shall take effect July 1, 2024.

III. Sections 1-4 of this act shall take effect 60 days after its passage.

IV. The remainder of this act shall take effect upon its passage.

HB 1022 - FINAL VERSION

16Mar2022... 0964h
05/05/2022 1867s
05/05/2022 1977s

2022 SESSION

22-2137
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HOUSE BILL ***1022***

AN ACT permitting pharmacists to dispense the drug Ivermectin by means of a standing order and establishing a commission to study the use of Ivermectin to treat COVID-19.

SPONSORS: Rep. Cushman, Hills. 2; Rep. Kofalt, Hills. 4; Rep. Sheehan, Hills. 23; Rep. Yakubovich, Merr. 24; Rep. Blasek, Hills. 21; Rep. Torosian, Rock. 14; Rep. Harley, Rock. 20; Rep. T. Lekas, Hills. 37

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill allows pharmacists to dispense Ivermectin pursuant to a standing order. The authority is repealed July 1, 2024. The bill also establishes a commission to study the use of Ivermectin to treat COVID-19 and to provide a recommendation regarding whether to make the standing order permanent.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
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HB 1022 - FINAL VERSION

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22-2137
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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT permitting pharmacists to dispense the drug Ivermectin by means of a standing order and establishing a commission to study the use of Ivermectin to treat COVID-19.

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

1 New Section; Ivermectin; Dispensing. Amend RSA 318 by inserting after section 47-m the following new section:

318:47-n Ivermectin; Dispensing.

I. In this section, "standing order" means a written and signed protocol authored by one or more physicians licensed under RSA 329:12 or one or more advanced practice registered nurses licensed under RSA 326-B:18. Such agreement shall specify a protocol allowing the pharmacist licensed under RSA 318:18 to dispense Ivermectin under the delegated prescriptive authority of the physician or advanced practice registered nurse, specify a screening protocol for each patient, specify a requirement to document screening performed and the prescription in the patient's medical record, and include a plan for referring for evaluation and treatment of adverse events; provided that the standing order shall not be used if the patient is pregnant or under 18 years of age. Any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

II. Licensed pharmacists following standing orders may dispense Ivermectin to persons in this state without a prior prescription. Pharmacies may charge a fee for consultation with the patient.

II-a. Any person who receives Ivermectin through a standing order shall sign an informed consent stating that there is no proven benefit to treating COVID-19 with Ivermectin.

III. A pharmacist, pharmacy, physician, advanced practice registered nurse, or a medical facility that employs a pharmacist, physician, or advanced practice registered nurse issuing or following standing orders shall be prohibited from seeking personal financial benefit by participating in any incentive-based program or accepting any inducement that influences or encourages therapeutic or product changes or the ordering of tests or services.

IV. A pharmacist, physician, or advanced practice registered nurse shall be held to the same standard of care as when prescribing and dispensing any other medication.

V. The pharmacist shall provide each recipient of Ivermectin pursuant to this section with an information sheet written in plain language, which shall include, but is not limited to, potential adverse effects, drug interactions, Food and Drug Administration-approved indications for Ivermectin use, the importance of follow-up care, and health care referral information.

VI. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of this section are satisfied. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an advanced practice registered nurse based on a pharmacist's failure to follow

standing orders provided the provisions of this section are satisfied. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of this section are satisfied.

2 New Section; Prescription and Administration of Ivermectin. Amend RSA 329 by inserting after section 1-h the following new section:

329:1-i Prescription and Administration of Ivermectin. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary action against a physician based on a pharmacist's failure to follow standing orders provided the provisions of RSA 318:47-n are satisfied.

3 New Section; Prescription and Administration of Ivermectin. Amend RSA 326-B by inserting after section 37 the following new section:

326-B:37-a Prescription and Administration of Ivermectin. The board of nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an advanced practice registered nurse based on a pharmacist's failure to follow standing orders provided the provisions of RSA 318:47-n are satisfied.

4 New Section; Prescription and Administration of Ivermectin. Amend RSA 318 by inserting after section 16-f the following new section:

318:16-g Prescription and Administration of Ivermectin. The board of pharmacy shall not deny, revoke, suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders based on a defect in those standing orders provided the provisions of RSA 318:47-n are satisfied.

5 New Subdivision; Commission to Study the Use of Ivermectin to Treat COVID-19 Established. Amend RSA 126-A by inserting after section 97 the following new subdivision:

Commission to Study the Use of Ivermectin to Treat COVID-19

126-A:98 Commission to Study the Use of Ivermectin to Treat COVID-19. There is established a commission to study use of Ivermectin to treat COVID-19.

I. The members of the commission shall be as follows:

(a) Three members of the house of representatives, appointed by the speaker of the house of representatives, at least one of whom shall be a member of the house health, human services and elderly affairs committee and one of whom shall be a member of the executive departments and administration committee.

(b) One member of the senate, appointed by the president of the senate.

(c) The commissioner of the department of health and human services, or designee.

(d) A representative of the New Hampshire board of pharmacy, appointed by the board.

(e) A representative of the board of nursing, appointed by the board.

(f) A representative of the board of medicine, appointed by the board.

(g) A representative of the New Hampshire Medical Society, appointed by the society.

(h) A representative of the New Hampshire Hospital Association, appointed by the association.

(i) A representative of the New Hampshire Nurse Practitioners Association, appointed by the association.

(j) A representative of the New Hampshire Pharmacist Association, appointed by the association.

(k) Two members of the public, one of whom shall be appointed by the senate president and one of whom shall be appointed by the speaker of the house of representatives.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

III. The commission shall examine national data on the use of Ivermectin to treat COVID-19, relevant studies around the use of Ivermectin and work already being conducted by other states standing orders. The commission shall review implementation of RSA 318:47-n, permitting pharmacists to dispense Ivermectin by means of a standing order, and provide a recommendation as to whether such authority should be made permanent.

IV. The members of the study commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. A majority of commission members shall constitute a quorum.

V. The commission shall report its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before November 1, 2023.

6 Repeal. The following are repealed:

I. RSA 126-A:98 and the subdivision heading preceding RSA 126-A:98, relative to a commission to study the use of Ivermectin to treat COVID-19.

II. RSA 318:47-n, authorizing pharmacists to dispense Ivermectin by means of a standing order.

7 Effective Date.

I. Paragraph I of section 6 of this act shall take effect December 31, 2023.

II. Paragraph II of section 6 of this act shall take effect July 1, 2024.

III. Sections 1-4 of this act shall take effect 60 days after its passage.

IV. The remainder of this act shall take effect upon its passage.

VETOED June 24, 2022

Amendments

Sen. Bradley, Dist 3
April 19, 2022
2022-1633s
05/08

Amendment to HB 1022

Amend the title of the bill by replacing it with the following:

AN ACT establishing a commission to study the use of Ivermectin to treat Covid-19.

Amend the bill by replacing all after the enacting clause with the following:

1 New Subdivision; Commission to Study the Use of Ivermectin to Treat Covid-19 Established. Amend RSA 126-A by inserting after section 97 the following new subdivision:

Commission to Study the Use of Ivermectin to Treat Covid-19

126-A:98 Commission to Study the Use of Ivermectin to Treat Covid-19. There is established a commission to study use of Ivermectin to treat Covid-19.

I. The members of the commission shall be as follows:

(a) Three members of the house of representatives, appointed by the speaker of the house of representatives, at least one of whom shall be a member of the house health, human services and elderly affairs committee and one of whom shall be a member of the executive departments and administration committee.

(b) One member of the senate, appointed by the president of the senate.

(c) The commissioner of the department of health and human services, or designee.

(d) A representative of the New Hampshire board of pharmacy, appointed by the board.

(e) A representative of the board of nursing, appointed by the board.

(f) A representative of the board of medicine, appointed by the board .

(g) A representative of the New Hampshire Medical Society, appointed by the society.

(h) A representative of the New Hampshire Hospital Association, appointed by the association.

(i) A representative of the New Hampshire Nurse Practitioners Association, appointed by the association.

(j) A representative of the New Hampshire Pharmacist Association, appointed by the association.

(k) Two members of the public, one of whom shall be appointed by the senate president and one of whom shall be appointed by the speaker of the house of representatives.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

III. The commission shall examine national data on the use of ivermectin to treat Covid-19, relevant studies around the use of ivermectin and work already being conducted by other states standing orders.

IV. The members of the study commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. A majority of commission members shall constitute a quorum.

V. The commission shall report its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before November 1, 2022.

2 Repeal. RSA 126-A:98 and the subdivision heading preceding RSA 126-A:98 are repealed.

3 Effective Date.

I. Section 2 of this act shall take effect December 31, 2022.

II. The remainder of this act shall take effect upon its passage.

2022-1633s

AMENDED ANALYSIS

This bill establishes a commission to study the use of Ivermectin to treat Covid-19.

Sen. Bradley, Dist 3
April 26, 2022
2022-1826s
05/04

Amendment to HB 1022

Amend the title of the bill by replacing it with the following:

AN ACT permitting pharmacists to dispense the drug Ivermectin by means of a standing order and establishing a commission to study the use of Ivermectin to treat Covid-19.

Amend RSA 318-47-n, I as inserted by section 1 of the bill by replacing it with the following:

I. In this section, "standing order" means a written and signed protocol authored by one or more physicians licensed under RSA 329:12 or one or more advanced practice registered nurses licensed under RSA 326-B:18. Such agreement shall specify a protocol allowing the pharmacist licensed under RSA 318:18 to dispense Ivermectin under the delegated prescriptive authority of the physician or advanced practice registered nurse, specify a screening protocol for each patient, specify a requirement to document screening performed and the prescription in the patient's medical record, and include a plan for referring for evaluation and treatment of adverse events; provided that the standing order shall not be used if the patient is pregnant or under 18 years of age. Any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

Amend the bill by replacing all after section 4 with the following:

5 New Subdivision; Commission to Study the Use of Ivermectin to Treat Covid-19 Established. Amend RSA 126-A by inserting after section 97 the following new subdivision:

Commission to Study the Use of Ivermectin to Treat Covid-19

126-A:98 Commission to Study the Use of Ivermectin to Treat Covid-19. There is established a commission to study use of Ivermectin to treat Covid-19.

I. The members of the commission shall be as follows:

(a) Three members of the house of representatives, appointed by the speaker of the house of representatives, at least one of whom shall be a member of the house health, human services and elderly affairs committee and one of whom shall be a member of the executive departments and administration committee.

(b) One member of the senate, appointed by the president of the senate.

(c) The commissioner of the department of health and human services, or designee.

(d) A representative of the New Hampshire board of pharmacy, appointed by the board.

(e) A representative of the board of nursing, appointed by the board.

(f) A representative of the board of medicine, appointed by the board.

(g) A representative of the New Hampshire Medical Society, appointed by the society.

(h) A representative of the New Hampshire Hospital Association, appointed by the association.

(i) A representative of the New Hampshire Nurse Practitioners Association, appointed by the association.

(j) A representative of the New Hampshire Pharmacist Association, appointed by the association.

(k) Two members of the public, one of whom shall be appointed by the senate president and one of whom shall be appointed by the speaker of the house of representatives.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

III. The commission shall examine national data on the use of Ivermectin to treat Covid-19, relevant studies around the use of Ivermectin and work already being conducted by other states standing orders. The commission shall review implementation of RSA 318:47-n, permitting pharmacists to dispense Ivermectin by means of a standing order, and provide a recommendation as to whether such authority should be made permanent.

IV. The members of the study commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. A majority of commission members shall constitute a quorum.

V. The commission shall report its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before November 1, 2023.

6 Repeal. The following are repealed:

I. RSA 126-A:98 and the subdivision heading preceding RSA 126-A:98, relative to a commission to study the use of Ivermectin to treat Covid-19.

II. RSA 318:47-n, authorizing pharmacists to dispense Ivermectin by means of a standing order.

7 Effective Date.

I. Paragraph I of section 6 of this act shall take effect December 31, 2023.

II. Paragraph II of section 6 of this act shall take effect July 1, 2024.

III. Sections 1-4 of this act shall take effect 60 days after its passage.

IV. The remainder of this act shall take effect upon its passage.

2022-1826s

AMENDED ANALYSIS

This bill allows pharmacists to dispense Ivermectin pursuant to a standing order. The authority is repealed July 1, 2024. The bill also establishes a commission to study the use of Ivermectin to treat Covid-19 and to provide a recommendation regarding whether to make the standing order permanent.

Sen. Sherman, Dist 24
Sen. Whitley, Dist 15
May 3, 2022
2022-1922s
05/04

Floor Amendment to HB 1022

Amend the title of the bill by replacing it with the following:

AN ACT establishing a commission to study the use of Ivermectin to treat Covid-19.

Amend the bill by replacing all after the enacting clause with the following:

1 New Subdivision; Commission to Study the Use of Ivermectin to Treat Covid-19 Established. Amend RSA 126-A by inserting after section 97 the following new subdivision:

Commission to Study the Use of Ivermectin to Treat Covid-19

126-A:98 Commission to Study the Use of Ivermectin to Treat Covid-19. There is established a commission to study use of Ivermectin to treat Covid-19.

I. The members of the commission shall be as follows:

(a) Three members of the house of representatives, appointed by the speaker of the house of representatives, at least one of whom shall be a member of the house health, human services and elderly affairs committee and one of whom shall be a member of the executive departments and administration committee.

(b) One member of the senate, appointed by the president of the senate.

(c) The commissioner of the department of health and human services, or designee.

(d) A representative of the New Hampshire board of pharmacy, appointed by the board.

(e) A representative of the board of nursing, appointed by the board.

(f) A representative of the board of medicine, appointed by the board.

(g) A representative of the New Hampshire Medical Society, appointed by the society.

(h) A representative of the New Hampshire Hospital Association, appointed by the association.

(i) A representative of the New Hampshire Nurse Practitioners Association, appointed by the association.

(j) A representative of the New Hampshire Pharmacist Association, appointed by the association.

(k) Two members of the public, one of whom shall be appointed by the senate president and one of whom shall be appointed by the speaker of the house of representatives.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

III. The commission shall examine national data on the use of Ivermectin to treat Covid-19, relevant studies around the use of Ivermectin and work already being conducted by other states standing orders.

IV. The members of the study commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. A majority of commission members shall constitute a quorum.

V. The commission shall report its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before November 1, 2022.

2 Repeal. RSA 126-A:98 and the subdivision heading preceding RSA 126-A:98 are repealed.

3 Effective Date.

I. Section 2 of this act shall take effect December 31, 2022.

II. The remainder of this act shall take effect upon its passage.

2022-1922s

AMENDED ANALYSIS

This bill establishes a commission to study the use of Ivermectin to treat Covid-19.

Sen. Sherman, Dist 24
Sen. Whitley, Dist 15
May 5, 2022
2022-1977s
05/10

Floor Amendment to HB 1022

Amend RSA 318:47-n as inserted by section 1 of the bill by inserting after paragraph II the following new paragraph:

II-a. Any person who receives Ivermectin through a standing order shall sign an informed consent stating that there is no proven benefit to treating Covid-19 with Ivermectin.

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Jeb Bradley, Chair
Sen James Gray, Vice Chair
Sen Kevin Avard, Member
Sen Tom Sherman, Member
Sen Rebecca Whitley, Member

Date: April 7, 2022

HEARINGS

Wednesday	04/13/2022
(Day)	(Date)

Health and Human Services	State House 100	8:30 a.m.
(Name of Committee)	(Place)	(Time)

8:30 a.m.	**HB 1022**	permitting pharmacists to dispense the drug ivermectin by means of a standing order.
8:50 a.m.	**HB 1080**	relative to the rights of conscience for medical professionals.
9:10 a.m.	**HB 1379**	relative to the department of health and human services' rulemaking authority regarding immunization requirements.
9:30 a.m.	**HB 1488**	expanding the prohibition against discrimination based on an individual's election not to participate in the state vaccine registry.
9:50 a.m.	**HB 1531-FN-A**	modifies the oversight commission on children's services.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 1022

Rep. Cushman	Rep. Kofalt	Rep. Sheehan	Rep. Yakubovich
Rep. Blasek	Rep. Torosian	Rep. Harley	Rep. T. Lekas

HB 1080

Rep. M. Pearson	Rep. Spillane	Rep. Notter	Rep. Edwards
Rep. Wuelper	Rep. Gould	Sen. Giuda	

HB 1379

Rep. Kofalt	Rep. Blasek	Rep. Nunez	Rep. Bernardy
Rep. Hough	Rep. True	Rep. Love	Rep. Spillane
Sen. Avard			

HB 1488

Rep. Prout	Rep. Blasek	Rep. Binford	Rep. Johnson
Rep. T. Lekas			

HB 1531-FN-A

Rep. Cornell	Rep. Rice	Sen. Whitley

Cameron Lapine 271-2104

Jeb Bradley
Chairman

Senate Health and Human Services Committee

Cameron Lapine 271-2104

HB 1022, permitting pharmacists to dispense the drug ivermectin by means of a standing order.

Hearing Date: April 13, 2022

Time Opened: 8:30 a.m. **Time Closed:** 9:43 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and Whitley

Members of the Committee Absent: None

Bill Analysis: This bill allows pharmacists to dispense invermectin pursuant to a standing order entered into by licensed health care providers.

Sponsors:

Rep. Cushman	Rep. Kofalt	Rep. Sheehan
Rep. Yakubovich	Rep. Blasek	Rep. Torosian
Rep. Harley	Rep. T. Lekas	

Who supports the bill: In total, **170 individuals** signed in in support of HB 1022. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who opposes the bill: In total, **94 individuals** signed in in opposition to HB 1022. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who is neutral on the bill: In total, **1 individual** signed in as neutral on HB 1022. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Summary of testimony presented in support:

Representative Melissa Blasek

Hillsborough County District 21

- Representative Blasek said that HB 1022 will allow New Hampshire to join Tennessee in making ivermectin available without a prescription.
- Rep. Blasek said that ivermectin has been a prizewinning drug for decades and is used effectively in Africa for parasitic infections.

- Rep. Blasek said that more than 3.4 billion doses of ivermectin have been administered and it is an effective and well-tolerated treatment.
- Rep. Blasek said that ivermectin is available over the counter (OTC) in many countries and it is often administered by non-medical personnel.
- Rep. Blasek said that there have been 60 studies showing ivermectin to improve outcomes and reduce cases of Covid-19.
- Rep. Blasek said that while there is an effort to categorize ivermectin as dangerous by bureaucratic institutions, doctors and nurses have different medical opinions. She said that many providers work for large hospitals that prohibit ivermectin.
- Rep. Blasek said that 20% of all prescriptions are filled off-label.
- Rep. Blasek said that oral contraceptives are available OTC off-label. She said that ivermectin is safer than oral contraceptives.
- Rep. Blasek said that remdesivir is more dangerous than ivermectin.
- Rep. Blasek asked, if there is a safe drug that is available to reduce the burden on the health care system, why people would rally against it. She said that ivermectin is cheap, out of patent, safe, and effective.
- Rep. Blasek said that the National Institutes of Health no longer recommend against ivermectin and, instead, say that they do not have enough data to recommend for or against. She said that that is the most positive recommendation that they can give because they do not make off-label recommendations.
- Rep. Blasek said that larger studies on ivermectin are needed, but a meta-analysis shows a positive effect.
- Rep. Blasek said that HB 1022 is a big step but the reality is that people who want ivermectin will get it. She asked if they should be forced to go overseas or use veterinary-grade ivermectin instead.
- Rep. Blasek said that doctors risk persecution for prescribing ivermectin. She said that if even one pharmacy receives a standing order to ivermectin, then it will be for the good.
- Rep. Blasek said that Narcan and oral contraceptives are available OTC via standing order.
- Rep. Blasek said that HB 1022 is about choice and freedom. She encouraged the Committee to empower individuals.
- Senator Sherman asked if Rep. Blasek was aware that the *Hill* study had been retracted because of fraudulent data. He asked if she was aware that the two most recent journal studies showed no statistical benefits to ivermectin. He asked if she could provide the Committee with a list of the studies she referenced.
    - Rep. Blasek said that a later speaker could provide those studies.
- Senator Bradley asked if HB 1466 would also allow a doctor to prescribe ivermectin.
    - Rep. Blasek said that it would but also that there is no law that currently prohibits a doctor from prescribing ivermectin. She said that doctors have received threatening letters from medical boards and they are afraid. She said that HB 1022 would give providers more confidence to prescribe ivermectin. Rep. Blasek said that ivermectin has a better safety profile than Tylenol and a broad range of uses other than Covid-19.

Juan Chamie

- Mr. Chamie said that he participated in studies in Peru and Brazil.
- Mr. Chamie said that more than 300 million people have been treated with ivermectin in more than 30 counties. He said that ivermectin is recommended for children in Latin America. He said that ivermectin is safe and effective.
- Mr. Chamie said that the Centers and Disease Control and Prevention (CDC) recommend ivermectin treatment for some immigrants entering the United States.
- Mr. Chamie said that a study was performed in 2022 using high doses of ivermectin at 10x the normal dose and it was found to be safe even at those dosages.
- Mr. Chamie said that there are only eight reports of adverse events from ivermectin in a database in Europe and none of them were fatal.
- Mr. Chamie said that there have been 157 studies of ivermectin and Covid-19 and 108 of those were peer reviewed. He said that, removing the controversial studies, the effectiveness of ivermectin is 83% as a prophylaxis and 40% as a later treatment.
- Mr. Chamie said that there was a study in Peru in 2020 that showed that when ivermectin was released in certain states, there was a drop in excess deaths.
- Mr. Chamie said that in a global survey of doctors in 2020, ivermectin was rated highly, extremely, or very effective for Covid-19 60% of the time. He said remdesivir was only rated at that level 24% of the time.
- Mr. Chamie said that in the largest trial of ivermectin to show no positive outcomes there were serious flaws: people knew if they were receiving ivermectin or a placebo, there was no independent data analysis committee, and subjects were removed from the placebo group. He said that the basic outcomes were listed differently in three different places in that study, between the data, the text, and the charts.
- Mr. Chamie said that it is recommended in Colombia that people take ivermectin as an anti-parasitic twice per year. He said that it is safe and there are no adverse events.
- Senate Avard asked where the source was to Mr. Chamie's comment on the CDC recommending ivermectin for certain immigrants.
    - Mr. Chamie referenced his written testimony.
- Senator Sherman asked if the CDC recommendation was intended to be for parasitic infections, not for Covid-19.
    - Mr. Chamie said that it was an older recommendation.
- Senator Sherman asked if the CDC recommendation was not related to Covid-19.
    - Mr. Chamie said that that was correct.

Representative Ted Gorski

Hillsborough County District 6

- Representative Gorski said that he spoke with his doctor about that he could do if he contracted Covid-19. He said that his doctor recommended vaccination first but did not offer subsequent options.
- Rep. Gorski said that he got Covid-19 in November of 2021. He said that he found a telemedicine doctor and received a prescription for ivermectin. He said that he was fully better within three days, with no symptoms.

- Rep. Gorski said that ivermectin should be available for all citizens and allow them to make a choice on if it works or not.

Representative Peter Torosian

Rockingham County District 14

- Representative Torosian said that ivermectin has a long history of known side effects. He said that even if ivermectin is not 100% effective for treating Covid-19, the side effects are minimal if any.
- Rep. Torosian said that HB 1022 will add another tool to the toolbox for fighting Covid-19.
- Rep. Torosian said that even fully vaccinated and boosted people are getting Covid-19 and some studies indicate there is no difference between vaccinated and unvaccinated people.
- Rep. Torosian said that he got Covid-19 in November of 2021. He said that he was not vaccinated and had a fever and other symptoms. He said that he took ivermectin within days and it helped him get over his symptoms more quickly. He said that his son and daughter-in-law, who are vaccinated and boosted, also got Covid-19 and did not take ivermectin and had worse symptoms.
- Rep. Torosian said that he is not saying ivermectin is a replacement for vaccination. He said that there is minimal risk in making it available for those who want to take it.
- Rep. Torosian said that ivermectin is not 100% effective but neither are the vaccines. He said that when the vaccines first came out people were told they would provide 97% efficacy at preventing someone from getting Covid-19. He said that almost everyone whose been vaccinated will get Covid-19 if they are exposed.
- Rep. Torosian said that people know the benchmarks of ivermectin. He said that people do not know the long-term effects of the vaccines. He said that ivermectin is something to help people get over the symptoms and move on more quickly.

Gary York, MD

Hopkinton

- Dr. York referenced written testimony he emailed to the Committee from Dr. Paul Marik.
- Dr. York said that before Covid-19, it was normal for a patient and a physician to agree to a course of treatment and work on it with informed consent. He said that now doctors are being sanctioned for prescribing a safe and effective drug for their patients, losing their licenses, and being recommended for psychiatric evaluations.
- Dr. York said that malpractice falls on government agencies, hospitals, and medical societies for failing to come up with an early treatment protocol.
- Dr. York said that his personal physician would not treat him or his family. He said that his family had to collect piecemeal treatments for Covid-19 in their toolbox, including vitamins, hydroxychloroquine, and ivermectin from India. He said that he would prefer if those came from a doctor.

- Dr. York urged the Committee to support the freedom of choice of New Hampshire citizens with the freedom of choice in medical decisions.
- Dr. York said that a similar bill is on the Governor's Desk in Tennessee.

Russan Chester

Bedford

- Ms. Chester said that she had a friend in 2020 who was being treated with ivermectin for cancer. She said that he had a right to try and paid for the treatment out of pocket. She said that once the government got involved he was no longer able to get ivermectin for treatment. She said that less than 20 days after stopping ivermectin, the cancer returned and he died in November of 2021.
- Ms. Chester said that oral contraceptives and nicotine cessation treatments are available OTC via standing order. She said that the side effects for those two drugs are more severe than ivermectin.
- Ms. Chester said that there are also not good studies on Covid-19 vaccines but people have been before the General Court pushing those. She said that it is ridiculous to say that just because something is safe it doesn't work. She said that it is no different than taking vitamins.

JR Hoell

Former Representative

- Mr. Hoell said that the primary question should be about safety.
- Mr. Hoell referenced a letter from a doctor in the United Kingdom that said that there have been 16 total deaths from ivermectin, while Aspirin has had 1,430 deaths.
- Mr. Hoell said that there is a clear, established safety of ivermectin and it is used worldwide.
- Mr. Hoell said that HB 1022 is a chance to make ivermectin more safe. He said that ivermectin is distributed from outside of the country and it can be purchased online.
- Mr. Hoell said a pharmacist can determine if there are complications with other medications. He said that the quality of ivermectin from a pharmacy will be higher.
- Mr. Hoell said that India has a lower percentage of Covid-19 cases than the United States by a factor of 10. He said that ivermectin is used regularly in India and it prevents Covid-19.
- Mr. Hoell said that the New England Journal of Medicine showed 21 deaths when using ivermectin and 24 when using a placebo.
- Senator Sherman asked if Mr. Hoell would agree that the numbers presented in the New England Journal of Medicine study were not statistically significant.
    - Mr. Hoell said that he would not agree. He said that in every area of the study other than active smokers, the curve crossed back over in favor of ivermectin. He said that a New York Times article said that ivermectin did not work but the study itself showed that it did work.

Representative Erica Layon

Rockingham County District 6

- Representative Layon said that she spent 12 years as a medical device analyst on Wall Street helping to determine where to put money in order to benefit health care.
- Rep. Layon said that Swedish registry data shows a signal towards a positive impact for ivermectin.
- Rep. Layon said that the United States intervened too late for high quality studies.
- Rep. Layon said that there needs to be questions asked about safety. She said that if something is very safe, then it does not need to be as effective.
- Rep. Layon said that ivermectin is lower risk than aspirin. She said that aspirin is available OTC and is used very commonly.
- Rep. Layon said that ivermectin is safer to reducing harm from Covid-19 than harm prevention programs are to drug use.
- Rep. Layon said that citizens are ordering ivermectin from India or farm stores. She said that people have driven to Mexico to get ivermectin.
- Rep. Layon said that HB 1022 would reduce the risks from farm-grade, Indian, or Mexican ivermectin.
- Rep. Layon said that Europe receives drugs sooner because they use a "signal of efficacy" if the drug is safe.
- Rep. Layon encouraged the Committee to give people the opportunity to try.

Summary of testimony presented in opposition:

Dr. Eric Kropp

NH Medical Society

- Dr. Kropp said that HB 1022 would create a limited scope of practice of medicine for pharmacists.
- Dr. Kropp said that there are standing orders for nicotine cessation and oral contraceptives. He said that HB 1022 would put ivermectin in the same category as those two. He said that nicotine cessation and oral contraceptives have decades of history of consistent use, safety, and an understanding of risks. He said that the laws around the standing orders for them also include standardized education for pharmacists and standardized protocols, as well the consent of the Board of Medicine, the Board of Nursing, and the Department of Health and Human Services.
- Dr. Kropp said that ivermectin is not well established, is not Food and Drug Administration (FDA) approved, and the science on it is changing. He said that early studies in ivermectin suggested an improvement in Covid-19 cases but recent, larger studies have failed to show proof.
- Dr. Kropp said that ivermectin does not have the standards of understanding and practice to be put into law.
- Senator Bradley asked if HB 1466 would cover a prescriber who wanted to prescribe ivermectin.
    - Dr. Kropp said that it would.
- Senator Avard asked how HB 1022 would limit the practice of medicine.

- Dr. Kropp clarified that the dispensation of nicotine cessation and oral contraceptives are a limited practice of medicine with a limited scope of practice. He said that HB 1022 would provide a limited scope of practice for ivermectin.

Representative Jerry Knirk

Carroll County District 3

- Representative Knirk said that a pharmacist dispensing via a standing order requires protocols established through a broad consensus of providers. He said that that broad consensus does not support the use of ivermectin for Covid-19.
- Rep. Knirk said that it is true to ivermectin is used around the world, but it is used for parasites and not for Covid-19.
- Rep. Knirk said that many studies on ivermectin are flawed in that they are too small, not blind, or not randomized. He said that even well-designed studies have flaws.
- Rep. Knirk said that many people have said that they've recovered from Covid-19 in the normal timeframe while taking ivermectin. He said that that does not indicate a causal relationship.
- Rep. Knirk said that ivermectin is not an issue of censorship. He said that people are subjecting ivermectin studies to the same analysis given to any study.
- Rep. Knirk said that most studies on ivermectin are low-quality and the high-quality studies do not support its use for Covid-19.
- Rep. Knirk said that the study in Brazil that is often cited is not as large as claimed. He said that it was designed by people going to their doctor and asking for ivermectin. He said that the subjects were health care seekers, meaning that they likely held a higher social status and had a reduced risk of exposure to Covid-19.
- Rep. Knirk said that ivermectin is a great drug for parasites but there is no evidence that it works for Covid-19. He said that poorly designed studies and anecdotes do not prove anything.
- Rep. Knirk said HB 1466 would allow patients to receive ivermectin off-label by seeing a medical provider and having counseling. He said that that is safer than a standing order.
- Senator Avard asked if ivermectin hurts people.
    - Rep. Knirk said that ivermectin does not have a great safety profile, especially when used with anti-coagulants. He said that just because something is safe does not mean that it should be used if there is not evidence that it works. He referenced snake oil salesmen. Rep. Knirk said that such options deter people from getting an actually appropriate medical treatment.

Jennifer Smith

- Dr. Smith said that the General Court is a poor place to make decisions about what medical treatments are appropriate to allow. She said that a standing order prescription is different than an off-label usage.
- Dr. Smith said that if a drug like ivermectin is widely promoted without good evidence, it is diverting supplies from people who could benefit from an actual use of ivermectin.

- Dr. Smith said that people who believe that ivermectin will keep them safe will present later and have serious issues and possibly die. She said that ivermectin can do effective things but it can also lead to an overreaction of the immune system.
- Dr. Smith said that it is foolish to promote an unproven drug at a patient's discretion based on information that is incorrect.
- Dr. Smith said that good studies do not show significant useful effects for ivermectin.
- Dr. Smith said that recent meta-analysis of ivermectin shows that it is not proven safe during pregnancy, which is especially important for people who took ivermectin early in their pregnancy before they were aware they were pregnant.
- Dr. Smith urged the Committee to move Inexpedient to Legislate on HB 1022 or amend the bill to create a study committee to look at the issue more deeply.

Paula Minnehan

Senior Vice President, State Government Relations, New Hampshire Hospital Association (NHHA)

- Ms. Minnehan said that she consulted with pharmacy directors and they all expressed a concern about using ivermectin in such a manner.
- Ms. Minnehan said that the FDA has not authorized or approved ivermectin for Covid-19 in humans. She said that that is the fundamental issue at play in HB 1022; no one said that ivermectin is not safe, but it is not proven to treat Covid-19.
- Ms. Minnehan said that there are only three medications available via standing order: Narcan, nicotine cessation, and oral contraceptives. She said that all three had a vigorous process that included all stakeholders and regulators.
- Ms. Minnehan said that the standing order for oral contraceptives began with HB 287 (2017) and then a study commission over that summer, followed by subsequent legislation in 2018 (HB 1822).
- Ms. Minnehan said that the impact on insurance coverage needs to be considered when issuing a standing order.
- Ms. Minnehan said that HB 1022 does not include any limitations on who could access the standing order and that could include a minor without consent.
- Senator Sherman asked, since ivermectin is not safe for pregnant women, if HB 1022 would require a pregnancy test before the standing order could be filled.
    - Ms. Minnehan said that, as written, HB 1022 did not. She said that there are no protections in HB 1022. She said that HB 1022 by-passes the process used for other standing orders.
- Senator Bradley asked if HB 1466 gives protections to a prescriber who may feel that it is appropriate to prescribe ivermectin.
    - Ms. Minnehan said that it would.
- Senator Bradley asked if the Narcan and nicotine cessation standing orders came from the General Court or the Boards of Medicine or Pharmacy.
    - Ms. Minnehan said that she would provide further research.
- Senator Bradley asked if a licensing board could recommend a standing order.
    - Ms. Minnehan said that she believed the Narcan standing order came from the Opioid Task Force.
- Senator Avard asked if NHHA support HB 1466.

- Ms. Minnehan said that NHHA did not take a position on HB 1466. She said that that bill would provide protections because it codifies the off-label process. She said that NHHA was not opposed to HB 1466.

Neutral Information Presented: None.

cml
Date Hearing Report completed: April 19, 2022

Speakers

Senate Health & Human Services Committee
SIGN-IN SHEET

Date: Wednesday April 13, 2022 **Time:** 8:30 a.m.

HB 1022 AN ACT permitting pharmacists to dispense the drug ivermectin by means of a standing order.

Name/Representing *(please print neatly)*

	Support	Neutral	Oppose	Speaking?	Yes	No
Rep Jerry Knirk	☐	☐	☒	YES	☒	☐
Dr. Eric Kropp - NH Medical Society	☐	☐	☒		☒	☐
Rep Ted Gorski	☑	☐	☐	YES	☒	☐
Rep Melissa Blasek	☑	☐	☐		☑	☐
Paula Minnehan	☐	☐	☑		☒	☐
Peter Torosian	☑	☐	☐		☑	☐
Bruce Berke Coalition of NH Chain Drug Stores	☐	☐	☒		☐	☒
Joan J. Champie	☒	☐	☐		☒	☐
	☐	☐	☐		☐	☐
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	☐	☐	☐		☐	☐

Senate Health & Human Services Committee
SIGN-IN SHEET

Date: Wednesday April 13, 2022 **Time:** 8:30 a.m.

HB 1022 AN ACT permitting pharmacists to dispense the drug ivermectin by means of a standing order.

Name/Representing *(please print neatly)*	Support	Neutral	Oppose	Speaking?	Yes	No
Jennifer Smith, MD, MPH	☐	☐	☒		☒	☐
Gary York, MD	☒	☐	☐		☒	☐
Russan Chester	☒	☐	☐		☒	☐
Rep Walter Stapleton Sullivan #5	☒	☐	☐		☐	☐
Laura El-Azem	☒	☐	☐		☐	☒
Shannon McGinley	☒	☐	☐		☐	☒
REP TONY LEKAS HILS 37	☒	☐	☐		☐	☒
REP ALICIA LEKAS HILS 37	☒	☐	☐		☐	☒
Hon JR Hoell Self Resident	☒	☐	☐		☒	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐

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Senate Health & Human Services Committee
SIGN-IN SHEET

Date: Wednesday April 13, 2022 **Time:** 8:30 a.m.

HB 1022 AN ACT permitting pharmacists to dispense the drug ivermectin by means of a standing order.

Name/Representing ***(please print neatly)***

Name/Representing	Support	Neutral	Oppose	Speaking?	Yes	No
Laura Condon	☑	☐	☐		☐	☑
State Rep. Erica Layon	☑	☐	☐		☑	☐
	☐	☐	☐		☐	☐
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Senate Health & Human Services Committee
SIGN-IN SHEET

Date: Wednesday April 13, 2022 **Time:** 8:30 a.m.

HB 1022 AN ACT permitting pharmacists to dispense the drug ivermectin by means of a standing order.

Name/Representing *(please print neatly)*

Name/Representing	Support	Neutral	Oppose	Speaking?	Yes	No
Elizabeth Sargent, NH Pharmacists Assoc	☐	☐	☒		☐	☒
	☐	☐	☐		☐	☐
Elizabeth Sargent NH Society of Health System Pharmacists	☐	☐	☒		☐	☒
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
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Senate Remote Testify

Health and Human Services Committee Testify List for Bill HB1022 on 2022-04

Support: 156 Oppose: 87

Name	Title	Representing	Position
Remy, Taylor	A Member of the Public	Myself	Oppose
Eisner, Mary	A Member of the Public	Myself	Oppose
Smith, Carla	A Member of the Public	Myself	Oppose
Almy, Susan	An Elected Official	Myself	Oppose
Weston, Joyce	An Elected Official	Myself	Oppose
Gilston, Julie	A Member of the Public	Myself	Oppose
Doherty, David	A Member of the Public	Myself	Oppose
Keeler, Margaret	A Member of the Public	Myself	Oppose
West, Christie	A Member of the Public	Myself	Oppose
Fudge, Kim Marie	A Member of the Public	Myself	Oppose
Dontonville, Roger	An Elected Official	Myself	Oppose
Cahill-Yeaton, Miriam	A Member of the Public	Myself	Oppose
Dontonville, Anne	A Member of the Public	Myself	Oppose
Richman, Susan	A Member of the Public	Myself	Oppose
Hoell, JR	A Member of the Public	Myself and the members of RebuildNH	Support
Pauer, Diane	An Elected Official	Myself	Support
Pouliot, Cheryl	A Member of the Public	Myself	Support
mith, Julie	A Member of the Public	Myself	Support
laslov, Victor	A Member of the Public	Myself	Support
Nadeau, Eileene	A Member of the Public	Myself	Support
Doughty, Patrick	A Member of the Public	Myself	Support
graustein, alan	A Member of the Public	Myself	Support
Brown, Phyllis	A Member of the Public	Myself	Support
Brown, Stephen	A Member of the Public	Myself	Support
Brennan, Barb	An Elected Official	Myself	Support
Foss, Tyler	A Member of the Public	Myself	Support
Brown, Joanna	A Member of the Public	Myself	Support
Sweeney, Margaret	A Member of the Public	Myself	Support
Perencevich, Ruth	A Member of the Public	Myself	Oppose
Bryan, Anne	A Member of the Public	Myself	Support
Langlais, Thomas	A Member of the Public	Myself	Support
Andrus, Rep Louise	An Elected Official	Myself	Support
Slack, Michelle	A Member of the Public	Myself	Support
Lutter, Kathleen	A Member of the Public	Myself	Support
Lacasse, Shelly	A Member of the Public	Myself	Support
Kantor, Crissy	A Member of the Public	Myself	Support
Reed, Barbara	A Member of the Public	Myself	Oppose
Mason, Richard	A Member of the Public	Myself	Support
Lozito, Patrick	A Member of the Public	Myself	Support
Lozito, Viola Marie	A Member of the Public	Myself	Support
chapman, kevin	A Member of the Public	Myself	Support
Moschetto, Grace	A Member of the Public	Myself	Support
Stefanile, Tom	A Member of the Public	Myself	Support
Martin, Katie	A Member of the Public	Myself	Support
Surman, Elizabeth	A Member of the Public	Myself	Support
Marvin, Kurt	A Member of the Public	Myself	Support
Archambault, Luanna	A Member of the Public	Myself	Support

House, Nancy	A Member of the Public	Myself	Support
Kras, Krzysztof	A Member of the Public	Myself	Support
Huntress, Susanne	A Member of the Public	Myself	Support
Huntress, Roy	A Member of the Public	Myself	Suppo
Hand, Cathy	A Member of the Public	Myself	Suppo
Reilly, Val	A Member of the Public	Myself	Support
Baucom, Pam	A Member of the Public	Myself	Oppose
Geremia, Peter	A Member of the Public	Myself	Support
Jorgensen, Patricia	A Member of the Public	Myself	Support
Diggins, Margie	A Member of the Public	Myself	Support
Economakis, Melissa	A Member of the Public	Myself	Support
Boyce, Kathy	A Member of the Public	Myself	Support
Sommese, Cheryl	A Member of the Public	Myself	Support
Johnson, Debra	A Member of the Public	Myself	Support
Lajoie, Katie	A Member of the Public	Myself	Oppose
Liberman, Sheryl	A Member of the Public	Myself	Oppose
Jones, Andrew	A Member of the Public	Myself	Oppose
Devore, Gary	A Member of the Public	Myself	Oppose
Widerstrom, Sally	A Member of the Public	Myself	Oppose
Schreier, Lori	A Member of the Public	Myself	Support
Cumbee, Lydia	A Member of the Public	Myself	Support
DeBourke, Sheana	A Member of the Public	Myself	Support
Dahl, Dana	A Member of the Public	Myself	Oppose
Richardson, Diane	A Member of the Public	Myself	Support
Richardson, Katherine	A Member of the Public	Myself	Support
Sylvain, Barbara	A Member of the Public	Myself	Support
Hackmann, Kent	A Member of the Public	Myself	Oppose
Gragg, Debbie	A Member of the Public	Myself	Suppo
Griffin, Amy	A Member of the Public	Myself	Suppo
Cuzzi, David	A Lobbyist	NH Society of Physician Assistants	Neutral
Martin, Patricia	A Member of the Public	Myself	Oppose
Barry, Liam	A Member of the Public	Myself	Support
Lindpaintner, Lyn	A Member of the Public	Myself	Oppose
Roy, Lucy	A Member of the Public	Myself	Support
Rousseau, Michael	A Member of the Public	Myself	Support
Guven, Taci	A Member of the Public	Myself	Support
Murphy, Kevin	A Member of the Public	Myself	Support
Avallon, Jim	A Member of the Public	Myself	Support
Kras, Danielle	A Member of the Public	Myself	Support
Howland, Curtis	A Member of the Public	Myself	Support
SKIDMORE, CLARENCE	A Member of the Public	Myself	Support
Torpey, Jeanne	A Member of the Public	Myself	Oppose
Heselton, Karen	A Member of the Public	Myself	Support
Corell, Elizabeth	A Member of the Public	Myself	Oppose
Taku, Fumio	A Member of the Public	Myself	Support
Thomas, Anne	A Member of the Public	Myself	Oppose
Merlone, Lynn	A Member of the Public	Myself	Oppose
Hershey, Jane	A Member of the Public	Myself	Oppose
Paschell, Susan	A Lobbyist	NH Community Behavioral Health Association	Oppose
Schofield, Kim	A Member of the Public	Myself	Support
Kelly, Fran	A Member of the Public	Myself	Oppos
Moore, Susan	A Member of the Public	Myself	Oppos
Fournier, James	A Member of the Public	Myself	Support
Russell, Leslie	A Member of the Public	Myself	Support
Swiderski, Ed	A Member of the Public	Myself	Support
Greenwood-Briggs, Sabrina	A Member of the Public	Myself	Oppose

Petruscwicz, Carol	A Member of the Public	Myself	Support
LaPointe, Susan	A Member of the Public	Myself	Support
Hunnewell, Richard	A Member of the Public	Myself	Oppose
Hunnewell, Anne	A Member of the Public	Myself	Oppose
Johnson, Janine	A Member of the Public	Myself	Support
Telerski, Rep. Laura	An Elected Official	Hillsborough 35	Oppose
Smith, Susan	A Member of the Public	Myself	Oppose
Young, Susan	A Member of the Public	Myself	Support
Brown, Jean	A Member of the Public	Myself	Oppose
Istel, Claudia	A Member of the Public	Myself	Oppose
Cormier, Jennifer	A Member of the Public	Myself	Support
Mooney, John	A Member of the Public	Myself	Support
Maillet, Ivan	A Member of the Public	Myself	Support
Maillet, Brenda	A Member of the Public	Myself	Support
DuBose, Joseph	A Member of the Public	Myself	Support
Chuk, Amanda	A Member of the Public	Myself	Oppose
Kenney, Robert	A Member of the Public	Myself	Support
Campion, Polly	A Member of the Public	Myself	Oppose
Hobson, Deb	An Elected Official	Myself	Support
Reardon, Donna	A Member of the Public	Myself	Oppose
Graham, Eric	A Member of the Public	Myself	Support
Roy, Ronald	A Member of the Public	Myself	Support
Garland, Ann	A Member of the Public	Myself	Oppose
Lessard, Martha	A Member of the Public	Myself	Support
Lessard, Joseph	A Member of the Public	Myself	Support
Murray, Kate	An Elected Official	Myself	Oppose
kirsch, walter	A Member of the Public	Myself	Support
yves, claudia	A Member of the Public	Myself	Support
Spencer, Louise	A Member of the Public	Myself	Oppose
Spencer, Rob	A Member of the Public	Myself	Oppose
Malsbenden, Kathleen A.	A Member of the Public	Myself	Oppose
Dolkart, Vivian	A Member of the Public	Myself	Oppose
Moynihan, Kathleen	A Member of the Public	Myself	Support
Dolkart, Kenneth	A Member of the Public	Myself	Oppose
Barton, Marjorie	A Member of the Public	Myself	Support
Schwab, Rebecca	A Member of the Public	Myself	Support
Steel, Sandra	A Member of the Public	Myself	Oppose
pinkson-burke, ilsa	A Member of the Public	Myself	Support
Kuemmerle, Nancy	A Member of the Public	Myself	Oppose
Beame, Julia	A Member of the Public	Myself	Support
Cope, David	A Member of the Public	Myself	Support
HALLOCK, LINDA	A Member of the Public	Myself	Oppose
Freedman, Aubrey	A Member of the Public	Myself	Support
Hamblet, Joan	A Member of the Public	Myself	Oppose
See, Alvin	A Member of the Public	Myself	Support
Nunez, Jr, R. Hershel	An Elected Official	Myself	Support
BEHNKE, MARY	A Member of the Public	Myself	Oppose
Dewey, Karen	A Member of the Public	Myself	Oppose
Sylvia, Elizabeth	A Member of the Public	Myself	Support
Condon, Laura	A Member of the Public	Myself	Support
Trisson, Angel	A Member of the Public	Myself	Support
Trisson, David	A Member of the Public	Myself	Support
Millman, Linda	A Member of the Public	Myself	Support
Cembalisty, Clara	A Member of the Public	Myself	Support
Cembalisty, Richard	A Member of the Public	Myself	Support
Meszynski, Edwin	A Member of the Public	Myself	Support

Morrill, Amanda	A Member of the Public	Myself	Oppose
Hayes, Randy	A Member of the Public	Myself	Oppose
Tuttle, Carl	A Member of the Public	Myself	Support
Odom, Judith	A Member of the Public	Myself	Oppose
Coupe, Karen	A Member of the Public	Myself	Oppose
Brown, Joel	A Member of the Public	Myself	Oppose
Ferrantello, Anthony	A Member of the Public	Myself	Support
Pedone, Jennifer	A Member of the Public	Myself	Support
Healey, Barbara	A Member of the Public	Myself	Support
Alleman, Bill	A Member of the Public	Myself	Support
Snow, Danielle	A Member of the Public	Myself	Support
Gyorda, Donna	A Member of the Public	Myself	Oppose
Schmitt, Megan	A Member of the Public	Myself	Support
Cormier, Sharon	A Member of the Public	Myself	Oppose
Sims, Roy	A Member of the Public	Myself	Support
Sims, Julie	A Member of the Public	Myself	Support
Young, Tim	A Member of the Public	Myself	Support
Doyle, Marcy	A Member of the Public	Myself	Oppose
Mason, Angela	A Member of the Public	Myself	Support
McNeel, Joyce	A Member of the Public	Myself	Support
Enos, Liz	A Member of the Public	Myself	Support
Waisanen, Tyler	A Member of the Public	Myself	Support
Rippe, Jane	A Member of the Public	Myself	Oppose
Dougherty, Cynthia	A Member of the Public	Myself	Oppose
Faunce, Mary	A Member of the Public	Myself	Support
Sonneborn, Jeffrey	A Member of the Public	Myself	Oppose
Bernardin, Melissa	A Lobbyist	NH Public Health Association	Oppose
Lee, David	A Member of the Public	Myself	Oppos
Broyer, Audrey	A Member of the Public	Myself	Oppose
Leslie, Sarah	A Member of the Public	Myself	Support
Linguli, Michelle	A Member of the Public	Myself	Oppose
Buckley, Mark	A Member of the Public	Myself	Oppose
Kauffman, Jeri	A Member of the Public	Myself	Support
Courchaine, Sarah	A Member of the Public	Myself	Support
Keene, Elizabeth	A Member of the Public	Myself	Oppose
Buckley, Elizabeth	A Member of the Public	Myself	Oppose
O'Donnell, Brian	A Member of the Public	Myself	Support
O'Donnell, Kristy	A Member of the Public	Myself	Support
Phillips, Emily	A Member of the Public	Myself	Support
Bowers, Danielle	A Member of the Public	Myself	Support
Bowers, Steven	A Member of the Public	Myself	Support
Mcleod, Thomas	A Member of the Public	Myself	Support
McLeod, Ferngold	A Member of the Public	Myself	Support
McLeod, Raphaella	A Member of the Public	Myself	Support
Bemis, Amanda	A Member of the Public	Myself	Support
Faunce, Thomas	A Member of the Public	Myself	Support
Carr, Robert	A Member of the Public	Myself	Oppose
Trexler, Larisa	A Member of the Public	Myself	Support
Trexler, Ryan	A Member of the Public	Myself	Support
Bemis, Ashley	A Member of the Public	Myself	Support
Comstock, Nancy	A Member of the Public	Myself	Support
Marx, Jessica	A Member of the Public	Myself	Oppos
Cedolin, Alexandra	A Member of the Public	Myself	Support
Cedolin, Bradley	A Member of the Public	Myself	Support
Wilson, Audra	A Member of the Public	Myself	Support
Wilson, Rock	A Member of the Public	Myself	Support

LaLone, Edward	A Member of the Public	Myself	Support
Boyle, Catherine	A Member of the Public	Myself	Support
Rojas, Cali	A Member of the Public	Myself	Support
Rojas, Emily	A Member of the Public	Myself	Support
McCartney, Michelle	A Member of the Public	Myself	Support
Geyer, Shea	A Member of the Public	Myself	Oppose
McCartney, Evan	A Member of the Public	Myself	Support
Panek, Sandra	A Member of the Public	Myself	Support
Panek, Charles	A Member of the Public	Myself	Support
Panek, Taylour	A Member of the Public	Myself	Support
Panek, Thomas	A Member of the Public	Myself	Support
Lafrancois, Daniel	A Member of the Public	Myself	Oppose
Carlton, Tonya	A Member of the Public	Myself	Oppose
Cranage, Amy	A Member of the Public	Myself	Oppose
Bullek, Michael	A Member of the Public	Myself	Oppose
Cushman, Stephen	A Member of the Public	Myself	Support
Cushman, Leah	An Elected Official	Myself	Support
McKinney, Carolyn	A Member of the Public	Myself	Support
Merner, Kelly	A Member of the Public	Myself	Support
Minehart, Will	A Member of the Public	Myself	Support
Kishinevsky, Rebecca	A Member of the Public	Myself	Support
Beaudoin, Sherry	A Member of the Public	Myself	Support
BEAUDOIN, STEVEN	A Member of the Public	Myself	Support
Tomanek-Stanley, Jacqueline	A Member of the Public	Myself	Oppose
Kemp, Rachel	A Member of the Public	Myself	Oppose
Schultz, Andrew	A Member of the Public	Myself	Oppose
Laker-Phelps, Gail	A Member of the Public	Myself	Oppose
Iessina, Kyra	A Member of the Public	Myself	Oppose
St. Peter, Holly	A Member of the Public	Myself	Support

Testimony

New Hampshire Hospital Association

SENATE HEALTH AND HUMAN SERVICES COMMITTEE

Wednesday, April 13, 2022

HB 1022 – Permitting Pharmacists to Dispense the Drug Ivermectin by Means of a Standing Order

Testimony

Good morning, Mr. Chairman, and members of the committee. My name is Paula Minnehan, Senior Vice President with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is opposed to HB 1022. The bill before you would allow pharmacists to dispense Ivermectin pursuant to a standing order entered into by licensed health care providers. We consulted with our hospitals' pharmacy directors, and all expressed strong opposition to allowing this drug to be used in this manner. The chief medical officers (CMOs) and other clinical leaders have expressed similar concerns.

It is important to understand that the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA) and the National Institutes of Health (NIH) as well as other federal agencies charged with protecting public safety, all have indicated that Ivermectin is not recommended to treat COVID-19. The FDA has not authorized or approved ivermectin for use in preventing or treating COVID-19 in humans or animals. Currently available data do not show that ivermectin is effective against COVID-19. Clinical trials assessing ivermectin tablets for the prevention or treatment of COVID-19 in people are ongoing. I have attached a document from the FDA to this testimony that explains their position in more detail.

There are many problems with this bill and health care professionals are here today to share those concerns with you and hopefully answer any questions you may have. And, if there are other clinical questions that arise that cannot be answered today, I'm happy to connect the members of this committee with other clinicians that could assist.

Besides the very real clinical concerns about the efficacy of ivermectin, we also are unclear about how the standing order could actually be issued and managed. There are only three medications that are currently under Standing Orders in New Hampshire, Naloxone (Narcan), Oral Contraceptives and Smoking Cessation Patches. The process to establish a standing order has historically been (and should continue) to be rigorous and involve all affected stakeholders and appropriate regulatory bodies. For instance, the process by which oral contraceptives resulted in a standing order involved 1) a bill passed in 2017 (HB 287) to establish a commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives. That commission, which included 19 members, met during the summer of 2017. The result was

a bill filed in 2018 (HB 1822) which outlined, in detail, the process to establish a standing order, which involved rule making authority for the Board of Pharmacy. Only after the entire, and appropriate, process was completed was a standing order implemented. Also, that bill considered the impact on insurance coverage, which should be a further concern before any legislation is pursued.

The other issue, that warrants further consideration, is there are no limitations on who could access this prescription. Specifically, minors would be able to access without parental consent.

For these reasons, NHHA is strongly opposed to this bill. On behalf of our hospitals, we urge you to find HB 1022 inexpedient to legislate.

Thank you for the opportunity to provide our comments in opposition to HB 1022.

TESTIMONY HB 1022

Rep. Jerry Knirk, MD, Carroll-3, Retired orthopedic surgeon April 12, 2022

Permitting a pharmacist to dispense a medication by standing order requires a well-evaluated protocol established through a broad consensus of providers and pharmacists using the best available data. A broad consensus supporting the use of ivermectin in COVID-19 does not exist.

You will hear claims that over 100 studies have shown ivermectin to be helpful in reducing the severity and duration of infection of COVID-19 but this is not true. There have been numerous studies regarding ivermectin in COVID-19 which sound compelling, but upon analysis have design flaws. Most studies published so far are limited by too small sample sizes, non-blinding, no randomization, the use of concomitant medications which confound the assessment, or poorly defined study groups and outcome measures. Even the well designed studies still have significant limitations such that definitive conclusions regarding the clinical efficacy of ivermectin in the treatment of COVID-19 can not yet be reached.

This is not an issue of censorship. It is simply subjecting these studies to the same robust analysis.which must be given to any study. Studies of medication efficacy must be randomized, double blinded and placebo controlled. Internationally recognized independent groups, such the Cochran Collaboration, which has decades of experience in analyses of studies have found that most studies of ivermectin use in COVID are low quality. Only a few are high quality and they do not support the use of ivermectin for treatment or prevention of COVID outside of well-designed clinical trials which can gather more data.

An example of a poor study is a study from Brazil supporting ivermectin distributed when the bill was introduced in House HHSEA. It looked very impressive with 160,000 subjects. But upon analysis, the patients in the treatment group were self-selected. People who came into a provider's office and asked for ivermectin composed the intervention arm. The controls were those in the city who did not request it. This introduces significant selection bias as the treatment group is more likely to be those who are healthcare seekers and of higher socioeconomic class with better access to healthcare and working jobs with less exposure to COVID. The study violated all the precepts of a good medication study design as subjects were self-selected, non-randomized, and not blinded with no placebo. In contrast, the study published in the New England Journal of Medicine last month, also done in Brazil, used the appropriate methodology of randomization of patients, placebo control, and double blinding. This study showed no effect in preventing progression of COVID. This is not to say that ivermectin is not a good drug. It is excellent for the treatment of parasitic worms but efficacy in COVID is not proven.

Standing orders with pharmacists should not be used to dispense medications for indications which are not clearly supported by the best available medical evidence. Ivermectin does not reach this level of evidence. Please ITL this bill.

Report coronavirus cases

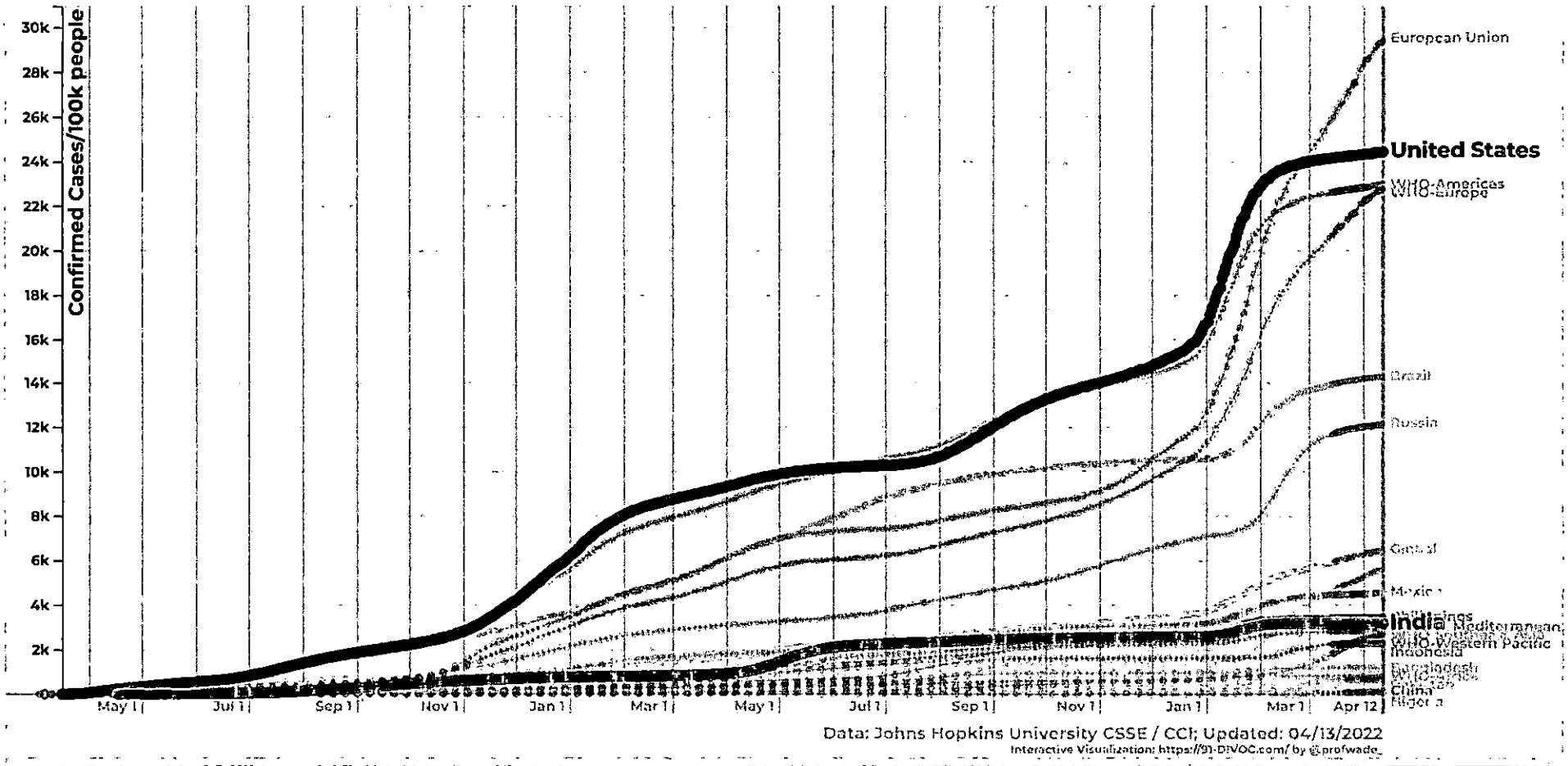
MAIN WEEKLY TRENDS

Now Yesterday 2 Days Ago Columns Search:

All Europe North America Asia South America Africa Oceania

#	Country, Other	Total Cases	New Cases	Total Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population	1 Case every X ppl	1 Death every X ppl
	World	501,189,739	+345,818	6,209,749	451,376,990	43,603,000	43,386	64,298	796.7					
1	USA	82,133,342		1,013,044	80,015,081	1,105,217	1,592	245,579	3,029	992,445,691	2,967,412	334,448,237	4	330
2	India	43,038,016		521,746	42,505,410	10,860	698	30,652	372	794,525,202	565,866	1,404,087,743	33	2,691
3	Brazil	30,183,929		661,552	29,126,303	396,074	8,318	140,233	3,074	63,776,166	296,300	215,241,599	7	325
4	France	27,163,629		143,625	*24,344,051*	2,675,953	1,541	414,523	2,192	260,504,402	3,975,351	65,529,910	2	456
5	Germany	22,936,514		132,599	19,179,300	3,624,615	1,980	272,213	1,574	122,332,384	1,451,852	84,259,518	4	635
6	UK	21,679,280		170,395	*19,891,817*	1,617,068	378	316,398	2,487	511,253,697	7,461,482	68,519,051	3	402
7	Russia	18,018,825		372,245	17,271,128	375,452	2,300	123,378	2,549	273,400,000	1,872,019	146,045,544	8	392
8	S. Korea	15,830,644	+195,370	20,034	N/A	N/A	1,014	308,304	390	15,804,065	307,786	51,347,510	3	2,563
9	Italy	15,404,809		161,032	14,015,032	1,228,745	463	255,452	2,670	207,155,729	3,435,190	60,304,008	4	374
10	Turkey	14,972,502		98,462	14,673,980	200,060	975	174,200	1,146	156,329,493	1,818,843	85,949,948	6	873
11	Spain	11,662,214		103,266	11,120,708	438,240	368	249,262	2,207	471,036,328	10,067,692	46,786,925	4	453

Confirmed COVID-19 Cases, normalized by population



Highlight: United States | Data: Total Confirmed Cases | Scale: Log Linear

Show: Population over 100m | X-Axis: Show all highlighted data | Y-Axis: All Highlight & All Current

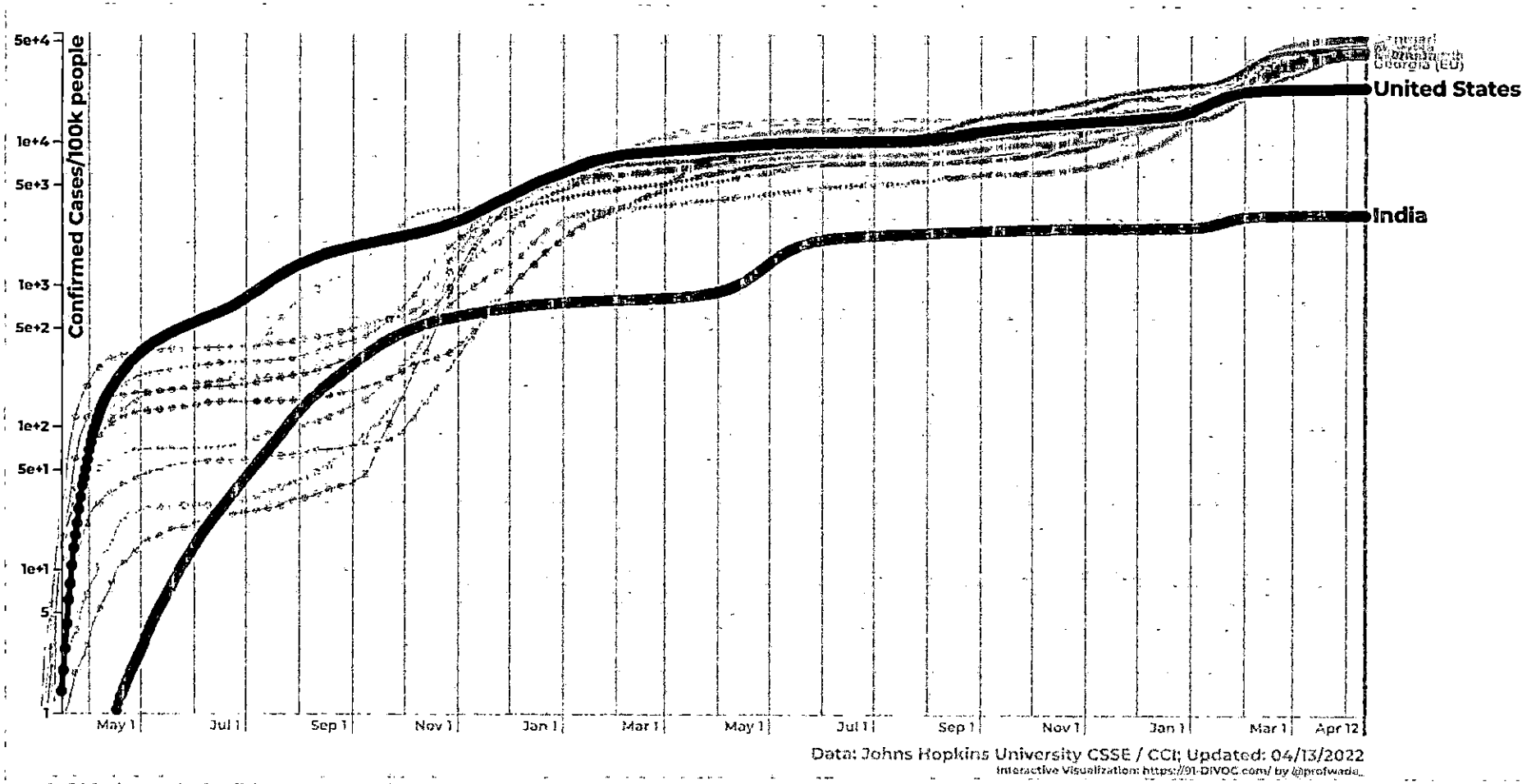
Animate

[X] Additional Highlight: India

+Add Additional Highlight or +Add US State or +Add Additional Data

Expand Graph

Confirmed COVID-19 Cases, normalized by population



Highlight: United States | Data: Total Confirmed Cases | Scale: Log Linear

Show: Top 10 by Data w/ Pop. >1m | X-Axis: Show all highlighted data | Y-Axis: All Highlight & All Current

Animate

[X] Additional Highlight: India

+Add Additional Highlight or +Add US State or +Add Additional Data

Expand Graph

Save: PNG | SVG | GIF | WebM | CSV

Cameron Lapine

'om: jaimehebert81 <jaimehebert81@yahoo.com>
Sent: Sunday, April 10, 2022 8:46 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Support HB1022!!!

Please represent the majority of your constituents and Pass HB1022!! New Hampshire needs affordable, effective, safe and proven therapeutics! Withholding life-saving treatments is Evil.
Thank you,
Jaime Elliott
Freedom NH

Sent from my Verizon, Samsung Galaxy smartphone

Cameron Lapine

om: Michelle Slack <khrisma888@gmail.com>
Sent: Sunday, April 10, 2022 10:08 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Please Support HB 1022

Dear committee members I am asking you to please support this Bill HB 1022 Thank you

Cameron Lapine

From: Michelle Slack <khrisma888@gmail.com>
Sent: Sunday, April 10, 2022 11:27 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Re: Please Support HB 1606

Please disregard this email I made a mistake on the bill number I apologize thank you ! .

On Sun, Apr 10, 2022, 10:19 PM Michelle Slack <khrisma888@gmail.com> wrote:

> Dear committee members I am asking you to please support this Bill HB 1606 thank you!

Cameron Lapine

rom: Katherine Richardson <katherine21richardson@gmail.com>
Sent: Monday, April 11, 2022 10:59 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB1022

Good morning,
There are many bills before the Senate concerning our medical freedoms. I truly hope that you will support those that preserve our medical freedoms and right to privacy when it comes to our health and vaccines. Additionally, I hope HB 1022 regarding Ivermectin will pass. Here is a scenario that you may find interesting: my husband and I just returned from a 3-week visit to Kenya where we have many friends. It was really interesting to be asked by our friends "is it true you can't get Ivermectin in the US?" In Kenya, you can buy it over the counter like most buy aspirin here. It is used for a variety of ailments and many people just keep it on hand. It is not considered a dangerous drug and everyone we talked to about COVID said that Ivermectin was the remedy they used if someone got COVID, and typically they were better within 3 - 4 days. These were people my age and older - in their 60s and 70s - and many had COVID and used Ivermectin before vaccines came out.

I hope you will enable New Hampshire to live up to its motto and vote for bills that allow its citizens, your constituents, to make their own choices about their health.

hank you for all you do,
atherine Richardson
Surry, NH

--
~ I believe in God, but I spell it N-A-T-U-R-E ~

Cameron Lapine

From: Yorks <yorksnh@gmail.com>
Sent: Tuesday, April 12, 2022 1:55 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: HB 1022; OTP-A Important testimony attached
Attachments: CovidPatientTreatmentGuide-TFH-7-31-2021.pdf

Dear Senators:

As a retired physician, I wholeheartedly support passage of **HB 1022-A**, given the support and testimony, several weeks ago, from Dr. Paul Marik, a world-enowned expert in critical care medicine. He carefully outlined the stellar safety of ivermectin, a very cheap, Nobel Prize-winning drug, used worldwide for a number of diseases. In case you missed his testimony, I have included the video recording, with Dr. Marik testifying at the six hour, 08 minute mark. Others speaking in support of the Bill gave first-hand testimony of their experiences, including a personal physician's refusal to treat with ivermectin, for fear of reprimand.

With your support, New Hampshire could be passing groundbreaking legislation, for early treatment of patients with COVID-19, without the requirement of a prescription.

Thank you for your support of this common sense legislation.

Sincerely,

Gary L York, MD

Hopkinton, NH

Recording of public hearing, starting @ the 6h mark: https://www.youtube.com/watch?v=qphzhDph8ho

6:00 mark: Excellent bill introduction by Rep. Cushman (later called Dr. Cushman by Marik)

6:08 mark: Paul Marick, MD, co-founder of FLCCCA

License suspension (and required psychiatric evaluation!) of a physician in Maine: https://www.msn.com/en-us/health/medical/doctors-license-suspended-after-treating-covid-with-ivermectin/ar-AASSexy

Link to Front Line Covid Critical Care Alliance https://covid19criticalcare.com/about/, a consortium of healthcare providers, spearheaded by Pierre Cory, MD, and Paul Marick, MD.

PDF of FLCCC protocol:

Cameron Lapine

From: Debra Herget <dgherg@gmail.com>
Sent: Tuesday, April 12, 2022 4:39 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Please support HB 1032

Hello Senators,

I'm emailing to urge you to support this bill, which would allow pharmacists to dispense Ivermectin over the counter. This would be a huge service to the citizens of NH. This safe compound has been used to treat over a billion people around the world and is on the WHO's list of essential medicines. It also earned the developer/inventor a Nobel prize. Use of off label pharmaceuticals has a history in this country and doctors have never been told what they can and cannot prescribe for patients. Having watched the testimony from several very noble doctors, who testified before the Homeland Security committee of the US Senate in December of 2020, I am convinced that Americans should have access to this life saving drug. For folks who believe media propaganda without doing their own research, they do not need to take ivermectin, they can get endless boosters which obviously do nothing.

Thank you for your consideration,

Debra Herget
Keene

Cameron Lapine

From: Julia Beame <juliabeame@hotmail.com>
Sent: Tuesday, April 12, 2022 8:01 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: SUPPORT—HB 1022

Dear Senators Bradley, Gray, Sherman, Whitley, Avard and Lapine,

Ivermectin is a time-tested, safe, effective, life -saving medication that has a better safety profile than aspirin. It is on the World Health Organization's essential medicines list.

The creators of Ivermectin won the Nobel Prize because it has been so effective in helping millions of people around the world as an anti-parasitic medication.

Ivermectin should be easily accessible and widely available to New Hampshire citizens. Please support HB1022.

Thank you,
Julia Beame
Hancock, NH

NHSPA
New Hampshire Society of Physician Assistants

January 27, 2022

The Jeb Bradley, Chair
Senate Health and Human Services Committee
State House, Room 101
107 North Main Street
Concord, NH 03301

Dear Chairman Bradley and Members of the Committee:

The New Hampshire Society of Physician Assistants (NHSPA) has no position on HB 1022, permitting pharmacists to dispense the drug ivermectin by means of a standing order. However, we are disappointed to see that PA's were excluded from the bill in every instance an authorized prescriber is listed.

As you know, PAs have full prescribing authority, pursuant to Board of Medicine rule 612.01. PAs should be included everywhere appropriate in the bill along with all other authorized prescribers. On behalf of the 1000 PAs and dozens of PA students in New Hampshire, I respectfully request the Committee amend the bill accordingly.

Thank you for your attention to this request. Should you have any questions, please contact me, or our lobbyist, David Cuzzi of Prospect Hill Strategies (603-716-0569).

Sincerely,

Steven Alexakos, President

Cameron Lapine

m: Jessica Kliskey <silversmithjess@gmail.com>
Sent: Tuesday, April 12, 2022 10:08 PM
To: ~Senate Health and Human Services Committee
Subject: HB1022

Dear Committee Members.

My name is Jessica Kliskey and I live in Stratham, NH. I support HB1022 and am asking you to support HB1022 permitting pharmacists to dispense the drug ivermectin. This bill was entered by licensed healthcare workers. Patients must be giving informed consent when it comes to the treatment of a virus or other medical procedures. Ivermectin has saved lives in many countries where this treatment has been used for COVID 19 and other viral infections.

Thank you for your service.

Please support HB1022.
Jessica Kliskey
Stratham, NH

Cameron Lapine

From: David Cope <davidcope2000@hotmail.com>
Sent: Tuesday, April 12, 2022 11:20 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: SUPPORT HB 1022

Dear Senators Bradley, Gray, Sherman, Whitley, Avard and Lapine,

Ivermectin is a time-tested, safe, effective, life -saving medication that has a better safety profile than aspirin. It is on the World Health Organization's essential medicines list.

The creators of Ivermectin won the Nobel Prize because it has been so effective in helping millions of people around the world as an anti-parasitic medication.

Ivermectin should be easily accessible and widely available to New Hampshire citizens. Please support HB1022.

Thank you,
David Cope
Hancock, NH

Anthony Salerni
MD
NH License 8177

April 11, 2022

Dear Members of the Health and Human Services Committee,
I apologize for not being able to appear before your committee in person but clinical duties did not permit this. I have practiced for 33 years as a board-certified neurosurgeon. I received my undergraduate degree Magna Cum Laude at the University of Vermont where I majored in Chemistry and minored in Mathematics. I also received my medical degree from UVM. The first two years of my post-doctoral training was in internal medicine and almost all of this was in intensive care medicine. In addition to having been the primary author in a number of published scientific articles I also am the author of a chapter in the textbook Operative Neurosurgery. Having extensive knowledge of biomedical engineering I have designed many surgical tools, have patented several medical devices and I was the chief designer of what became one of the most popular spinal implants in use globally. I have also been a teacher. I started and directed the Northeast Institute for Minimally Invasive Spine Surgery which is a non-profit fellowship program that provides instruction in minimally invasive surgical techniques for spine surgeons. I humbly suggest that my training and experience allows me to not only understand the science but more importantly to understand what science actually is and it is this that qualifies me to provide commentary on the subject matter at hand which hopefully will assist you in making the best decision possible.
In order to develop a valid opinion as to whether or not Ivermectin should be available without a practitioner endorsed prescription it is instructive to have an understanding of just a few of the issues surrounding this. I contend that the more important among these are;

1. What is Ivermectin?
2. Is it safe?
3. Is it effective against CoVID SARS-2?
4. And what alternatives do people who develop early CoVID symptoms have that might protect against progression to severe disease or death?

Ivermectin, the medication that the FDA's public relations campaign call a "horse de-wormer", actually is on the World Health Organizations list of essential medicines. All the while Ivermectin was being impugned by the FDA and CDC it was listed number 2 right below Remdesivir as a potential treatment for CoVID on the NIH's website. Ivermectin was discovered in the 1970's. Since the 1980's it has almost eliminated the scourge of two devastating parasitic infections, Onchocerciasis (river blindness) and lymphatic filariasis that had plagued poverty-stricken populations throughout the tropics. It has since been used to treat scabies and lice infestation. More recently it has been shown to have potent antiviral actions against the mRNA viruses including Zika and Dengue. It has been these later observations that led researchers to design trials for CoVID which is an mRNA corona virus.

Over the course of its 40 plus years of use in humans its safety profile has been unparalleled. Ivermectin has been used without prescription by billions of people and is being used every other week by hundreds of millions of people as a prophylactic agent against the serious parasitic infections noted above. This includes all demographics of the at-risk populations, the elderly, children, pregnant women and nursing mothers. Ivermectin is essential for life in these endemic areas. It can produce gastrointestinal distress but its toxicity is extremely low and no teratogenic or mutagenic effects have been documented.

Extremely high doses can produce depression of central nervous system that will require medical supportive care while the drug is being cleared from the system. The toxic dose of a substance where one half of the test animals die is called LD50 meaning lethal dose 50%. For Ivermectin this is 50mg per kg body weight in the mouse. Contrast this with a recent scientific study that showed the LD50 of the lipid carrier molecule in the Pfizer vaccine to be 0.625mg per kg in mice or about 80 times more toxic than Ivermectin. By comparison Tylenol is about 7 times less toxic having an LD50 of 340mg per kg in mice. A review of suicide attempts with Ivermectin has shown that the drug is tolerated with supportive care up to 100mg per kg. So, by any measure this drug is safe.

Does Ivermectin reduce the progression of CoVID SARS-2?

If one undertakes an honest review of the scientific literature the answer can only be a resounding yes. I know that it is surprising to hear that there are in fact more than a hundred studies that

support the efficacy of Ivermectin. The reason that this is not main stream news has everything to do with the corrupted state of science today. Please indulge me as I outline what science really is and how it has been corrupted. After this, rather that argue the relative merits of each of the multitude of studies confirming the efficacy of Ivermectin it will be more instructive to critically review the two most recent articles that so called media experts have interpreted in the negative. I will do this because they have been published in journals that are considered to be prestigious and it is expected that other experts who testify before the committee might try to influence the committee without an adequate analysis of the actual findings.

The philosopher, Karl Popper said of science, "There are no truths, only provisional truths. Truths yet to be falsified." Such is science. Or at least it was nominally before 2020. Most people, especially the elite have never understood that science is not synonymous with the fruits that it produces. This was never the case. Science is not the silicon chip, the laser or to a more contemporary point, the vaccine. From the beginning, it was never a physical thing. It is what it always has been, a revolution in the process of thought. It is not the truth but rather a means to define the "dimensions of the box" within which the truth resides. Nuclear particle physics is the most precise science ever developed whose accuracy is on the order of the infinitesimal 10^{-13} (Ten to the minus thirteenth). Medicine with all its unknowns and poorly controlled variables is so sloppy by comparison it would leave physicists aghast. Nevertheless, it does indeed work as long as the principles of the scientific method are strictly adhered to. Moreover, it is imperative that these principles; Observation, Hypothesis, Experimentation and Analysis be open to endless debate or the system completely breaks down, often catastrophically.

A flat earth was the official dogma until 1492 even though Archimedes had calculated earth's diameter more than one thousand seven hundred years before. Giordano Bruno was burned alive for contesting the government sanctioned earth center Ptolemaic System. The official narrative was so powerful that the finest engineers at the time created ridiculously intricate machines to model this earth centered paradigm for their puppet masters. Throughout history governing institutions have always gotten the "science" that they demanded. Such was the case until the Renaissance and the adoption of the Scientific Method. Although not everything was open to question at least scientific

results could be. This "freeing of the mind" lead to golden years, indeed golden centuries ushered in tremendous progress for humankind. However, there are always cycles, in fact cycles within cycles. In the beginning for the most part those who went into science did so simply for the satisfaction of defining some provisional truths. Of course, the fruits of this exploration could be lucrative and so others who followed went into science for the riches as well. This wasn't so bad as long as others could apply scientific questioning to whatever claim or conclusion they desired. The uniquely modern reason some now enter the scientific disciplines has become celebrity and as the "cult of celebrity" that develops around these individuals has grown so too has the power to stifle scientific questioning. From 2020 on this has been so egregious that it has become evident to even football players. Aaron Rogers recently said; "If it can't be questioned, it's not science. It's propaganda." He is exactly right. A completely corrupt system has developed in which government cultivated "High Priests or Blasphemy" issue an edict that is turned into an incontestable narrative by the media or anyone else who might have a financial interest in the system.

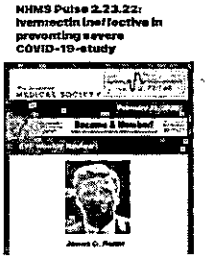
There are hundreds of biomedical journals from all over the world that print peer reviewed, well researched articles with valuable information written by brilliant most often non-US and non-celebrity researchers. If one does not actively search, one will never see this information because at least in the US if it isn't published in the likes of The New England of Medicine, The Lancet or Nature, all of which have compromised their integrity in the last few years, it will not be seen because the media simply won't cover it. In fact, there is a vast amount of scientific information from these less prominent sources that destroys the official CoVID narrative. At the very least it should make any thinking person who still has a modicum of scientific curiosity begin to question.

So let us begin the critique with our own New Hampshire Medical Society and the Malaysian Study.

For the better part of two years, I have been opening the weekly emails from the New Hampshire Medical Society titled NHMS Pulse. Initially, it was in the hope that it would provide unique insights about the pandemic and maybe some guidance regarding prophylaxis or early treatment for those who might contract CoVID19. Disappointment grew into increasing disgust. Instead of offering some actionable advice on how to

keep people from becoming sicker, over time these emails proved to be nothing more than the equivalent to a yearlong infomercial for the vaccines. With each passing week it became more apparent that no one in the leadership had likely read or at least cared to comment on any of the hundreds of articles that describe potential benefits of drugs that include Hydroxychloroquine, Azithromycin, Doxycycline, Famotidine, Vitamin D, Anticoagulants, Zinc and the much-maligned Ivermectin.

Finally, on 2-23-22 there was something different, an article titled Ivermectin Doesn't Prevent Severe Disease from CoVID19. I presumed that it was pretty important because it was boldly titled above the splash-screen.



At this point I had already read close to one hundred articles most of which were randomized and controlled that showed that Ivermectin usually along with some combination of other drugs was effective at limiting the severity of disease in those with CoVID19 so I was excited to read this article. Activating the link, I expected to review a scholarly article in some well-known and respected medical journal. Unfortunately, this was not the case. This was a link to CNN's interpretation of a medical study. Evidently, this is what passes for medical knowledge in New Hampshire today. However, as unprofessional as it was it didn't mean that the data in the actual study was bad.

Fortunately, CNN had the professionalism to reference the original article. The original study was undertaken in Malaysia and was published in the Journal of the American Medical Association. The title of the article in the NHMS email is the title of CNN's article not the actual title which reads:

Efficacy of Ivermectin Treatment on Disease Progression Among Adults With Mild to Moderate COVID-19 and Comorbidities The I-TECH Randomized Clinical Trial.

A deeper review is far more troubling. The study's selection bias alone makes CNN's and by default the NHMS's implied conclusions invalid. Not only does the data not support CNN's claim it actually goes a long way towards proving that Ivermectin reduces mortality in their severely ill population.

This was neither reported nor discussed however. In fact, the study data that supports this conclusion was kept out of the body of the study by JAMA editors. It was oddly sequestered in JAMA's Supplemental Online Content eTable 2.

The data in the table shows that the treatment group had a 60% reduction in the need for mechanical ventilation but more importantly mortality was reduced by 70% in the Ivermectin treated group. So, how did CNN conclude that Ivermectin was ineffective?

Because the P-value for mortality was 0.09. This means that there is a 9% probability that the results were simply due to chance. The generally accepted threshold is 5%.

eTable 2. Outcomes in Intention-to-Treat Population

Outcomes	No. (%)		Absolute difference (95%CI)	Relative risk (95% CI)	P-value
	Ivermectin (n= 247)	Control (n = 249)			
Primary outcome					
Progression to severe disease (WHO scale 5-9)	53 (21.5)	43 (17.3)	4.19 (-2.76 to 11.13)[a]	1.24 (0.87 to 1.78)	.28
Secondary Outcomes					
Time of progression to severe disease, mean (SD), d	3.2 (2.4)	2.8 (1.8)	0.3 (-0.6 to 1.2)[b]	NA	.51
Patients who had mechanical ventilation	4 (1.6)	10 (4.0)	-2.40 (-5.30 to 0.51)[a]	0.40 (0.13 to 1.27)	.17
Patients admitted to ICU	6 (2.4)	8 (3.2)	-0.78 (-3.70 to 2.13)[a]	0.76 (0.27 to 2.15)	.79
All-cause in-hospital mortality	3 (1.2)	10 (4.0)	-2.80 (-5.59 to 0.001)[a]	0.30 (0.08 to 1.09)	.09
Length of stay, mean (SD), d	7.7 (4.4)	7.3 (4.3)	0.4 (-0.4 to 1.1)[b]	NA	.34

All outcomes were captured from randomization until discharge from study sites or day 28 of enrollment, whichever earlier.
Abbreviations: ICU, intensive care unit; NA, not applicable; WHO, World Health Organization.
[a] Absolute difference in proportion.
[b] Mean difference (mean of ivermectin group minus mean of control group) with 95% CI.

Admittedly, this finding didn't reach the generally accepted threshold of statistical significance but it is curiously close in a study that was underpowered and suffered a significant selection bias. Given that the risk and cost of Ivermectin are both close to zero one could argue that a 95% confidence level is far too high when faced with a life-or-death scenario.

However one decides to interpret the data in eTable 2 it is evident that the manner in which this paper was presented by the New Hampshire Medical Society is unfitting for a professional medical organization. Given that most physicians do not have the time to perform the type of independent analysis as detailed above the NHMS email is at the very least misleading. I would argue that their zeal to present drivel like this underscores their failure to present links to any of the hundreds of scholarly articles that have indicated that early treatment of CoVID19 using inexpensive, safe repurposed medications reduces

hospitalization and death and that this is evidence for a publication bias. If this is in fact the case it is very troubling indeed as it reflects a policy driven by agenda rather than science.

Next consider the year-old Brazilian study that was only recently published in the New England Journal of Medicine. The medical experts at the New York Times penned an analysis of this study entitled, **Ivermectin Does Not Reduce Risk of CoVID Hospitalizations, Large Study Finds**. But is this conclusion true? The actual title of the NEJM article is **Effect of Early Treatment with Ivermectin among Patients with CoVID19**. It is obvious from the start that the study is deeply flawed, so much so, that it is hard to understand how a journal as prestigious as the NEJM could even publish it, but then again, they have had a bad couple of years. There are multiple serious problems with this study any one of which would be enough to invalidate its findings;

1. The study is not randomized. The Ivermectin treatment group was selected at a much later date than the placebo group and at a time when the dominant strain was much more virulent.
2. In a country where Ivermectin is obtained over the counter the study does not state that it screened for prior Ivermectin use in either group.
3. The lack of reported increased gastrointestinal side effects in the Ivermectin arm points to a fundamental problem in the study. Since the trial took place in an area with a high prevalence of parasitic infection, it is unlikely for the group taking Ivermectin to not have experienced an increase in GI problems over the placebo group. There are two possibilities: Either the placebo group was also on ivermectin, (see above, B) or those "taking ivermectin" were not being given real Ivermectin.
4. It is well documented in the medical literature that Ivermectin works best when combined with other cheap and safe drugs or at least nutraceuticals such as Vit D or Zinc
5. It is well documented in the medical literature that it imperative to start Ivermectin early, within 3 days in most studies. This trial had patients starting Ivermectin over a week after symptoms first appeared.
6. The patients were under dosed. Most trials in the medical literature recommend 0.6mg/kg this study used 0.4mg/kg

7. Ivermectin was administered for only 3 days. The recommendations are a minimum of 5 days or longer if symptoms persist.
8. 450 patients dropped out of the control arm of the study.
9. Missing data.
   Recruitment period and location
   Ages of 98 participants
   Days with symptoms

Disclosed conflicts of interest include: Pfizer, Merck, Bill & Melinda Gates Foundation, Novaquest, Regeneron and Astrazeneca. This by itself does not negate the conclusion of the study but it should make any reader much more critical.

And what were the conclusions?

That the 17% reduction in hospitalization in the treatment group did not reach statistical significance and this will be interpreted as Ivermectin doesn't work. But the senior author himself, Edward J. Mills Ph.D., FRCP has written the following of the study:

"I actually think it is quite positive. I presented this a couple weeks ago at the NIH Collaboratory Rounds and, if they listened, I advocate that actually, there is a clear signal that IVM works in COVID patients, just that our study didn't achieve significance. In particular, there was a 17% reduction in hospitalizations that would be significant if more patients were added. I really don't view our study as negative and, also in that talk, you will hear me retract previous statements where I had been previously negative. I think if we had continued randomizing a few hundred more patients, it would have likely been significant."

These are two studies that have been misinterpreted to mean that Ivermectin doesn't work. Contrast this with the approximately 100 studies that I have given to my Representative that show that Ivermectin in combination with other safe, inexpensive and readily available drugs can reduce CoVID hospitalizations by 86%. So, yes. Ivermectin works.

This finally brings us to the point of this hearing. Should properly dosed Ivermectin be made available to the citizens of New Hampshire?

In a perfect world in which patients had immediate access to a health professional who themselves had free access to completely unbiased pertinent medical information and to pharmacies that did not have unrestricted veto power over the practitioner the answer would be no. This never was the reality but since the pandemic began, we have been purposely led much further away from this ideal.

As an example, consider that it only takes child level common sense to know that early treatment of a disease is absolutely essential. In fact, not doing so for a medical practitioner is clearly malpractice. The initial protocol for handling pandemic related infections as outlined by our government agencies and dutifully supported by professional medical societies and governing institutions of higher learning advised patients not to seek care until they couldn't breathe. That's right. Just hold your breath and wait for the "safe and effective" warp speed vaccines to be rolled out. Never in history has medicine acted so callously toward the sick. With this absurd approach in mind, I challenge you to replace CoVID with the name of any other common ailment that should have a high cure rate and consider what the mortality might be. Appendicitis – "Don't seek medical attention until your abdomen is distended and your temperature is 106°F." The case fatality would increase from statistically zero to 30% or more. This policy is so mindbogglingly stupid it is arguably criminal because we all know better. Incredibly, two years have passed and the message from authorities hasn't changed, despite hundreds of scholarly articles from all over the world describing the effectiveness of early treatment with safe and cheap repurposed FDA approved drugs. It is far, far worse than passive ignorance. There has been a system wide concerted effort to seek out and punish practitioners who dared attempt to offer their patients a little help before they might become deathly ill. All the while ironically, Ivermectin has been listed second, just below Remdesivir on an NIH web page as a potential treatment.

So, in the world we live in, those sick with CoVID do not have immediate access to care. Their medical care providers have neither guidance from our once great institutions for early treatment protocols, unfettered access to unbiased information nor the confidence that they won't be professionally punished for simply trying to help. And for those who are courageous enough to try, our prescriptions are being nullified at New Hampshire pharmacies.

The capacity of our physicians and nurse practitioners to help has been neutralized and our institutions of higher learning have refused to lead. Unfortunately, this legislation is the only help that those suffering from the early symptoms of CoVID can expect to get. I whole heartedly recommend supporting it for adults.

Respectfully yours,

A Salerni

Anthony Arthur Salerni MD, Maj. USAR(ret.)

Cameron Lapine

From: Angel <angelbrisson72@gmail.com>
Sent: Wednesday, April 13, 2022 1:00 AM
To: Cameron Lapine
Subject: HB 1022 - Support

Dear Mr. Lapine,

Thank you for all that you do to keep the committee's business running smoothly, and thank you for your time today.

I've written each committee member individually, and requested that the members please enter my testimony into the bill's record. But I also wanted to send you a copy, and to request that you please ensure that my testimony is indeed entered into the record. I appended my letter below.

With much appreciation,
Angel Brisson
Manchester, NH
==========

Testimony re: HB 1022, sent to members of the Senate Health and Human Services Committee:

I write to request that you please **vote to pass** HB 1022, and I respectfully request that you please enter my testimony into the official record of the bill.

I haven't used Ivermectin personally. Yet—in addition to having read immense research, data and anecdotal evidence of Ivermectin successfully treating COVID—I personally have friends and acquaintances ***who successfully used Ivermectin to treat their COVID***.

And in heartbreaking contrast, a friend who hadn't yet gotten Ivermectin—and was later refused Ivermectin in the hospital—*died, at age 45*. His wife took Ivermectin and was fine a week after getting COVID. He didn't get Ivermectin in time, before having to go into the hospital. Once in the hospital, he was refused Ivermectin and instead intubated. He then died a few days later. He left behind his wife and young children.

So devastatingly, I've acquaintances who've experienced similar tragedies of loved ones and friends dying because the afflicted people didn't get Ivermectin, and thus, ended up in the hospital, and then died in the hospital.

For the sake of saving lives, I implore you to please pass HB 1022. Thank you in advance for your understanding and support.

Sincerely,
Angel Brisson
Manchester, NH

Sent from my iPhone

Cameron Lapine

From: Warand9m <Warand9m@comcast.net>
Sent: Wednesday, April 13, 2022 5:56 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Hb 1022

Dear Senators

I am writing to you to ask you to support HB 1022 and to share my experience with Covid 19 and Ivermectin use.

I recently came down with Covid 19. I was very sick, vomiting, fever, weak, achy, the typical flu like symptoms, but they were worse than I had ever experienced. I was also congested and coughing and that concerned me more. I started symptoms on a Sunday but waited until Tuesday morning to test and treat as I wanted to make sure it was Covid 19 and not the flu. I did not want to take Ivermectin if it wasn't Covid and with the tests being inaccurate I wanted to make sure I had enough of a viral load to have as accurate a test as possible.

Tuesday morning I tested positive and started Ivermectin, by Tuesday night I was still symptomatic, but the symptoms were lighter, less intense and fever was less, and by Wednesday night my symptoms were pretty much gone except for some lingering fatigue and loss of taste and smell.

Within 36 hours of taking Ivermectin my symptoms were pretty much gone. This medication possibly saved my life, kept me out of the hospital, reduced the number of days I was sick, therefore lessening the time I had to quarantine.

There is absolutely no reason why this medication should not be available to the general public to treat Covid 19. It would save countless lives and unburden the already burdened healthcare system because of mandates.

If you or your family member were sick, wouldn't you want to treat them as quickly and effectively as possible? Why would you not want the public to have access to this medication?

Thank you for your time and I hope you will do what is right for the people.

Respectfully,

Andrea Warriner

Sent from my Galaxy

Mr. Chairman and Members of the Committee,

For the record, my name is Hershel Nunez, I am a State Representative with the honor to serve the people in Hillsborough District 37, Town of Pelham and Hudson, I live in Pelham.

I'm writing to you in support of HB1022, I call it the Ivermectin bill....

I'm going to make this short and sweet. I could not take a vaccine because I have an autoimmune disease that would not have acted in a favorable way with the vaccine. I contracted the Delta variant of Covid last November (11/21). My doctor turned me away for any type of prophylaxis treatment. She told me if I needed care to go to an emergency room. With the horror stories I had heard about the ER I decided not to go.

I tested positive after learning of exposure and the very next day became very sick, to the point that I questioned whether or not to go to the emergency room. I took my chances at home. A dear friend brought me information where I could go through a tele-health interview with a Doctor in Florida to acquire Ivermectin. I did so on my 3rd day of sickness and the next day I received the Ivermectin delivered to my front door step.

I had 103.6 fever, body aches that would not stop and had to have help to walk to the facilities. I took the Ivermectin and in 2-3 hours afterward all the fever and body aches went away. I was still sick but not nearly as sick as I was prior.

I feel that the Ivermectin saved me.

Since then we've all learned that Ivermectin in many studies has proved to be efficient in not only helping with inflamation, but reducing the severity of Covid, and reducing the number of hospitalizations from those affected with Covid.

No matter what "experts" that I do not trust say, I know for a fact that Ivermectin may have saved my life.

Please consider this testimony when you are voting in committee on this bill. It should be a standing order, I feel it should be over the counter. Ivermectin is a life saver in many forms, for me it was a life saver battling Covid.

Thank you for your time,

Hershel Nunez
State Representative, Hillsborough 37
Pelham

Cameron Lapine

om: Elliot Axelman <alu.axelman@gmail.com>
Sent: Wednesday, April 13, 2022 8:29 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Please SUPPORT HB 1022!

Dear Senators,

My family and I would like you to please support HB1022 to support allowing pharmacists to give people the extremely safe and effective medication ivermectin under standing orders.

Thank you very much!

Cameron Lapine

om: Jenna Pedone <jennapedone@gmail.com>
Sent: Wednesday, April 13, 2022 8:33 AM
To: Jennifer Pedone
Subject: Urgent - please support HB 1022

Dear Senators,

As a pharmacist in NH, I beg you to approve and support HB 1022 to allow standing orders for ivermectin. This is a safe medicine that should be accessible by all NH residents who want it for any reason they desire. Ivermectin is safer than Tylenol and yet anyone can buy as much Tylenol as they like but ivermectin is restricted.

Please support this bill.

Warmly,

Jenna Pedone
2200 Elm St
Manchester NH 03104
603-361-2634

Ivermectin Facts.

Safety and effectiveness against COVID-19.

Safety

- At least **300 million people have been treated with ivermectin**, donated by Merck, in more than 30 countries.[1]
- **The WHO** recommends the use of Ivermectin in children and has called it "**a safe and effective drug**." [2]
- A **CDC** guideline: "All Middle Eastern, Asian, North African, Latin American, and Caribbean refugees **should receive presumptive therapy with ivermectin**." [3]
- Headache, dizziness, shaking or trembling, diarrhea and other are side effects of treating onchocerciasis and strongyloidiasis with ivermectin, not COVID-19. [4]

Safety, Tolerability, and Pharmacokinetics of Escalating High Doses of Ivermectin in Healthy Adult Subjects

Cynthia A. Guzzo, MD, Christine I. Furtek, BS, Arturo G. Porras, PhD, Cong Chen, PhD, Robert Tipping, MS, Coleen M. Clineschmidt, BA, David G. Sciberras, PhD, John Y-K. Hsieh, PhD, and Kenneth C. Lasseter, MD

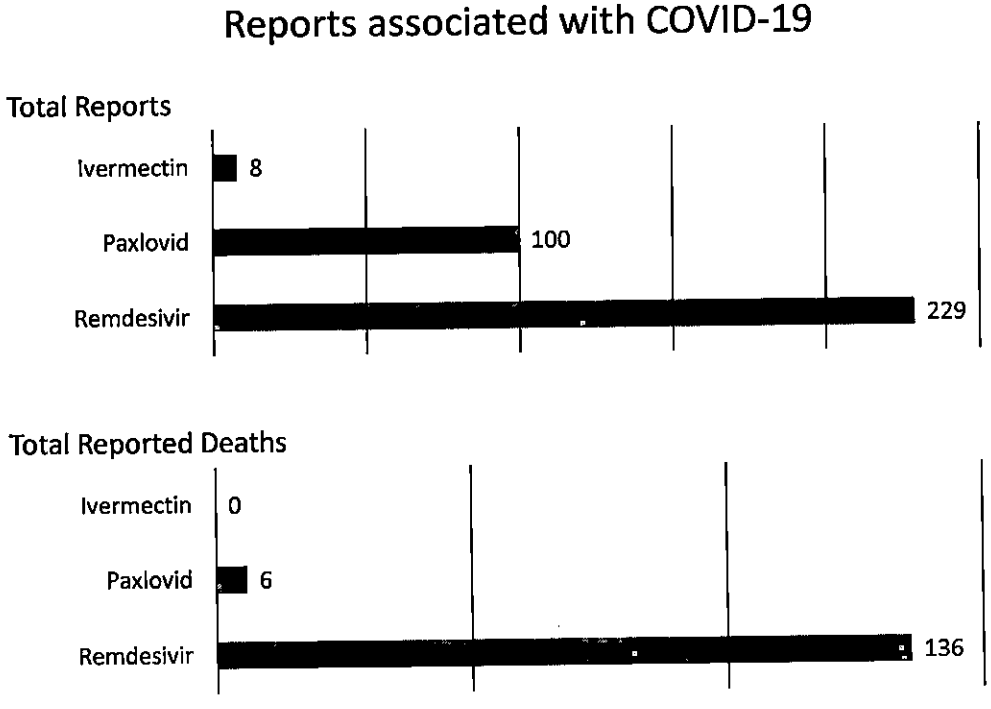
Safety and pharmacokinetics (PK) of the antiparasitic drug ivermectin, administered in higher and/or more frequent doses than currently approved for human use, were evaluated in a double-blind, placebo-controlled, dose escalation study. Subjects (n = 68) were assigned to one of four panels (3:1, ivermectin/placebo): 30 or 60 mg (three times a week) or 90 or 120 mg (single dose). The 30 mg panel (range: 347-594 µg/kg) also received a single dose with food after a 1-week washout. Safety assessments addressed both known ivermectin CNS effects and general toxicity. The primary safety endpoint was mydriasis, accurately quantitated by pupillometry. Ivermectin was generally well tolerated, with no indication of associated CNS toxicity for doses up to 10 times the highest FDA-approved dose of 200 µg/kg. All dose regimens had a mydriatic effect similar to placebo. Adverse experiences were similar between ivermectin and placebo and did not increase with dose. Following single doses of 30 to 120 mg, AUC and C_{max} were generally dose proportional, with t_{max} ~4 hours and $t_{1/2}$ ~18 hours. The geometric mean AUC of 30 mg ivermectin was 2.6 times higher when administered with food. Geometric mean AUC ratios (day 7/day 1) were 1.24 and 1.40 for the 30 and 60 mg doses, respectively, indicating that the accumulation of ivermectin given every fourth day is minimal. This study demonstrated that ivermectin is generally well tolerated at these higher doses and more frequent regimens.

Journal of Clinical Pharmacology, 2002;42:1122-1133

5

Safety of ivermectin when used for COVID-19

European Database of Suspected Adverse Drug Reaction



6

Effectiveness

- Currently, there are **157 ivermectin COVID-19 studies**, 108 peer reviewed, 82 comparing treatment and control groups .[7]

  Meta-analysis show*:

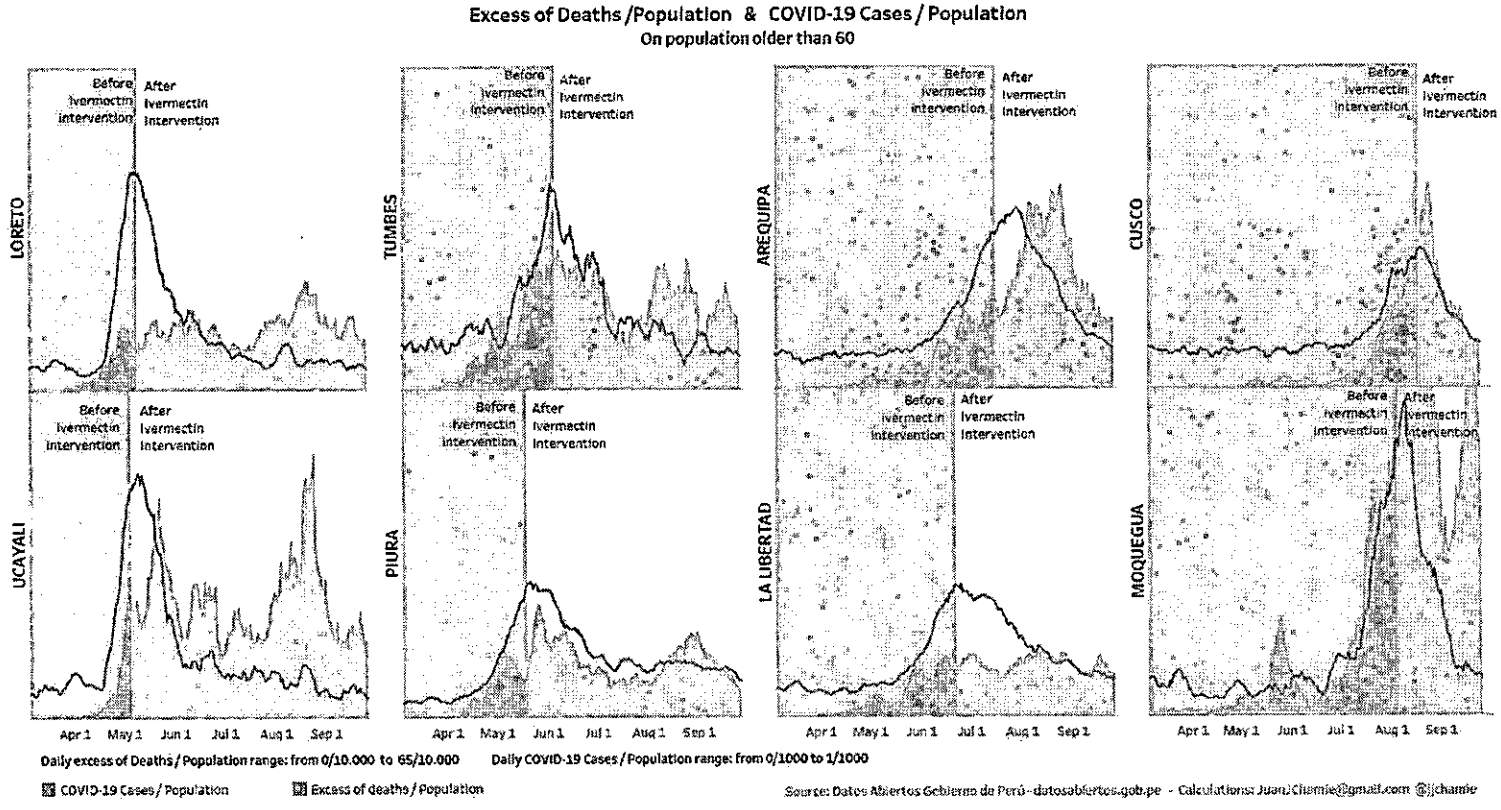
  - **83% effectiveness as prophylactic.**
  - **63% effectiveness as early treatment.**
  - **40%. effectiveness as late treatment.**

- A peer reviewed studies on ivermectin with over 200,000 patients in Brazil showed a **67% reduction in hospitalization rate.**[8]
- Epidemiological analysis show **drops in cases and deaths** right after the increase use of ivermectin.
- A 2020 international survey showed ivermectin **effectiveness in mild, moderate and severe COVID cases.**

*Excluding criticized studies with favorable results

Effectiveness

Peru[10]

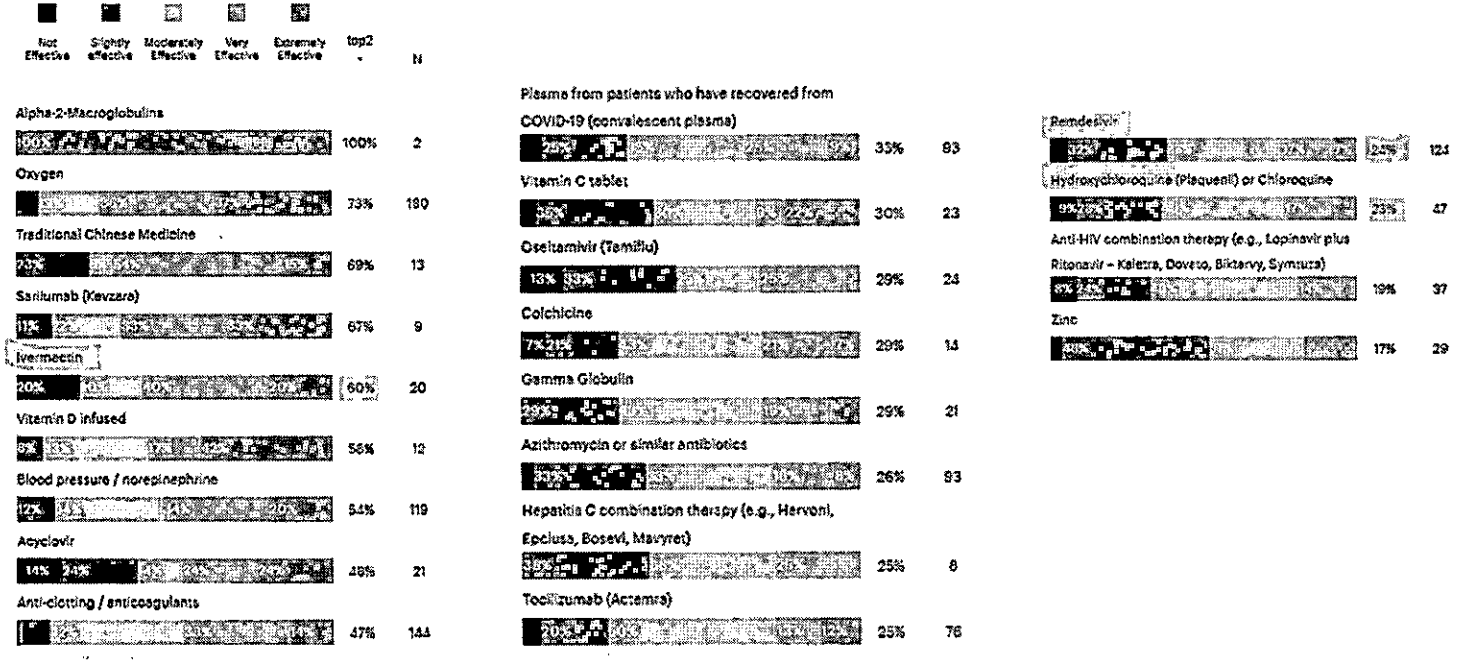


Effectiveness

SERMO's survey sent to 33,700 doctors in early 2020

sermo

For patients you treat in the ICU (critical symptoms), rate the efficacy of medications you have used to treat COVID-19?



Ivermectin facts - Juan J Chamie - 4/13/2022

The Together Trial: Criticism [11]

Protocol issues: **blinding failure**, unequal randomization, significant confounding, unknown onset patients included, widespread community use, **data and safety monitoring committee not independent**, extreme conflicts of interest, vaccine inclusion changes, analysis company works closely with Pfizer, designed by Cytel, Viral load change not reported, per-protocol conflict vs. fluvoxamine, multiple conflicting randomization protocols, conflicting dosing, plasma concentration below known effective, **primary outcome easy to game**, conflicting target enrollment, futility threshold, inconsistent subgroup analysis, missing analysis, missing outcomes, mid-trial protocol changes, imputation protocol violation, single-dose recruiting continued after change, funding list incorrect, statistical analysis plan after trial start, single dose results not reported, placebo unspecified.

Data issues: unexplained delay, **no response to data request**, 3 different death counts, patient count mismatch, conflicting placebo arm counts, **unknown onset results dramatically better**, low active arm side-effects, incorrect conclusion, conflicting comorbidity counts, conflicting adverse event counts screening to treatment delay, missing age information, mean delay likely excluding unknown onset two different per-protocol counts, 3-dose placebo much more effective, dominated by Gamma variant, no discussion.

The Together Trial: Primary outcome

RESULTS

A total of 3515 patients were randomly assigned to receive ivermectin (679 patients), placebo (679), or another intervention (2157). Overall, 100 patients (14.7%) in the ivermectin group had a primary-outcome event, as compared with 111 (16.3%) in the placebo group (relative risk, 0.90; 95% Bayesian credible interval, 0.70 to 1.16). Of the 211 primary-outcome events, 171 (81.0%) were hospital admissions. Findings were similar to the primary analysis in a modified intention-to-treat analysis that

Table S1: Components of the Primary Outcome of Ivermectin vs Placebo in the TOGETHER COVID-19 Trial

	Ivermectin	Placebo	Estimated treatment effect (95% BCI)
Hospitalized for COVID-19	78/679 (11.5%)	93/679 (13.7%)	0.84 (0.63 to 1.11)
Emergency room visit for greater than 6 hours	36/679 (5.3%)	31/679 (4.6%)	1.16 (0.73 to 1.85)

=238

The Together Trial: Impossible Numbers

Fluvoxamine vs. Ivermectin Placebo Arm Comparison

Fluvoxamine Placebo Arm — Jan 20, 2021 — **all-cause hospitalization 99/756 (Table 3)** — **mechanical ventilation 34/756** — Aug 5, 2021

Ivermectin Placebo Arm — Mar 23, 2021 — **all-cause hospitalization 95/679 (Table 3)** — **mechanical ventilation 25/679** — Aug 6, 2021

Extra patients for fluvoxamine placebo

all-cause hospitalization 4/77
mechanical ventilation 9/77

DSMC met Aug 6 ending both arms, Aug 6 presentation shows 678 IVM placebo patients, possibly one placebo patient Aug 6.

9 of the extra 77 patients had mechanical ventilation, while only 4 were hospitalized

1. https://www.forbes.com/sites/joshuacohen/2021/08/29/ivermectin-a-40-year-old-anti-parasitic-now-embedded-in-a-covid-19-culture-war/?sh=2eea054ace09
2. https://www.paho.org/hq/dmdocuments/2011/lac-report-esp-final-3-2011.pdf
3. https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas-guidelines.html
4. https://www.mayoclinic.org/drugs-supplements/ivermectin-oral-route/side-effects/drg-20064397
5. Journal of Clinical Pharmacology, 2002;42:1122-1133 ©2002 the American College of Clinical Pharmacology
6. https://www.adrreports.eu/en/search_subst.html#
7. https://ivmmeta.com/
8. https://www.cureus.com/articles/82162-ivermectin-prophylaxis-used-for-covid-19-a-citywide-prospective-observational-study-of-223128-subjects-using-propensity-score-matching
9. https://ivmmeta.com/#studynotes
10. https://www.researchgate.net/publication/344469305_Real-World_Evidence_The_Case_of_Peru_Causality_between_Ivermectin_and_COVID-19_Infection_Fatality_Rate

Cameron Lapine

From:	CARL TUTTLE <runagain@comcast.net>
Sent:	Wednesday, April 13, 2022 9:55 AM
To:	Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Cc:	Leah Cushman; Jim Kofalt; vanessa@vanessa4nh.com; Michael Yakubovich; Melissa Blasek; Peter Torosian; Tina Harley; Tony Lekas
Subject:	HB1022 Permitting pharmacists to dispense the drug ivermectin by means of a standing order

HB1022

Permitting pharmacists to dispense the drug ivermectin by means of a standing order

To: The Senate Health and Human Services Committee

From: Carl Tuttle, Hudson, NH
Member of NH Gov Chris Sununu's Lyme Disease Study Commission

Dear Committee Members,

I support **HB1022** permitting pharmacists to dispense the drug ivermectin due to the Tuttle family's experience with our coexisting pandemic of Lyme disease. If it wasn't for the courageous clinicians treating chronic Lyme disease through off label use of antimicrobials, we would not be here today.

The Lyme patient community has been shouting from the rooftops for three decades now while the CDC controls the narrative through suppression of the truth, facts and scientific references just as they have with **COVID-19**. Those of us who have studied the mishandling of Lyme disease believe that a rush to create a vaccine led to the deliberate misrepresentation of the infection as a chronic relapsing seronegative disease (chronic Lyme) did not fit the vaccine model. We have proof of persistent infection through autopsy and positive culture reports [1] but the CDC refuses to acknowledge this evidence labeling Lyme as a simple nuisance disease; *"Hard to Catch and Easily Treated"* [2] with 2-4 weeks of antibiotics. You have seen/heard the devastation firsthand through patent testimony. [3] (Ask Rep Leah Cushman)

Now, through COVID the rest of the world is waking up to what the Lyme community has experienced for decades. The lengthy list of legislation (here in NH and all across America) as a result of the mishandling of COVID is proof once again that our public health officials have misled our country through suppression of the truth, facts and scientific references. [4] It is crystal clear to me that ivermectin threatened the COVID-19 "for profit" business model.

The CDC has been captured by the pharmaceutical industry telling the nation's physicians and pharmacists not to use generic medicines while promoting novel patented high-cost experimental drugs that are injuring the public. The CDC together with the FDA are putting profits ahead of patients. Legislation is a Band-Aid approach to these public health agencies that are out of control with no oversight or accountability. I have been calling for a congressional investigation into these unaway agencies through a Change.org petition [5] which now has over **98,000** signatures. It is time to put a stop to this medical dictatorship which is controlling the narrative while harming millions across America.

Please pass **HB1022** and let doctors be doctors who for years have safely prescribed off label drugs. Save lives now!

Respectfully submitted,

Carl Tuttle
Hudson, NH

PS Everyone reading this email is a single tick bite away from experiencing the Lyme disease travesty. (If it hasn't happened already)

Cc: All sponsors of HB1022

References

[1] Evidence of Chronic Lyme sent to Brenda Fitzgerald, MD past Director of the CDC (Personal Dropbox storage area)
https://www.dropbox.com/s/xaul84dqmqgbre0/Brenda%20Fitzgerald%20MD%20Director%20CDC.docx?dl=0

[2] Lyme Disease Is Hard to Catch And Easy to Halt, Study Finds
http://www.nytimes.com/2001/06/13/us/lyme-disease-is-hard-to-catch-and-easy-to-halt-study-finds.html

[3] Video Testimony from the Aug 23rd Meeting; NH Lyme Study Commission
https://rumble.com/vmyzi9-nh-commission-to-study-testing-for-lyme-and-other-tick-borne-diseases-08.23.html

[4] Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19
https://flccc.net/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/

[5] Calling for a Congressional investigation of the CDC, IDSA and ALDF
https://www.change.org/p/the-us-senate-calling-for-a-congressional-investigation-of-the-cdc-idsa-and-aldf

Cameron Lapine

From: Val Reilly <val_reilly@comcast.net>
Sent: Wednesday, April 13, 2022 2:04 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Ivermectin OTC

I have researched Ivermectin for months and support fully, the passage of HB1022.
Dr. Kory testifying in front of Congress was really quite something. FACTS.
He was treating approx 200 member of Congress but no one is supposed to know that.
>>Congressional **testimony** on the effectiveness of **Ivermectin** removed from YouTube.<<

Tennessee & South Dakota have already passed laws to prescribe Ivermectin.
Iowa has moved it closer.

Please support this Nobel Peace Prize winning drug and read
from NIH.com what information about Ivermectin is being withheld from the Public.

Thank you
Val Reilly
Londonderry

Cameron Lapine

From: Jackie Tomanek-Stanley <stanley.jackie@gmail.com>
Sent: Wednesday, April 13, 2022 6:25 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Subject: Pharmacist who opposes

I am a registered pharmacist and I oppose the ivermectin prescription bill.

Best,
Jacqueline Tomanek -Stanley
Nashua NH

Cameron Lapine

From: Paula Minnehan <PMinnehan@nhha.org>
Sent: Thursday, April 14, 2022 9:35 AM
To: James Gray; Jeb Bradley; Becky Whitley; Tom Sherman; Kevin Avard
Cc: Cameron Lapine
Subject: More resources re. Standing Orders for Naloxone and Oral Contraceptives
Attachments: 11801501_Factsheet.pdf; faq-naloxone.pdf; nh-dhhs-naloxone-standing-order-template.pdf; pharmacy-nh-model-protocol-contraceptives-20220119.pdf

TO: Senate HHS Committee members and Cameron,

Good Morning,

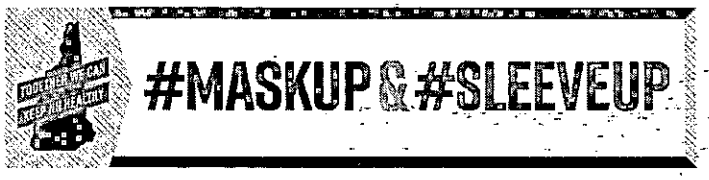
As a follow-up to the HB 1022 hearing yesterday I am sending along more information regarding standing orders for Naloxone and Oral Contrceptives.

The Nicotine Cessation Standing Orders are still in development since the bill was just passed in 2021.

Paula

Paula M. Minnehan
Senior Vice President, State Government Relations
New Hampshire Hospital Association
125 Airport Road
Concord, NH 03301
(603) 415-4254 (direct dial)
(603) 496-1047 (cell)
pminnehan@nhha.org
www.nhha.org

find us on facebook and twitter



FACTSHEET: New Hampshire's Oversight of Opioid Prescribing and Monitoring of Opioid Use

POLICIES AND PROCEDURES

State laws, regulations, guidance, and policies related to oversight of opioid prescribing and monitoring of opioid use (e.g., policies for prescribing opioids).

This factsheet shows New Hampshire's responses to our questionnaire covering five categories related to opioids:

- Policies and Procedures
- Data Analytics
- Outreach
- Programs
- Other

This information is current as of November 2018. See page 15 for a list of State entities involved with oversight of opioid prescribing and monitoring of opioid use. See page 16 for a glossary of terms used in this factsheet.

State-wide Laws, Regulations, and Guidance Related to Opioids

- The Office of Professional Licensure and Certification (OPLC) is responsible for implementing and administering laws related to opioid prescribing. OPLC encompasses the various licensing boards charged with overseeing providers with prescribing authority, including the Board of Dental Examiners, Board of Medicine, Board of Nursing, and Board of Pharmacy. These regulatory boards created and adopted administrative rules for opioid prescribing.
    - House Bill 1423, effective June 2016, requires Board of Dental Examiners, Board of Medicine, Board of Nursing and other boards that fall under the OPLC to adopt rules for the prescribing of controlled substances. This bill contains mandatory standards for the management or treatment of acute and chronic pain. There are exemptions for cancer patients, patients with terminal illness and long-term nonrehabilitative residents of a nursing home facility.
    - The administrative rules on opioid prescribing issued by each regulatory board requires the prescribing provider to document the consideration of nonpharmacological modalities and nonopioid therapy, and an appropriate pain treatment plan which includes the type of drug, the dosage, and the duration of the prescription.

- The New Hampshire Controlled Drug Act, effective January 1, 2009, states, "No prescription shall be filled for more than a 34-day supply upon any single filling for controlled drugs of schedules II or III." The law does not limit the dosage amount that can be prescribed. The statute in effect prior to this date for an opioid prescription was "34-day supply or 100 dosage units," whichever is less. The State follows Federal regulations for who can prescribe and specifies how prescriptions for controlled substances are to be issued.

- Senate Bill 158, effective August 2017, declares that if substance use disorder (SUD) services are a covered benefit under a managed care health benefit plan, a health carrier that has authorized or approved medication-assisted treatment (MAT) for such

services shall not require a renewal of a prior authorization more frequently than once every 12 months.

- The Boards of Licensure have implemented administrative rules for opioid prescribing that are aligned with the Centers for Disease Control (CDC) guidelines, which require the prescriber to:
  - consider nonpharmacological modalities and nonopioid therapies,
  - discuss associated risks with opioid therapy,
  - prescribe minimum amount and lowest dose necessary to treat the patient's condition,
  - check Prescription Drug Monitoring Program (PDMP) prior to prescribing an initial opioid prescription and at least twice a year thereafter, and
  - require random periodic urine drug screens.

- House Bill 270, effective September 2015, provides immunity from arrest, prosecution, or conviction for a person who, in good faith and in a timely manner, requests medical assistance for someone who is experiencing a drug overdose or for themselves if they are experiencing a drug overdose. House Bill 545, effective August 2017, repealed the 3-year sunset provision of this bill.

Medicaid Policies Related to Opioids

- The State has the following Medicaid policies and procedures related to opioids:
  - Medicaid fee for service (FFS) requires prior authorization for long-acting narcotics and methadone when prescribed for pain. Methadone administered at a licensed opioid treatment program (OTP) does not require prior authorization.
  - Medicaid FFS and the Medicaid managed care organizations (MCO) have a dosage accumulation edit built into the claim payment system that monitors the daily morphine milligram equivalent (MME) dose. The policy requires any beneficiary that reaches a daily MME of 100 milligrams or more to receive prior authorization to continue with that dose. Prior authorization is used to ensure prescribed medications are medically necessary and clinically appropriate.

- A SUD benefit has been available to the State's Medicaid FFS plan or managed care populations since July 1, 2016, and includes:
  - screening by behavioral health practitioner for an SUD;
  - screening, brief intervention, and referral to treatment (SBIRT);
  - crisis intervention services provided in an office or community setting;
  - evaluation to determine the level of care and other services needed;
  - medically managed withdrawal management in a hospital setting;
  - medically monitored withdrawal management in an ambulatory or nonhospital residential setting;

- opioid treatment program: methadone or buprenorphine treatment in a clinic setting;
- MAT in a physician's office provided in conjunction with other SUD counseling services;
- outpatient counseling: individual, group, or family counseling for SUDs;
- intensive outpatient: individual and group treatment and recovery support services provided at least 9 hours per week for adults or 6 hours per week for adolescents;
- partial hospitalization: individual and group treatment and recovery support services for SUD and cooccurring mental health disorders provided at least 20 hours per week;
- low, medium, and high intensity residential treatment;
- recovery support services: community-based peer and nonpeer recovery support services provided in a group or individual setting; and
- case management: continuous recovery monitoring.

- In 2014, the State expanded its Medicaid population for low income adults by establishing the New Hampshire Health Protection Program (NHHPP), an estimated one in six of whom have extensive mental health or SUD needs. Through the program, the State used Medicaid funds to purchase private insurance for eligible individuals (premium assistance). The State received Federal approval to transition to Medicaid Care Management through a section 1115 demonstration waiver which expires on December 31, 2018 (approximately 53,000 residents covered).

- Senate Bill 313, enacted June 2018, created a new program called the Granite Advantage Health Care Program which will enroll NHHPP participants in the State's Medicaid Care Management program, beginning January 1, 2019. The Granite Advantage Health Care Program will be implemented by extending and amending the current NHHPP waiver for 5 years, through December 31, 2023.
  - Individuals eligible for the NHHPP Premium Assistance/Granite Advantage Health Care Program are adults with incomes up to 138 percent of the poverty level who are eligible for Medicaid under the Affordable Care Act, are 19 to 64 years old, not pregnant at the time of application, not entitled to or enrolled in Medicare, and not in any other "mandatory Medicaid eligible group." Certain Medicaid expansion adults must participate for greater than or equal to 100 hours per calendar month in work or community service.

Laws, Regulations, and Guidance on Prescription Drug Monitoring Program Data

- The Controlled Drug Prescription Health and Safety Program, which includes the PDMP was established in 2012.

- According to New Hampshire Revised Statutes 318-B:35, the State can only share PDMP data as follows:
  - The State shares data with other States to identify doctor shopping. The participating states are Maine, Vermont, Massachusetts, Rhode Island, Connecticut, New Jersey, New York and Delaware.
  - The State can only share data with law enforcement when they present a request for information signed by a judge (i.e., court order).

Laws, Regulations, and Guidance Related to Treatment

- The State's approved application for the state opioid response grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) will expand the MAT trainings to increase the number of Drug Addiction Treatment Act waivered prescribers in the State and implement a tracking system of those trained to ensure that trained individuals are prescribing and encouraged to serve up to the maximum patient limits.

- The New Hampshire Department of Health and Human Services (DHHS) and Bureau of Drug and Alcohol Services (BDAS) convened a panel of practitioners from health care, behavioral health, specialty SUD treatment services, and the State's Medical Society. This panel reviewed existing MAT models in New Hampshire and other States to identify key components and best practices for the development of a compendium of recommendations and resources for initiating and expanding MAT capacity to serve more patients with opioid use disorders (OUDs). This document is not intended to replace best practice resources, such as the American Society of Addiction Medicine's practice guidelines. The goals of this panel and resulting compendium are to:
  - increase the number of waivered buprenorphine prescribers;
  - increase office-based access to MAT programs through multiple settings, including primary care, offices and clinics, specialty MAT programs;
  - increase awareness of, and access to, extended-release injectable naltrexone and other medications by prescription; and
  - include a focus on medications such as buprenorphine (e.g., Suboxone, Subutex, Zubsolv, Bunavail, Probuphine, Sublocade) and naltrexone (extended-release injectable/depot/XR-NTX: Vivitrol) that may be prescribed in an office-based setting, unlike methadone, which per Federal regulation must be dispensed at certified opioid treatment programs.

Laws, Regulations, and Guidance on Naloxone

- House Bill 271, effective June 2015, allows pharmacists to dispense opioid antagonists such as naloxone, pursuant to a standing order, to individuals at risk of an opioid overdose or to friends or family members of individuals at risk.

- HB 271 also protects health care professionals and others from criminal, civil liability and professional disciplinary action if they act in good faith and with reasonable care when helping a person they believe is suffering from an opioid-related overdose.

- In 2015, the State launched the "Anyone, Anytime" campaign, which included creation of guidance on naloxone distribution and use. There are four ways New Hampshire residents can get naloxone kits for themselves or someone else:
  - purchase naloxone at a pharmacy using a prescription written by a physician or any licensed prescriber;
  - buy naloxone at a pharmacy, which uses standing orders;
  - receive free kits if the person is (1) a client of a State-contracted health center or treatment provider, (2) at risk for opioid overdose, and (3) does not have insurance that covers the cost or cannot afford to purchase naloxone; or
  - if the person is at risk for opioid overdose and does not have insurance that covers the cost or cannot afford to purchase naloxone, the person may attend an event held by a Regional Public Health Network where the State's free kits are distributed.

DATA ANALYTICS

Data analysis that the State performs related to opioid prescribing and monitoring of opioid use (e.g., analyzing data to determine the number of opioid prescriptions written by providers to detect high-prescribing providers).

- The State performs data analytics related to opioid prescribing:
  - DHHS has periodically analyzed opioid prescribing in the Medicaid FFS and the Medicaid MCO populations.
  - DHHS analysis has focused on member use rates by drug, strength (daily MME dose), supply (days in prescription and annual), and frequency of prescriptions (number in year), and demographics (type of Medicaid and poverty level).
  - Additionally, provider-based reporting has been performed on a pilot basis.
  - DHHS also collects relevant Healthcare Effectiveness Data and Information Set (HEDIS) measures from its Medicaid MCOs.
  - DHHS will use Federal opioid response funding to enhance its data reporting. Specifically, it will be using the State Opioid Response grant to increase data reporting to SAMHSA and will be using CDC opioid funding to integrate data and develop analytic dashboards.

- The Office of Quality Assurance and Improvement (OQAI) is responsible for data analytics.
    - OQAI performs analysis of Medicaid claims data and Medicaid MCO submitted data.
    - DHHS uses data analytics to monitor policy implementations.
    - Action taken related to the pharmacies, providers, or beneficiaries identified as a result of the data analytics is used to identify the impact of prior authorization policy changes.

- In 2017, the Opioid Task Force completed a process identifying and prioritizing potential action strategies to reduce opioid-related harm in New Hampshire.

- The Medicaid MCOs are required to perform data analytics related to opioids. Specifically, the MCOs:
    - are required to calculate the new opioid related HEDIS measures,
    - use the data for care management, and
    - are required to share new HEDIS measures (the State expects to monitor the new measures relative to policies).

- The Governor's Commission on Alcohol and Drug Use Prevention, Treatment, and Recovery publishes midyear and yearly reports that provides data analytics on:
    - Funding statistics, clinical treatment service outcomes and infrastructure development, the PDMP, peer recovery support services, family peer support services, prevention services, public information campaigns, and other topics.

OUTREACH

Outreach that the State provides related to preventing potential opioid misuse (e.g., opioid-related training for providers).

Outreach to Providers

- The State's Health Alert Network emails and faxes healthcare providers, health departments, and others with important and timely messages on important health topics such as opioid treatment.

- The State distributes additional communications, such as publications, mailings, and bulletins in the form of public service announcements and BDAS website postings.

- The State provides optional training through the BDAS. DHHS and BDAS provide free introductory-level workshops designed for people working in any helping professions whose daily work engages people with SUDs. These organizations also provide advanced training via the New Hampshire Training Institute in Addictive Disorders.

- The State makes available an expanded array of training and professional opportunities to build on current resources from the Department of Education, the Training Institute on Addictive Disorders, The Center of Excellence in Substance Use Disorders, and other State partners, licensing boards, and departments.

Outreach to Patients

- The State established a State-wide Addiction Crisis Line (1-844-711-HELP) to help individuals find treatment providers and developed a guidance document on best practices related to MAT. Additional online options include:
  - nhtreatment.org,
  - dhhs.nh.gov/dcbcs/bdas/index.htm, and
  - drugfreenh.org.

- The State provides naloxone kits to providers at their request and through Public Health sponsored community events to beneficiaries or those requesting them.

- The administrative rules on opioid prescribing require that providers ensure that the patient has been provided information that contains the following:
  - risk of side effects, including addiction and overdose resulting in death;
  - risks of keeping unused medication;
  - options for safely securing and disposing of unused medication; and
  - danger in operating motor vehicle or heavy machinery.

- The State uses a written informed consent that explains the following risks associated with opioids:
  - addiction,
  - overdose and death,
  - physical dependence,
  - physical side effects,
  - hyperalgesia,
  - tolerance, and
  - crime victimization.

PROGRAMS

State programs related to opioids (e.g., opioid-use-disorder treatment programs).

Prevention Programs

- Per the State's Guidance Document on Medication Assisted Treatment Best Practices and the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment, the State strives to focus SUD control initiatives on early identification and overdose prevention using the SBIRT approach at community health centers. SBIRT is an evidence-based practice that has been shown to have a measurable impact on reducing high-risk alcohol and other drug misuse and on increasing utilization of treatment and recovery programs. SBIRT is endorsed by the National Registry of Evidence-based Programs and Practices. Although some service delivery systems, such as the State's community mental health system, conduct brief alcohol and drug screenings of all clients, universal screening is not yet a widespread practice. Attention will be given within other care systems, such as the community health center system and hospital emergency rooms, to implement screening and appropriate interventions more broadly.

- Board of Pharmacy guidelines, and other State laws and regulations, allow drop boxes in certain locations for beneficiaries to discard their unused medication.

- The State has an evaluation system for the effectiveness of opioid-related programs.
  - House Bill 1626 requires DHHS to report on the relative cost effectiveness and outcomes of programs funded in whole or in part by the governor's commission.
  - The State performs compliance audits on its contracted service providers.

Detection Programs

Prescription Drug Monitoring Program

- The PDMP is a web-based data system that contains information on controlled prescription medications dispensed by New Hampshire licensed retail pharmacies and other dispensers. The program monitors controlled drug prescriptions (U.S. Drug Enforcement Administration (DEA) Schedules II through IV) and provides New Hampshire licensed prescribers and dispensers a valuable tool to:
  - improve clinical decision making and patient care in managing their health and prescriptions,
  - promote public health and safety through the prevention and treatment for misuse of controlled substances and assist in the reduction of the diversion of controlled substances.

- The State uses its PDMP to collect data on controlled prescriptions (schedule II, III, and IV) dispensed in the State and that data is made available to practitioners (prescribers and dispensers) to review to assess and assist in managing the care of their patients.
    - There is a requirement for prescribers to check the PDMP prior to prescribing a schedule II, III, or IV opioid for the treatment and management of pain.
    - Prescribers (e.g., physicians, physician assistants, and dentists) and dispensers (e.g., pharmacist or prescriber delegates) have direct access to the PDMP.
    - Regulatory boards, law enforcement with a court order, and patients have indirect access to the data (must request the information).
    - DHHS does not have access to the PDMP data.

- The Board of Medicine requires that DEA licensed prescribers register with the PDMP and are required to complete 3 contact hours every 2 years of free regulatory-board approved online continuing education or pass an online application in the areas of pain management and addiction disorders.

- Based on recommendations in a performance audit report, the State is making improvements to the PDMP. For example, the audit report recommended developing criteria for reviewing PDMP data, reporting matters for further investigation, and notifying practitioners of concerns.

Lock-In Program

- The State uses a "lock-in" program to restrict recipients who over utilize Medicaid services.

- Beneficiaries that meet lock-in criteria are initially locked into one pharmacy for 12 months. Within the last 3 months of the initial lock-in period, the State determines whether the recipient will be released or continue enrollment in the lock-in program.

Opioid-Use-Disorder Treatment Programs

- The State has several SUD treatment programs. All State-funded programs are required to facilitate onsite access to, or outside referral to, MAT for individuals with OUD if deemed clinically appropriate.
    - There are providers that offer outpatient SUD program services. Some of the services provided are partial hospitalization services, crisis intervention, and continuous recovery monitoring.
    - Of these providers, some also offer comprehensive SUD program services. These programs offer both residential and outpatient services. Some of the services are medically monitored withdrawal management; individual, group, and family

substance use counseling; and low, medium, and high residential treatment services.
    - The State also has nine opioid treatment programs (methadone clinics). The methadone clinics dispense methadone, buprenorphine, and provide drug testing and counseling services.

- Medicaid pays for MAT and peer to peer counseling.

- The State uses SAMHSA grants and the State General Fund to cover treatment and recovery services, including MAT and peer services for individuals who are not insured or are underinsured for the needed service. (SAMHSA funds totaled $9.8 million for various project periods, September 2016 through August 2019.)

- At the local level, the Manchester and Nashua Fire Departments operate a Safe Station Program in response to the opioid crisis.
    - Fire department personnel quickly assess each walk-in's vital signs to determine the level of medical attention needed.
    - Those seeking treatment are escorted directly to a SUD treatment facility located near the fire station.
    - Since its inception, this innovative program has treated more than 2,000 people in Manchester and more than 1,300 in Nashua.

OTHER

Other State activities related to opioids that are not covered by the other categories in this factsheet.

- New Hampshire has the following Medicaid Waivers and State Plan Amendment related to opioids:
    - As part of its overall approach to addressing the SUD crisis, DHHS applied for and received a 5-year section 1115(a) Demonstration Waiver for SUD treatment and recovery access. This waiver will enable the DHHS to reimburse residential SUD treatment providers with more than 16 beds for Medicaid covered clients. The services proposed will include those that are in alignment with the existing SUD delivery system for residential treatment and expand availability of services for individuals who also have mental health disorders. The adolescent residential treatment program outlined in the waiver is anticipated to begin operations in the fall of 2018 and will allow for 36 beds to serve as residential treatment for individuals 18 and under.
    - DHHS applied for and received in 2016 a 5-year section 1115(a) Demonstration Waiver entitled "Building Capacity for Transformation," which is intended to reform the State behavioral health care system through a State-wide network of regionally based Integrated Delivery Networks (IDN). The IDNs will help the

State to (1) integrate physical and behavioral health for "whole person" care; (2) expand capacity to address behavioral health issues in appropriate settings; (3) develop new expertise to address the current crises; and (4) reduce gaps in care during transitions through improved care coordination. The State views this demonstration as a vital next-step in behavioral health reformation post-Medicaid expansion under the Patient Protection and Affordable Care Act.

- The 5-year demonstration will operate between January 5, 2016, and December 31, 2020. The State expects the demonstration to affect 140,000 Medicaid beneficiaries. The demonstration does not change Medicaid eligibility and all affected groups will continue to derive their eligibility through the Medicaid State plan and receive benefits and services as they do today, but in a more coordinated fashion. Delivery System Reform Incentive Payment (DSRIP) program funding will enable the State to make performance-based funding to these regionally-IDNs that furnish Medicaid services. The goal of the IDN coalitions is to incentivize the providers to work together to achieve the State's delivery system transformation and improve health outcomes.

- CMS approved a 1915(i) State Plan Amendment (SPA) in 2018 entitled, "Home and Community Based Care for High Risk Children With Severe Emotional Disturbance." The goal of this SPA is to meet the needs of children and young adults, many of which have family members with SUD, so they can be more successful in the home, community, and school. An additional benefit is that the child will not be using hospital level of care or going into the child protection and juvenile justice systems. Examples of care include medication and other treatments that may be necessary to stabilize and effectively treat the symptoms the children and youth may be experiencing.

- The State strives to implement additional programs and regulations, and to acquire additional funding to combat the opioid crisis. For example:
  - In fall 2018, the State received a $46 million SAMHSA State Opioid Response Grant designed to increase options for prevention, treatment, and recovery services. Types of services include MAT, housing, telehealth, peer recovery support services, care coordination, and support services that include transportation, childcare, and overall care coordination.
  - The opioid epidemic continues to have devastating consequences for children and families. One of these consequences is the breakdown of parental protective capacity and the resulting involvement with the child protection agency. Internal Division for Children, Youth, and Families (DCYF) data show that the number of children removed annually from parental care increased by 128 percent between 2010 and 2017, from 302 to 688. In 2017, 461 (67 percent) of the removals had substance misuse as a risk factor. That is up from 44 percent in 2010. When a child is removed from the home and placed in out-of-home care,

the State prefers to place the child with relatives because the child tends to benefit from maintaining connections with his or her family. In this way, DCYF seeks to prevent placement in foster care. Many relatives, especially grandparents, have stepped forward to care for children when their parents cannot. The percentage of children removed from home but living with a relative increased from 23 percent to 33 percent from 2012 to 2016.

- Understanding and meeting the needs of grandparents raising grandchildren is important to help stabilize children who have been affected by parental opioid use. To that end, the State has taken the following steps:
  - In June 2017, established a Grand Families Study Commission to review data on grandparents taking over parenting role to study their needs and to recommend strategies and services to meet those needs.
  - DCYF developed a *Resource Guide for New Hampshire Relative Caregivers* to guide grandparents and other relatives in finding the benefits and resources available to children and their caregivers (available at https://www.dhhs.nh.gov/dcyf/documents/relativecaregivers.pdf).
  - DCYF also applied for a "Kinship Navigator" grant to build greater capacity in this area.
- Additional regulations are in the process of being developed to enhance State offerings for quality coverage and access for SUD treatment. The rules include:
  - Medicaid service updates and
  - the BDAS' formulation of program rules to establish a certification process for the overall SUD treatment system and to create standards and revise licensing requirements for SUD residential treatment facilities.

- The staff at the State's Office of Chief Medical Examiner (OCME) compiles the drug overdose death data, updates it monthly, and distributes it to over 250 local, State and federal agencies as well as numerous media outlets. According to the OCME:
  - In 2013, heroin deaths in the State almost doubled from the previous year. In 2014, the State had another sharp increase in heroin deaths. In the following years, the deaths from heroin started to drop off as the deaths from fentanyl went up.
  - The drug driving the increase in overdose deaths for the past few years has been fentanyl. Fentanyl is a pharmaceutical drug but the fentanyl found at most death scenes is not the prescription medication. According to law enforcement, the type of fentanyl involved with most of the State's deaths is produced in illicit labs in Mexico and China. There were over 600 fentanyl deaths during the last 2 years.
  - The State has also seen over 80 deaths in the last biennial where fentanyl analogues caused or contributed to the death. Fentanyl analogues are drugs that are chemically similar to fentanyl and affect the human body similarly, but chemists have adjusted the molecular structure so that they do not fall within

the class of drugs that are scheduled by the Drug Enforcement Agency. Furanyl fentanyl, fluoro-fentanyl, U-47700, and acetyl fentanyl were the analogues seen in New Hampshire.

- The OCMCE reported that approximately 88 percent of all known drug overdose deaths in 2017 are related to opioid overdoses and about 75 percent of all overdose deaths have involved fentanyl.

- The State's Attorney General (AG) is proceeding with actions against opioid pharmaceutical companies.
  - In 2015, the AG initiated a consumer protection suit against OxyContin maker Purdue Pharma for deceptive marketing and business practices by, among other things, significantly downplaying the serious risk of addiction posed by OxyContin and other products, overstating the efficacy of chronic opioid therapy, falsely claiming that it's product is tamper resistant and thereby nearly impossible to abuse, and failing to report instances of suspicious dispensing of its products, as required by law.
  - In 2016, the AG joined a 41 State antitrust lawsuit against the makers of opioid treatment brand name drug Suboxone over allegations that the companies engaged in a scheme to block generic competitors and caused purchasers to pay artificially high prices. The States accuse Reckitt Benckiser pharmaceuticals, now known as Indivior, of (1) conspiring with MonoSol Rx to switch Suboxone from a tablet version to a film (that dissolves in the mouth) to prevent or delay generic alternatives and maintain monopoly profits and (2) violating State and federal antitrust laws. The attorney general alleges that consumers have paid artificially high monopoly prices since late 2009, when generic alternatives of Suboxone might otherwise have become available. During that time, annual sales of Suboxone topped $1 billion.

- In recent years, the State expanded its Department of Justice with "Problem-Solving Courts." These treatment courts combine community-based treatment programs with strict court supervision, progressive incentives, and sanctions. These treatment court programs are designed to promote compliance with treatment programs as an alternative to jail time.

- The State Department of Safety (DOS) administers programs such as:
  - Operation Granite Hammer: The Division of State Police Investigative Services Bureau, in conjunction with the DOS Grants Management Unit, continues to oversee the Substance Abuse Enforcement Program. This resulted in the establishment of an Operation Granite Hammer ($1.5 million) grant program which was designed to support the implementation of drug enforcement operations/initiatives to combat the misuse of opioids and fentanyl throughout the State. As of October 2017, the State's Information and Analysis Center

reported the seizure of 1426 grams of fentanyl, 3573 grams of heroin, 6721 grams of heroin/fentanyl mixture, 9741 grams of methamphetamine, 2083 grams of cocaine, and 1162 grams of crack cocaine, and 22 weapons.

- Granite Shield Overview: The Granite Shield program began in October of 2016. It has expanded to include 79 law enforcement agencies across the State. The agencies are working closely with the State Information and Analysis Center to ensure cases are properly deconflicted to maximize officer safety. As of January 1, 2018 (mid-term), the Granite Shield program has reported 285 arrests and the seizure of approximately 23.2 pounds of heroin/fentanyl. This amount contains over 350,000 potentially deadly dosage units. To date, the Granite Shield initiative has been responsible for 1,235 arrests and the seizure of approximately 48.4 pounds of heroin/fentanyl. This total seizure is approximately 747,672 (3/4 of a million) potentially deadly dosage units.

NEW HAMPSHIRE STATE ENTITIES

New Hampshire Department of Health and Human Services: DHHS is responsible for the health, safety and well-being of the citizens of New Hampshire. DHHS provides services for individuals, children, families and seniors, and administers programs and services such as mental health, developmental disability, substance abuse, and public health.

Bureau of Drug and Alcohol Services: The mission of the BDAS is to join individuals, families and communities in reducing alcohol and other drug problems thereby increasing opportunities for citizens to achieve health and independence.

New Hampshire Office of the Chief Medical Examiner: The OCME is responsible for determining the cause and manner of sudden, unexpected or unnatural deaths falling under its jurisdiction.

New Hampshire Department of Safety: The DOS encompasses protection of the lives and safety and preservation of the quality of life of New Hampshire citizens and visitors.
New Hampshire Division of Children Youth and Families: DCYF manages protective programs on behalf of New Hampshire's children and youth and their families.

New Hampshire Office of Professional Licensure and Certification: The principal mission of the OPLC is to safeguard the public health, safety, welfare, environment, and the public trust of the citizens of the State of New Hampshire.

New Hampshire Department of Justice: The mission of the DOJ is to serve the people of New Hampshire with diligence, independence and integrity by performing the constitutional, statutory and common law duties of the Attorney General.

GLOSSARY OF TERMS

medication-assisted treatment: Treatment for opioid use disorder combining the use of medications with counseling and behavioral therapies.

morphine milligram equivalents: The number of milligrams of morphine an opioid dose is equal to when prescribed.

naloxone: A prescription drug that can reverse the effects of an opioid overdose and can be life-saving if administered in time. The drug is sold under the brand names Narcan and Evzio.

nonpharmacologic pain management: Management of pain without medications, such as the use of acupuncture or mindfulness-based therapy.

opiate antagonist: Opiate antagonist drugs such as naloxone are used in the treatment of opioid dependence and in the reversal of an opioid overdose.

opioids: Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids, such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

opioid use disorder: A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria, such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.

Prescription Drug Monitoring Program: A State-run electronic database that tracks controlled substance prescriptions. A PDMP helps providers identify patients at risk of opioid misuse or overdose due to overlapping prescriptions, high dosages, or coprescribing of opioids with benzodiazepines.

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT NH NALOXONE ACCESS LAWS

The following questions and answers have been prepared and reviewed by several work groups associated with the Opioid Task Force of the NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. Members of these work groups have included senior staff of the NH Medical Society, the NH Board of Medicine, the NH Board of Pharmacy, and the Attorney General's Office.

FAQ for PRESCRIBERS Relative to HB 270 & 271

LEGAL AND REGULATORY FAQS

Q1. May I prescribe naloxone to anyone, regardless of whether or not they are a patient of mine?

A. Yes. There is no requirement that there be a prescriber-patient relationship. The Board of Medicine has issued a statement on naloxone prescribing. (See policies at http://www.nh.gov/medicine/documents/naloxonestatement.pdf)

Q2. Can I write a prescription for naloxone to someone regardless of whether or not the person intends to use it for him/herself or for someone else?

A. Yes. The law is intended to provide access to anyone who may be in a position to help someone experiencing an opioid-related overdose.

Q3. Can I write more than one prescription to one person?

A. Yes. Friends, family and community leaders may be interested in distributing naloxone to other family members or friends. This is allowed under the law. The prescription is written to the individual requesting the medication.

Q4. Am I protected from liability if the naloxone I've prescribed ends up being used in a way other than prescribed or explained or in a way that causes harm?

A. Yes. The law provides protection from civil, criminal and professional liability to the prescriber, dispenser and administrator of naloxone in the interest of allowing the widest access possible for the general public.

Q5. What does a 'standing order' mean in reference to these laws?

A. The Attorney General has indicated that the law allows for standing orders, which means that a licensed medical provider can have a prescription on file at any pharmacy that will allow pharmacists to dispense naloxone to ANYONE requesting it. This will facilitate the widest possible access to naloxone for the general public. The Board of Medicine is approving and posting a standing order template that will be available under "Announcements and Notices" at www.nh.gov/medicine.

Q6. What are my responsibilities for education of persons receiving a prescription for naloxone?

A. Along with the prescription, prescribers must provide brief instructions that include recognition of opioid overdose, the need to call 911 and to provide rescue breathing, and the administration of naloxone. A standardized instruction sheet is forthcoming and will be available for downloading at the NH Board of Medicine. Dispensers/pharmacists are responsible for in-person education and consultation regarding use.

CLINICAL FAQS

Q7. What do I need to know about the different available forms of naloxone?

A. Naloxone is available in three forms: 1) intranasal via atomizer using prefilled syringes; 2) intramuscular using a syringe and needle; and 3) an IM autoinjector with audio instructions.
Intranasal form (2mg/2ml) requires the dispensing of the medication AND the dispensing of the mucosal atomizer device.
Injectable form (0.4mg/ml) requires the dispensing of the medication AND a syringe with a 23 g 1-1.5 in needle to administer.
Auto-injector forms are pre-loaded (1ml dose dispensed as a single use or multi dose vial).

Q8: For whom is a prescription for naloxone indicated?

A: Anyone at risk of an opioid overdose or concerned about someone at risk for overdose due to opioid misuse or taking an opioid for pain management.

Q9. What are the risks of naloxone?

A. Naloxone is not a controlled drug and carries very minimal risk, even if administered to someone who is not experiencing an opioid overdose.

Q10. How should prescriptions for naloxone be documented?

A. If the prescriber has an established clinical relationship with the recipient of a naloxone prescription, documentation should be made in the medical record. If there is not an established prescriber/patient relationship, the Board of Medicine will have forthcoming recommendations regarding documentation.

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT NH NALOXONE ACCESS LAWS

The following questions and answers have been prepared and reviewed by several work groups associated with the Opioid Task Force of the NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. Members of these work groups have included senior staff of the NH Medical Society, the NH Board of Medicine, the NH Board of Pharmacy, and the Attorney General's Office.

FAQ for PHARMACISTS Relative to HB 270 & 271

LEGAL AND REGULATORY FAQS

Q1. Do these laws mean anyone can come to a pharmacy to fill a prescription for a medication even though they intend to administer the medication to someone else?

A. Yes. People are permitted to access naloxone to have on hand for a friend, family member, or anyone that may be at risk of an overdose.

Q2. Can a doctor write multiple prescriptions for the same person?

A. Yes. The law does not limit the number of naloxone kits that a person can be prescribed, and pharmacies should dispense that number unless limited by supply but fill as soon as adequate supply is available.

Q3. Is the NH Board of Pharmacy aware of and supportive of this legislation?

A. Yes. The NH Board of Pharmacy has been actively involved in review and interpretation of these laws and encourages all pharmacists and pharmacies to support naloxone access as stipulated by law.

Q4. Is there more that pharmacies can do to be prepared for an increase in people filling prescriptions for naloxone?

A. Yes. One important thing that pharmacies can do is to consider partnering with a prescriber to establish a standing order so that people can request naloxone directly from the pharmacy to maximize timely access.

Q5. Am I protected from liability if the naloxone I've dispensed-prescribed ends up being used in a way other than prescribed or explained or in a way that causes harm?

A. Yes. The laws were designed to protect prescribers and dispensers while allowing the widest access possible for the general public.

CLINICAL FAQS

Q6. Are there different forms/concentrations of naloxone that are available for dispensing and use?

A. Yes, naloxone is available in three forms: 1) intranasal via atomizer using prefilled syringes; 2) intramuscular using a syringe and needle; and 3) an IM autoinjector with audio instructions.

Intranasal form (2mg/2ml) requires the dispensing of the medication AND the dispensing of the mucosal atomizer device.

Injectable form (0.4mg/ml) requires the dispensing of the medication AND a syringe with a 23 g 1-1.5 in needle to administer.

Auto-injector forms are pre-loaded (1ml dose dispensed as a single use or multi-dose vial).

Q7: For whom is a prescription for naloxone indicated?

A: Anyone at risk of an opioid overdose or concerned about someone at risk for overdose due to opioid misuse or taking an opioid for pain management.

Q8. What are the risks of naloxone?

A. Naloxone is not a controlled drug and carries very minimal risk, even if administered to someone who is not experiencing an opioid overdose.

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4912 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Jeffrey A. Meyers
Commissioner

Jonathan R. Ballard
Chief Medical Officer

Standing Order for Dispensing of Naloxone

Insert Pharmacy Name Here

Naloxone is indicated for the reversal of opioid overdose induced by natural or synthetic opioids in the setting of respiratory depression or unresponsiveness. It should not be given to anyone known to be hypersensitive to naloxone hydrochloride. It is delivered via intranasal or intramuscular administration. Mode of delivery preference is at the discretion of the pharmacist. This standing order authorizes any registered pharmacist with the above named organization or its subsidiaries to dispense naloxone to any person who is:

- Either a person at risk of experiencing an opiate-related overdose; OR a family member, friend or other person in a position to assist a person at risk of experiencing such an overdose; AND who has been provided opioid overdose response counseling.

1. Intranasal Naloxone:

- Naloxone HCl 1mg/ml
  - Dispense two 2ml Luer-lock needleless syringes prefilled with Naloxone HCl 1mg/mL and equivalent quantity mucosal atomizing devices. Dispensing instructions: Call 911. Administer naloxone in accordance with written step-by-step instructions for administration of intranasal naloxone as reviewed with patient by pharmacist. Written step-by-step instructions for administration of intranasal naloxone must be given to patient and reviewed with patient by pharmacist.
- Naloxone HCl Nasal Spray 4mg (Narcan – brand name)
  - Dispense one two-pack box of single-step Naloxone HCl Nasal Spray 4mg (Narcan – brand name) which contains two (2) 4mg doses of naloxone HCl in 0.1 ml of nasal spray. Dispensing instructions: Call 911. Spray the contents of one sprayer (0.1ml) into one nostril. May repeat every 2-3 minutes if symptoms of an opioid emergency persist, alternating nostrils. Written step-by-step instructions for administration of intranasal naloxone must be given to patient and reviewed with patient by pharmacist.

2. Intramuscular Naloxone:

- Naloxone HCl 0.4mg/ml
  - Dispense 1x 10ml as one flip-top, or 2 x 1ml single dose vials;
  - 1 intramuscular (IM) syringe, 23 gauge, 3ml, 1 inch;
  - Dispensing instructions: Call 911. Administer naloxone in accordance with written step-by-step instructions for administration of intramuscular naloxone as reviewed with patient by pharmacist.
- Naloxone HCl 2mg (Evzio-brand name):
  - Dispense one kit, that includes 2 auto-injectors with audio instructions and proprietary training device.
  - Dispensing instructions: Call 911. Administer naloxone in accordance with written step-by-step instructions for administration of intramuscular naloxone as reviewed with patient by pharmacist.

3. Pharmacist Instructions: must provide opioid overdose response counseling to all patients covering, at a minimum:

1.) Recognition of an opioid overdose; 2.) Calling 911; 3.) Administration of naloxone HCl; and
4.) Orientation to and explanation of the contents of the kit.

In accordance with NH RSA 318-B:15, IV, New Hampshire law allows an organization to dispense or distribute naloxone pursuant to a prescription or standing order, when acting in good faith and with reasonable care, and in accordance with specific procedures, training and safeguards, as outlined in this Standing Order.

Expiration Date: 12/30/2020
Unlimited refills authorized
NH Med License: 15514
NPI # 1972731214

Jonathan Ballard, MD, MPH, MPhil
Chief Medical Officer

NEW HAMPSHIRE MODEL STATE-WIDE PROTOCOL FOR DISPENSING HORMONAL CONTRACEPTIVES WITHOUT A PRIOR PRESCRIPTION

This pharmacy statewide drug therapy protocol authorizes qualified New Hampshire-licensed pharmacists ("Pharmacists") to perform the pertinent physical assessments and initiate hormonal contraceptives under the conditions of this protocol and according to and in compliance with all applicable state and federal laws and rules.

Definitions

(l) "Clinical visit" means a consultation with a healthcare practitioner, other than a pharmacist, for women's health, which should address contraception and age-appropriate screening.

(2) "Hormonal contraceptives" means pills, shots, patches, and rings which the U.S. FDA classifies as available by prescription for the purpose of contraception or emergency contraception. It does not include similar items classified as "over the counter" by the F'DA.

(3) "Outpatient contraceptive services" means hormonal contraceptive initiation of therapy and dispensing services provided by the licensed pharmacist as specified in RSA 318:47-I.

Training Program

Licensed New Hampshire pharmacists with their license in good standing may dispense hormonal contraceptives without a prior prescription via a standing order provided that they complete a Board-approved Accreditation Council for Pharmacy Education (ACPE) training program. In addition, pharmacists shall comply with the most current United States Medical Eligibility Criteria (USMEC) and selective practice recommendations for Contraceptive Use as adopted by the U,S. Centers for Disease Control and Prevention (CDC).

Continuing Education

All ACPE Board-approved training course certifications expire in two years from the date of certification. Pharmacists shall attend a refresher training course (ACPE-accredited Board approved) biennially and maintain records of completion that is readily retrievable and provided to the Board upon request.

Further Requirements

(l) Each participating pharmacist shall follow all aspects in Pharmacy Board Rules Ph 2403 regarding the initiating and dispensing of hormonal contraceptive treatment.

(2) For each new patient requesting contraceptive services and returning patients every l2 months, participating pharmacists must complete the following steps:

- (a) Obtain a completed New Hampshire Sell'-Screening Risk Assessment Questionnaire;
- (b) Utilize and follow the New Hampshire Standard Procedures Algorithm to perform patient assessment;
- (c) Provide, if clinically appropriate, the hormonal contraceptive as soon as practicable after issuing the prescription, or refer to a healthcare practitioner;
- (d) Label the prescription bottle in accordance to Ph 601.15;

(e) Based upon a patients request, transmit electronically, by fax, or in writing within 24 hours to the patient's primary care practitioner a copy of the NH Self Screening Questionnaire, the hormonal contraceptive that was given, and any other relevant notes. Patients without a primary care practitioner shall be provided contact intonation for one, and may choose not to see that practitioner. If the patient refuses to see a primary care practitioner, the pharmacist is obligated to provide a written copy of the NH Self-Screening Questionnaire to the patient;
(f) Provide the patient with a visit summary;
(g) Provide the patient with the standardized Board-approved information sheet regarding the hormonal contraceptive;
(h) Provide counseling to the patient;

(3) If the hormonal contraceptive is dispensed, it must be done as soon as practicable after the pharmacist issues the prescription and shall include any relevant educational materials.

(4) A pharmacist shall not:

(a) Require a patient to schedule an appointment with the pharmacist for the council or dispensing of a hormonal contraceptive, and
(b) Initiate hormonal contraceptive therapy in instances where the New Hampshire Standard Procedures Algorithm requires referral to a provider.

(5) Recordkeeping:

(a) Pharmacists shall comply with all aspects of procedures established in Pharmacy Board Rules Ph 2403,05 with respect to maintenance of proper records.
(b) A process shall be in place for the pharmacist to communicate with the patient's primary care provider and document changes to the patient's medical record. If the patient does not have a primary care provider, or is unable to provide contact information for his or her primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult an appropriate health care professional of the patient's choice.

Cameron Lapine

From:	CARL TUTTLE <runagain@comcast.net>
Sent:	Tuesday, April 19, 2022 8:18 AM
To:	Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Cameron Lapine
Cc:	Leah Cushman; Jim Kofalt; vanessa@vanessa4nh.com; Michael Yakubovich; Melissa Blasek; Peter Torosian; Tina Harley; Tony Lekas
Subject:	Re: HB1022 Permitting pharmacists to dispense the drug ivermectin by means of a standing order

On 04/13/2022 9:54 AM CARL TUTTLE <runagain@comcast.net> wrote: *"Now, through COVID the rest of the world is waking up to what the Lyme community has experienced for decades."*

To: The Senate Health and Human Services Committee,

Please take **2min** to watch the trailer below because it is happening in your own backyard! Our public health officials have dictated the severity of the disease, how to test, how to treat and have maintained that stance for **THIRTY YEARS** while suppressing the truth, facts and scientific references indicating that we have been dealing with an antibiotic resistance/tolerant superbug. You or a loved one is just a single tick bite away from experiencing what you are about to watch...

THE QUIET EPIDEMIC - OFFICIAL TRAILER (2min)

https://www.youtube.com/watch?v=f8pBkzUwb88

The Quiet Epidemic' Debuts Trailer

https://variety.com/2022/film/global/lyme-disease-the-quiet-epidemic-hot-docs-1235234442/#article-comments

Excerpt:

"The Quiet Epidemic" results from their seven-year effort to reveal the truth about the illness, which strikes more than 500,000 people each year in the U.S. alone. Some 10-20% of those who receive a diagnosis and treatment remain sick after treatment. The filmmakers disclose new medical data and scientific discoveries, most of which – the filmmakers allege – have been **denied or misinterpreted by the Infectious Diseases Society of America, and by extension, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Food and Drug Administration."**

Continued...

Carl Tuttle
Hudson, NH

On 04/13/2022 9:54 AM CARL TUTTLE <runagain@comcast.net> wrote:

HB1022

Permitting pharmacists to dispense the drug ivermectin by means of a standing order

To: The Senate Health and Human Services Committee

From: Carl Tuttle, Hudson, NH
Member of NH Gov Chris Sununu's Lyme Disease Study Commission

Dear Committee Members,

I support **HB1022** permitting pharmacists to dispense the drug ivermectin due to the Tuttle family's experience with our coexisting pandemic of Lyme disease. If it wasn't for the courageous clinicians treating chronic Lyme disease through off label use of antimicrobials, we would not be here today.

The Lyme patient community has been shouting from the rooftops for three decades now while the CDC controls the narrative through suppression of the truth, facts and scientific references just as they have with **COVID-19**. Those of us who have studied the mishandling of Lyme disease believe that a rush to create a vaccine led to the deliberate misrepresentation of the infection as a chronic relapsing seronegative disease (chronic Lyme) did not fit the vaccine model. We have proof of persistent infection through autopsy and positive culture reports [1] but the CDC refuses to acknowledge this evidence labeling Lyme as a simple nuisance disease; *"Hard to Catch and Easily Treated"* [2] with 2-4 weeks of antibiotics. You have seen/heard the devastation firsthand through patent testimony. [3] (Ask Rep Leah Cushman)

Now, through COVID the rest of the world is waking up to what the Lyme community has experienced for decades. The lengthy list of legislation (here in NH and all across America) as a result of the mishandling of COVID is proof once again that our public health officials have misled our country through suppression of the truth, facts and scientific references. [4] It is crystal clear to me that ivermectin threatened the COVID-19 "for profit" business model.

The CDC has been captured by the pharmaceutical industry telling the nation's physicians and pharmacists not to use generic medicines while promoting novel patented high-cost experimental drugs that are injuring the public. The CDC together with the FDA are putting profits ahead of patients. Legislation is a Band-Aid approach to these public health agencies that are out of control with no oversight or accountability. I have been calling for a congressional investigation into these runaway agencies through a Change.org petition [5] which now has over **98,000** signatures. It is time to put a stop to this medical dictatorship which is controlling the narrative while harming millions across America.

Please pass **HB1022** and let doctors be doctors who for years have safely prescribed off label drugs. Save lives now!

Respectfully submitted,

Carl Tuttle
Hudson, NH

PS Everyone reading this email is a single tick bite away from experiencing the Lyme disease travesty. (If it hasn't happened already)

Cc: All sponsors of HB1022

References

[1] Evidence of Chronic Lyme sent to Brenda Fitzgerald, MD past Director of the CDC (Personal Dropbox storage area)
https://www.dropbox.com/s/xaul84dqmqgbre0/Brenda%20Fitzgerald%20MD%20Director%20CDC.docx?dl=0

[2] Lyme Disease Is Hard to Catch And Easy to Halt, Study Finds
http://www.nytimes.com/2001/06/13/us/lyme-disease-is-hard-to-catch-and-easy-to-halt-study-finds.html

[3] Video Testimony from the Aug 23rd Meeting; NH Lyme Study Commission
https://rumble.com/vmyzi9-nh-commission-to-study-testing-for-lyme-and-other-tick-borne-diseases-08.23.html

[4] Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19
https://flccc.net/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/

[5] Calling for a Congressional investigation of the CDC, IDSA and ALDF
https://www.change.org/p/the-us-senate-calling-for-a-congressional-investigation-of-the-cdc-idsa-and-aldf

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 1022

Hearing date: 4-13-22

Executive Session date: 4-27-22

Motion of: Amendment 18876s **Vote:** 3-2

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	X			X	
Sen. Gray, Vice Chair	X		X	X	
Sen. Avard	X	X		X	
Sen. Sherman	X				X
Sen. Whitley	X				X

Motion of: OTPA **Vote:** 3-2

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	X			X	
Sen. Gray, Vice Chair	X		X	X	
Sen. Avard	X	X		X	
Sen. Sherman	X				X
Sen. Whitley	X				X

Motion of: _____ **Vote:** _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair					
Sen. Gray, Vice Chair					
Sen. Avard					
Sen. Sherman					
Sen. Whitley					

Reported out by: Sen. Gray

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Wednesday, April 27, 2022

THE COMMITTEE ON Health and Human Services

to which was referred **HB 1022**

AN ACT permitting pharmacists to dispense the drug ivermectin by means of a standing order.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 3-2

AMENDMENT # 1867s

Senator James Gray
For the Committee

Cameron Lapine 271-2104

HEALTH AND HUMAN SERVICES

HB 1022, permitting pharmacists to dispense the drug ivermectin by means of a standing order.
Ought to Pass with Amendment, Vote 3-2.
Senator James Gray for the committee.

General Court of New Hampshire - Bill Status System

Docket of HB1022

Docket Abbreviations

Bill Title: (New Title) permitting pharmacists to dispense the drug Ivermectin by means of a standing order and establishing a commission to study the use of Ivermectin to treat Covid-19.

Official Docket of **HB1022.**:

Date	Body	Description
10/29/2021	H	**Introduced** 01/05/2022 and referred to Health, Human Services and Elderly Affairs
1/12/2022	H	Public Hearing: 01/18/2022 02:00 pm LOB 210-211
3/1/2022	H	Executive Session: 03/07/2022 09:30 am LOB 210-211
3/9/2022	H	Majority Committee Report: Ought to Pass with Amendment **#2022-0964 (Vote 11-9; RC)**
3/9/2022	H	Minority Committee Report: Inexpedient to Legislate
3/17/2022	H	Amendment **#2022-0964h**: AA VV 03/16/2022 **HJ 7**
3/17/2022	H	**Ought to Pass with Amendment** 2022-0964h: MA **RC** 183-159 03/16/2022 **HJ 7**
3/22/2022	S	Introduced 03/17/2022 and Referred to Health and Human Services; **SJ 6**
4/7/2022	S	**Hearing:** 04/13/2022, Room 100, SH, 08:30 am; **SC 15**
4/27/2022	S	Committee Report: Ought to Pass with Amendment **#2022-1867s**, 05/05/2022; **SC 18**
5/5/2022	S	Committee Amendment **#2022-1867s, RC** 14Y-10N, AA; 05/05/2022; **SJ 11**
5/5/2022	S	Sen. Sherman Floor Amendment **#2022-1922s, RC** 10Y-14N, AF; 05/05/2022; **SJ 11**
5/5/2022	S	Sen. Sherman Floor Amendment **#2022-1977s**, AA, VV; 05/05/2022; **SJ 11**
5/5/2022	S	**Ought to Pass with Amendment**s 2022-1867s and 2022-1977s, MA, VV; OT3rdg; 05/05/2022; **SJ 11**
5/13/2022	H	House Concurs with Senate Amendment (Rep. M. Pearson): MA DV 157-148 05/12/2022 **HJ 13**
6/14/2022	S	Enrolled Adopted, VV, (In recess 05/26/2022); **SJ 13**
6/14/2022	H	Enrolled (in recess of) 05/26/2022 **HJ 14**
6/29/2022	H	Vetoed by Governor Sununu 06/24/2022 **HJ 14**

NH House	NH Senate

Other Referrals

CHRISTOPHER T. SUNUNU
Governor

STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

June 24, 2022

Governor's Veto Message Regarding House Bill 1022

By the authority vested in me, pursuant to part II, Article 44 of the New Hampshire Constitution, on June 24, 2022, I have vetoed House Bill 1022, permitting pharmacists to dispense the drug Ivermectin by means of a standing order and establishing a commission to study the use of Ivermectin to treat Covid-19.

The State currently only has four instances in which pharmacists can dispense medication without a prescription. These medications are smoking cessation, contraception, substance use disorder, and treatment for sexual assault, all of which have gone through rigorous reviews and vetting to ensure they meet all the necessary protocols prior to a medication being dispensed via standing order. All drugs and medications should be subject to that same rigorous process if they are to be dispensed by standing order.

Further, regardless of this veto, Ivermectin remains available for individuals if prescribed by their doctor. Patients should always consult their doctor before taking medications so that they are fully aware of treatment options and potential unintended consequences of taking a medication that may limit other treatment options in the future.

For the reasons stated above, I have vetoed House Bill 1022.

Respectfully submitted,

Christopher T. Sununu
Governor

107 North Main Street, State House - Rm 208, Concord, New Hampshire 03301
Telephone (603) 271-2121 • FAX (603) 271-7640
Website: http://www.governor.nh.gov/ • Email: governorsununu@nh.gov
TDD Access: Relay NH 1-800-735-2964

Senate Inventory Checklist for Archives

Bill Number: HB 1022 **Senate Committee:** HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

X Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

X Bill version as it came to the committee
X All Calendar Notices
X Hearing Sign-up sheet(s)
X Prepared testimony, presentations, & other submissions handed in at the public hearing
X Hearing Report
___ Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

X - amendment # 1876s ___ - amendment #_____
X - amendment # 1633s ___ - amendment #_____

X Executive Session Sheet
X Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

X - amendment # 1922s ___ - amendment #_____
X - amendment # 1977s ___ - amendment #_____

Post Floor Action: (if applicable) {Clerk's Office}

___ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
___ Enrolled Bill Amendment(s)
X Governor's Veto Message

All available versions of the bill: {Clerk's Office}

X as amended by the senate X as amended by the house
X final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Cameron M. Laprine 7-18-22
Committee Aide **Date**

Senate Clerk's Office Mcd