

LEGISLATIVE COMMITTEE MINUTES

HB503

Bill as Introduced

HB 503 - AS AMENDED BY THE HOUSE

8Apr2021... 0678h

2021 SESSION

21-0659
05/10

HOUSE BILL

503

AN ACT

codifying the council on housing stability.

SPONSORS:

Rep. Long, Hills. 10; Rep. Wilhelm, Hills. 42

COMMITTEE:

Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill codifies the council on housing stability initially established by the governor in Executive Order 2020-22.

Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT codifying the council on housing stability.

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

1 1 Statement of Intent. The intent of the general court is to codify the council on housing
2 stability established by the governor in Executive Order 2020-22, to add additional members, and to
3 expand upon its existing duties to further address homelessness in New Hampshire.

4 2 New Chapter; Council on Housing Stability. Amend RSA by inserting after chapter 4-G the
5 following new chapter:

6 CHAPTER 4-H

7 COUNCIL ON HOUSING STABILITY

8 4-H:1 Council on Housing Stability Established. There is hereby established the council on
9 housing stability for the purpose of creating and implementing a plan to create housing stability for
10 all citizens of the state of New Hampshire.

11 4-H:2 Membership.

12 I. The initial members of the council on housing stability shall be those appointed by
13 Executive Order 2020-22 and shall serve at the pleasure of the governor as follows:

14 (a) Two individuals, one of whom shall be a parent and one of whom shall be a young
15 adult, who have current and/or recent lived experience with housing instability.

16 (b) Commissioners or executive directors, or their designees, of the following agencies:

17 (1) Department of health and human services.

18 (2) Department of education.

19 (3) Department of safety.

20 (4) Department of transportation.

21 (5) Department of business and economic affairs.

22 (6) Department of corrections.

23 (7) Department of employment security.

24 (8) Department of military affairs and veterans services.

25 (9) New Hampshire housing finance authority.

26 (10) Community development finance authority.

27 (c) The bureau chief of the bureau of housing supports.

28 (d) The director of the division of behavioral health services, or designee.

29 (e) The director of the division of economic and housing stability, or designee.

30 (f) The director of the division for children, youth and families, or designee.

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- 1 (g) One representative of each of New Hampshire's Continuum of Care, appointed by
2 each continuum.
- 3 (h) A representative of the New Hampshire Municipal Association.
- 4 (i) A representatives of a local educational agency.
- 5 (j) A representative of the department of education responsible for programs for children
6 experiencing homelessness.
- 7 (k) A representative of the NH Landlord Association.
- 8 (l) A representative of NH Builder's Association.
- 9 (m) A representative of local providers of housing services.
- 10 (n) A representative of Housing Action New Hampshire.
- 11 (o) A representative of a county economic development council.
- 12 (p) A representative of the Community Behavioral Health Association, appointed by the
13 association.
- 14 (q) A representative of the faith based community.
- 15 (r) A representative of a member agency of the NH Coalition Against Domestic and
16 Sexual Violence, nominated by the coalition.
- 17 (s) Two representatives of the philanthropic community with expertise in housing
18 instability.
- 19 (t) A representative of the business community with an interest in affordable housing.
- 20 (u) Three legislators, one appointed by the governor, one appointed by the senate
21 president, and one appointed by the speaker of the house of representatives.
- 22 (v) Any other individual or representative of an organization or entity that the governor
23 deems appropriate to support the work of the council.
- 24 (w) Three mayors, or their designees, representing different regions of New Hampshire.
- 25 (x) A representative from a law enforcement agency.
- 26 II. Additional members are appointed as follows:
- 27 (a) One representative of Waypoint, appointed by that organization.
- 28 (b) One representative of NAMI NH, appointed by that organization.
- 29 (c) One municipal welfare director, appointed by the New Hampshire Welfare
30 Association.
- 31 (d) One representative of Families in Transition, appointed by that organization.
- 32 (e) One representative of the Nashua Soup Kitchen and Shelter, appointed by that
33 organization.
- 34 (f) One representative of Harbor Homes, Inc., appointed by that organization.
- 35 (g) One representative of the New Hampshire Coalition to End Homelessness, appointed
36 by the coalition.
- 37 (h) One representative of the NH Providers Association, appointed by that organization.

1 (i) One representative of the New Hampshire Psychological Association, appointed by
2 the association.

3 III. The council is authorized to perform its work virtually. If physical meeting is necessary,
4 legislative members of the council shall receive mileage at the legislative rate when attending to the
5 duties of the council. The council may form subcommittees as necessary in the course of its work.

6 4-H:3 Duties; Quorum; Authority to Accept Grants.

7 I. The council on housing stability shall develop and monitor a plan which makes
8 recommendations to address and/or undertake the following:

9 (a) Necessary measures to strengthen New Hampshire's housing market and to create
10 housing stability for all citizens.

11 (b) Conduct an affordable housing needs assessment in each county to determine the
12 housing deficit.

13 (c) The barriers to affordable housing and what can be done to remove such barriers.

14 (d) The necessary system of care to support individuals and families to obtain and
15 maintain stable housing.

16 (e) Integrate and coordinate a housing stability governance structure across state
17 government and connect to local communities by conducting ongoing needs assessment and strategic
18 planning.

19 (f) Enhance the interoperability of data systems within and across government agencies
20 to inform and monitor program and service access, equity, and quality.

21 (g) Have housing options available throughout citizens' lifespans, based on the needs
22 and desire people have at different times of their life.

23 (h) Develop a comprehensive update to the state's plan on homelessness which shall
24 include, but not be limited to:

25 (1) Reviewing the coordinated services currently administered in New Hampshire,
26 including outreach, treatment, and transitional to independence services.

27 (2) Reviewing housing availability for unsheltered individuals.

28 (3) Identifying the number of children experiencing homelessness, the adequacy of
29 available services, and shelter options.

30 (4) Identifying the number of veterans experiencing homelessness, the adequacy of
31 available services, and shelter options.

32 (5) Reviewing non-government service agencies and their involvement in their
33 communities.

34 (6) Identifying public and private programs that effectively address and prevent
35 homelessness, the ability of those programs to meet the need for assistance, and potential funding
36 sources for expansion, if appropriate.

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1 (7) Reviewing the state of New Hampshire's regional capacity in shelters and
2 programs in addressing homelessness.

3 (8) Exploring national models that successfully address and mitigate homelessness.

4 II. The council on housing stability shall be led by the department of health and human
5 services, the department of business and economic affairs, and the New Hampshire community
6 development finance authority.

7 III. A majority of the appointed council members shall constitute a quorum and all official
8 actions of the council shall require a majority vote of those present and voting.

9 IV. The council may accept grants and other assistance to support its work, contingent upon
10 the approval of the governor and executive council. Such items may be brought forward by any state
11 agency that is represented on the council.

12 4-H:4 Reporting Requirement.

13 I. The council on housing stability shall submit its initial report and action plan, dated
14 December 14, 2020, to the speaker of the house of representatives, the president of the senate, the
15 house clerk, the senate clerk, and the state library. The council shall report its final plan to the
16 speaker of the house of representatives, the president of the senate, the house clerk, the senate
17 clerk, the governor, and the state library at its earliest convenience.

18 II. Thereafter, on or before November 1, the council shall provide an annual report of its
19 activities and the status of the plan to create housing stability for all citizens of the state to the
20 speaker of the house of representatives, the president of the senate, the house clerk, the senate
21 clerk, the governor, and the state library.

22 3 Effective Date. This act shall take effect upon its passage.

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HOUSE BILL **503**

AN ACT codifying the council on housing stability and relative to telehealth and medically assisted treatment for substance use disorder.

SPONSORS: Rep. Long, Hills. 10; Rep. Wilhelm, Hills. 42

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill:

I. Codifies the council on housing stability initially established by the governor in Executive Order 2020-22.

II. Removes certain in-person and physical location requirements for Medicaid reimbursement and under the controlled drug act, the nurse practice act and the physicians and surgeons act to allow for medically assisted treatment for substance use disorder through telemedicine.

Explanation: Matter added to current law appears in *bold italics*.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT codifying the council on housing stability and relative to telehealth and medically assisted treatment for substance use disorder.

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

1 1 Statement of Intent. The intent of the general court is to recommend to the executive branch
2 to sunset the council on housing stability established by the governor in Executive Order 2020-22
3 and to have the state council on housing stability reconstituted by the legislature for the purpose of
4 addressing housing instability in New Hampshire. In addition, it is the intent of the general court
5 that current members serving on the governor's council shall continue their membership and be
6 appointed to serve on the state council on housing stability established in this act.

7 2 New Chapter; Council on Housing Stability. Amend RSA by inserting after chapter 4-G the
8 following new chapter:

9 CHAPTER 4-H

10 STATE COUNCIL ON HOUSING STABILITY

11 4-H:1 State Council on Housing Stability Established. There is hereby established the state
12 council on housing stability for the purpose of implementing the plan to create housing stability for
13 all citizens of the state of New Hampshire.

14 4-H:2 Membership.

15 I. The initial members of the state council on housing stability shall be those appointed by
16 Executive Order 2020-22. Any subsequent vacancy shall be filled by the appointing entity. The
17 council shall be comprised of the following members:

18 (a) Two individuals, one of whom shall be a young adult, who have current and/or recent
19 lived experience with housing instability, appointed by the governor.

20 (b) Commissioners or executive directors, or their designees, of the following agencies:

21 (1) Department of health and human services.

22 (2) Department of education.

23 (3) Department of safety.

24 (4) Department of transportation.

25 (5) Department of business and economic affairs.

26 (6) Department of corrections.

27 (7) Department of employment security.

28 (8) Department of military affairs and veterans services.

29 (9) New Hampshire housing finance authority.

- 1 (10) Community development finance authority.
- 2 (c) The bureau chief of the bureau of housing supports, department of health and human
3 services.
- 4 (d) The director of the division of behavioral health services, or designee, department of
5 health and human services.
- 6 (e) The director of the division for children, youth and families, or designee, department
7 of health and human services.
- 8 (f) One representative of each of New Hampshire's Continuum of Care, appointed by
9 each continuum.
- 10 (g) A representative of the New Hampshire Municipal Association, appointed by the
11 association.
- 12 (h) A representatives of a local educational agency, appointed by the governor.
- 13 (i) A landlord, appointed by the governor.
- 14 (j) A real estate developer, appointed by the governor.
- 15 (k) Two representatives of local providers of housing services, appointed by the
16 governor.
- 17 (l) A representative of Housing Action New Hampshire, appointed by the association.
- 18 (m) A representative of a county economic development council, appointed by the
19 council.
- 20 (n) A representative of a regional planning council, appointed by the council.
- 21 (o) A representative of the Community Behavioral Health Association, appointed by the
22 association.
- 23 (p) A representative of the faith based community, appointed by the governor.
- 24 (q) A representative of a member agency of the NH Coalition Against Domestic and
25 Sexual Violence, appointed by the coalition.
- 26 (r) Two representatives of the philanthropic community with expertise in housing
27 instability, appointed by the governor.
- 28 (s) A representative of the business community with an interest in affordable housing,
29 appointed by the governor.
- 30 (t) Three legislators, one appointed by the governor, one appointed by the senate
31 president, and one appointed by the speaker of the house of representatives.
- 32 (u) Three mayors, or their designees, representing different regions of New Hampshire,
33 appointed by the New Hampshire Municipal Association.
- 34 (v) A representative from a law enforcement agency, appointed by the New Hampshire
35 Chiefs of Police Association.
- 36 (w) A representative from NAMI New Hampshire, appointed by the alliance.

1 II. The council is authorized to perform its work virtually. If physical meeting is necessary,
2 legislative members of the council shall receive mileage at the legislative rate when attending to the
3 duties of the council. The council may form subcommittees as necessary in the course of its work.

4 4-H:3 Duties; Quorum; Authority to Accept Grants.

5 I. The state council on housing stability shall monitor and update the plan which makes
6 recommendations to address and/or undertake the following:

7 (a) Necessary measures to strengthen New Hampshire's housing market and to create
8 housing stability for all citizens.

9 (b) Conduct an affordable housing needs assessment in each county to determine the
10 housing deficit.

11 (c) The barriers to affordable housing and what can be done to remove such barriers.

12 (d) The necessary system of care to support individuals and families to obtain and
13 maintain stable housing.

14 (e) Integrate and coordinate a housing stability governance structure across state
15 government and connect to local communities by conducting ongoing needs assessment and strategic
16 planning.

17 (f) Enhance the interoperability of data systems within and across government agencies
18 to inform and monitor program and service access, equity, and quality.

19 (g) Have housing options available throughout citizens' lifespans, based on the needs
20 and desire people have at different times of their life.

21 (h) Develop a comprehensive state plan on homelessness.

22 II. The state council on housing stability shall be jointly facilitated by the department of
23 health and human services, the department of business and economic affairs, and the New
24 Hampshire community development finance authority. The first meeting of the council shall be
25 called by the legislative member appointed by the speaker of the house of representatives pursuant
26 to RSA 4-H:2, I(t) within 45 days of the effective date of this section.

27 III. A majority of the appointed council members shall constitute a quorum. All official
28 actions of the council shall require a majority vote of those present and voting.

29 IV. The council may accept grants and other assistance to support its work, contingent upon
30 the approval of the governor and executive council. Such items may be brought forward by any state
31 agency that is represented on the council.

32 4-H:4 Reporting Requirement. On or before November 1, 2022, and annually thereafter, the
33 council shall provide an a report of its activities and the status of the plan to create housing stability
34 for all citizens of the state to the speaker of the house of representatives, the president of the senate,
35 the house clerk, the senate clerk, the governor, and the state library.

36 3 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, III(a)(2) to read as follows:

1 (2) By which telemedicine services for primary care[~~]~~ *and* remote patient
2 monitoring[~~], and substance use disorder services] shall only be covered in the event that the patient
3 has already established care at an originating site via face-to-face in-person service. A provider shall
4 not be required to establish care via face-to-face in-person service when:~~

5 (a) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted
6 practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

7 (b) The patient is being treated by, and is physically located in a correctional facility
8 administered by the state of New Hampshire or a New Hampshire county;

9 (c) The patient is being treated by, and is physically located in a doorway as defined in
10 RSA 167:4-d, II(c);

11 (d) The patient is being treated by and is physically located in a state designated
12 community mental health center pursuant to RSA 135; or

13 (e) The patient is being treated by, and physically located in, a hospital or clinic
14 registered in a manner fully consistent with 21 U.S.C. section 823(f); and

15 4 Controlled Drug Act; Prohibited Acts. Amend RSA 318-B:2, XVI to read as follows:

16 XVI.(a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through
17 IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA
18 326-B:2, XII(a)[~~who are treating a patient with whom the prescriber has an in-person practitioner-~~
19 ~~patient relationship, for purposes of monitoring or follow-up care. A provider shall not be required to~~
20 ~~establish care via face-to-face in person service when:~~

21 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
22 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
23 ~~831(h);~~

24 ~~(B) The patient is being treated by, and is physically located in a correctional~~
25 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

26 ~~(C) The patient is being treated by, and is physically located in a doorway as~~
27 ~~defined in RSA 167:4-d, II(c);~~

28 ~~(D) The patient is being treated by and is physically located in a state designated~~
29 ~~community mental health center pursuant to RSA 135; or~~

30 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
31 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

32 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
33 drug at intervals appropriate for the patient, medical condition, and drug, but not less than
34 annually.

35 (b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by
36 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,

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1 XII(a). ~~[A provider shall not be required to establish care via face-to-face in-person service~~
2 ~~when:~~

3 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
4 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
5 ~~831(h);~~

6 ~~(B) The patient is being treated by, and is physically located in a correctional~~
7 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

8 ~~(C) The patient is being treated by, and is physically located in a Doorway as~~
9 ~~defined in RSA 167:4 d, II(e);~~

10 ~~(D) The patient is being treated by and is physically located in a state designated~~
11 ~~community mental health center pursuant to RSA 135; or~~

12 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
13 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f).]~~

14 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
15 drug at intervals appropriate for the patient, medical condition, and opioid, but not less than
16 annually.

17 (c) The prescription authority under this paragraph shall be limited to a practitioner
18 licensed to prescribe the drug and in compliance with all federal laws, including the United States
19 Drug Enforcement Agency registration or waiver when required. ~~[An initial face-to-face in-person~~
20 ~~exam shall be required with the exception of the locations enumerated in this paragraph.]~~

21 5 Physicians and Surgeons; Telemedicine. Amend RSA 329:1-d, III and IV to read as follows:

22 III. It shall be unlawful for any person to prescribe by means of telemedicine a controlled
23 drug classified in schedule II through IV, except substance use disorder (SUD) treatment ~~[as~~
24 ~~permitted in locations enumerated in paragraph IV].~~ Methadone hydrochloride, as defined in RSA
25 318-B:10, VII(d)(2) shall not be included in the exemption.

26 IV.(a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV
27 by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-
28 B:2, XII(a) ~~], who are treating a patient with whom the prescriber has an in-person practitioner-~~
29 ~~patient relationship, for purposes of monitoring or follow-up care. A provider shall not be required to~~
30 ~~establish care via face-to-face in-person service when:~~

31 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
32 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
33 ~~831(h);~~

34 ~~(B) The patient is being treated by, and is physically located in a correctional~~
35 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

36 ~~(C) The patient is being treated by, and is physically located in a Doorway as~~
37 ~~defined in RSA 167:4 d, II(e);~~

HB 503 - AS AMENDED BY THE SENATE

- Page 6 -

1 ~~(D) The patient is being treated by and is physically located in a state designated~~
2 ~~community mental health center pursuant to RSA 135; or~~

3 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
4 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

5 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
6 drug at intervals appropriate for the patient, medical condition, and drug, but not less than
7 annually.

8 (b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by
9 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,
10 XII(a). ~~[A provider shall not be required to establish care via face to face in person service when:~~

11 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
12 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
13 ~~831(h);~~

14 ~~(B) The patient is being treated by, and is physically located in a correctional~~
15 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

16 ~~(C) The patient is being treated by, and is physically located in a doorway as~~
17 ~~defined in RSA 167:4 d, II(e);~~

18 ~~(D) The patient is being treated by and is physically located in a state designated~~
19 ~~community mental health center pursuant to RSA 135; or~~

20 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
21 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

22 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
23 drug at intervals appropriate for the patient, medical condition, and opioid, but not less than
24 annually.

25 (c) The prescription authority under this paragraph shall be limited to a practitioner
26 licensed to prescribe the drug and in compliance with all federal laws, including the United States
27 Drug Enforcement Agency registration or waiver when required. ~~[An initial face to face in person~~
28 ~~exam shall be required with the exception of the locations enumerated in this paragraph.]~~

29 6 Nurse Practice Act. Amend RSA 326-B:2, XII(c) and (d) to read as follows:

30 (c) It shall be unlawful for any person to prescribe by means of telemedicine a controlled
31 drug classified in schedule II through IV *except for use in substance use disorder treatment.*

32 (d)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV
33 by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-
34 B:2, XII(a), ~~who are treating a patient with whom the prescriber has an in-person practitioner-~~
35 ~~patient relationship, for purposes of monitoring or follow up care, or who are treating patients at a~~
36 ~~state designated community mental health center pursuant to RSA 135-C or at a Substance Abuse~~
37 ~~and Mental Health Services Administration (SAMHSA) certified state opioid treatment program,~~

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- Page 7 -

1 ~~and shall require an initial in person exam by a practitioner licensed to prescribe the drug].~~
2 Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals
3 appropriate for the patient, medical condition and drug, but not less than annually.

4 (2) The prescribing of an opioid controlled drug classified in schedule II through IV
5 by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-
6 B:2, XII(a) ~~[- who are treating patients at a SAMHSA certified state opioid treatment program. Such~~
7 ~~prescription authority shall require an initial in person exam by a practitioner licensed to prescribe~~
8 ~~the drug and]~~ Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug
9 at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

10 7 Effective Date. This act shall take effect upon its passage.

CHAPTER 251
HB 503 - FINAL VERSION

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3 have the state council on housing stability reconstituted by the legislature for the purpose of addressing
4 housing instability in New Hampshire. In addition, it is the intent of the general court that current
5 members serving on the governor's council shall continue their membership and be appointed to serve on
6 the state council on housing stability established in this act.

7 251:2 New Chapter; Council on Housing Stability. Amend RSA by inserting after chapter 4-G the
8 following new chapter:

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16 Executive Order 2020-22. Any subsequent vacancy shall be filled by the appointing entity. The council
17 shall be comprised of the following members:

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19 lived experience with housing instability, appointed by the governor.

20 (b) Commissioners or executive directors, or their designees, of the following agencies:

21 (1) Department of health and human services.

22 (2) Department of education.

23 (3) Department of safety.

24 (4) Department of transportation.

25 (5) Department of business and economic affairs.

26 (6) Department of corrections.

27 (7) Department of employment security.

28 (8) Department of military affairs and veterans services.

29 (9) New Hampshire housing finance authority.

30 (10) Community development finance authority.

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1 (c) The bureau chief of the bureau of housing supports, department of health and human
2 services.

3 (d) The director of the division of behavioral health services, or designee, department of
4 health and human services.

5 (e) The director of the division for children, youth and families, or designee, department of
6 health and human services.

7 (f) One representative of each of New Hampshire's Continuum of Care, appointed by each
8 continuum.

9 (g) A representative of the New Hampshire Municipal Association, appointed by the
10 association.

11 (h) A representative of a local educational agency, appointed by the governor.

12 (i) A landlord, appointed by the governor.

13 (j) A real estate developer, appointed by the governor.

14 (k) Two representatives of local providers of housing services, appointed by the governor.

15 (l) A representative of Housing Action New Hampshire, appointed by the association.

16 (m) A representative of a county economic development council, appointed by the council.

17 (n) A representative of a regional planning council, appointed by the council.

18 (o) A representative of the Community Behavioral Health Association, appointed by the
19 association.

20 (p) A representative of the faith based community, appointed by the governor.

21 (q) A representative of a member agency of the NH Coalition Against Domestic and Sexual
22 Violence, appointed by the coalition.

23 (r) Two representatives of the philanthropic community with expertise in housing instability,
24 appointed by the governor.

25 (s) A representative of the business community with an interest in affordable housing,
26 appointed by the governor.

27 (t) Three legislators, one appointed by the governor, one appointed by the senate president,
28 and one appointed by the speaker of the house of representatives.

29 (u) Three mayors, or their designees, representing different regions of New Hampshire,
30 appointed by the New Hampshire Municipal Association.

31 (v) A representative from a law enforcement agency, appointed by the New Hampshire
32 Chiefs of Police Association.

33 (w) A representative from NAMI New Hampshire, appointed by the alliance.

34 II. The council is authorized to perform its work virtually. If a physical meeting is necessary,
35 legislative members of the council shall receive mileage at the legislative rate when attending to the duties
36 of the council. The council may form subcommittees as necessary in the course of its work.

37 4-H:3 Duties; Quorum; Authority to Accept Grants.

38 I. The state council on housing stability shall monitor and update the plan which makes
39 recommendations to address and/or undertake the following:

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1 (a) Necessary measures to strengthen New Hampshire's housing market and to create
2 housing stability for all citizens.

3 (b) Conduct an affordable housing needs assessment in each county to determine the
4 housing deficit.

5 (c) The barriers to affordable housing and what can be done to remove such barriers.

6 (d) The necessary system of care to support individuals and families to obtain and maintain
7 stable housing.

8 (e) Integrate and coordinate a housing stability governance structure across state
9 government and connect to local communities by conducting ongoing needs assessment and strategic
10 planning.

11 (f) Enhance the interoperability of data systems within and across government agencies to
12 inform and monitor program and service access, equity, and quality.

13 (g) Have housing options available throughout citizens' lifespans, based on the needs and
14 desire people have at different times of their life.

15 (h) Develop a comprehensive state plan on homelessness.

16 II. The state council on housing stability shall be jointly facilitated by the department of health and
17 human services, the department of business and economic affairs, and the New Hampshire community
18 development finance authority. The first meeting of the council shall be called by the legislative member
19 appointed by the speaker of the house of representatives pursuant to RSA 4-H:2, I(t) within 45 days of the
20 effective date of this section.

21 III. A majority of the appointed council members shall constitute a quorum. All official actions of
22 the council shall require a majority vote of those present and voting.

23 IV. The council may accept grants and other assistance to support its work, contingent upon the
24 approval of the governor and executive council. Such items may be brought forward by any state agency
25 that is represented on the council.

26 4-H:4 Reporting Requirement. On or before November 1, 2022, and annually thereafter, the council
27 shall provide an a report of its activities and the status of the plan to create housing stability for all citizens
28 of the state to the speaker of the house of representatives, the president of the senate, the house clerk,
29 the senate clerk, the governor, and the state library.

30 251:3 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, III(a)(2) to read as follows:

31 (2) By which telemedicine services for primary care[;] *and* remote patient monitoring[;
32 ~~and substance use disorder services~~] shall only be covered in the event that the patient has already
33 established care at an originating site via face-to-face in-person service. A provider shall not be required
34 to establish care via face-to-face in-person service when:

35 (a) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted
36 practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

37 (b) The patient is being treated by, and is physically located in a correctional facility
38 administered by the state of New Hampshire or a New Hampshire county;

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1 (c) The patient is being treated by, and is physically located in a doorway as defined in RSA
2 167:4-d, II(c);

3 (d) The patient is being treated by and is physically located in a state designated community
4 mental health center pursuant to RSA 135; or

5 (e) The patient is being treated by, and physically located in, a hospital or clinic registered in
6 a manner fully consistent with 21 U.S.C. section 823(f); and

7 251:4 Controlled Drug Act; Prohibited Acts. Amend RSA 318-B:2, XVI to read as follows:

8 XVI.(a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV by
9 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,
10 XII(a), ~~who are treating a patient with whom the prescriber has an in-person practitioner patient~~
11 ~~relationship, for purposes of monitoring or follow up care. A provider shall not be required to establish~~
12 ~~care via face to face in-person service when:~~

13 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
14 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);~~

15 ~~(B) The patient is being treated by, and is physically located in a correctional facility~~
16 ~~administered by the state of New Hampshire or a New Hampshire county;~~

17 ~~(C) The patient is being treated by, and is physically located in a doorway as defined~~
18 ~~in RSA 167:4 d, II(c);~~

19 ~~(D) The patient is being treated by and is physically located in a state designated~~
20 ~~community mental health center pursuant to RSA 135; or~~

21 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
22 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

23 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug
24 at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

25 (b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by
26 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,
27 XII(a). ~~[A provider shall not be required to establish care via face to face in-person service when:~~

28 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
29 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);~~

30 ~~(B) The patient is being treated by, and is physically located in a correctional facility~~
31 ~~administered by the state of New Hampshire or a New Hampshire county;~~

32 ~~(C) The patient is being treated by, and is physically located in a Doorway as defined~~
33 ~~in RSA 167:4 d, II(c);~~

34 ~~(D) The patient is being treated by and is physically located in a state designated~~
35 ~~community mental health center pursuant to RSA 135; or~~

36 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
37 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

38 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug
39 at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

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1 (c) The prescription authority under this paragraph shall be limited to a practitioner licensed
2 to prescribe the drug and in compliance with all federal laws, including the United States Drug
3 Enforcement Agency registration or waiver when required. ~~[An initial face-to-face in-person exam shall be
4 required with the exception of the locations enumerated in this paragraph.]~~

5 251:5 Physicians and Surgeons; Telemedicine. Amend RSA 329:1-d, III and IV to read as follows:

6 III. It shall be unlawful for any person to prescribe by means of telemedicine a controlled drug
7 classified in schedule II through IV, except substance use disorder (SUD) treatment ~~[as permitted in
8 locations enumerated in paragraph IV].~~ Methadone hydrochloride, as defined in RSA 318-B:10, VII(d)(2)
9 shall not be included in the exemption.

10 IV.(a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV by
11 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,
12 XII(a), ~~who are treating a patient with whom the prescriber has an in-person practitioner-patient
13 relationship, for purposes of monitoring or follow up care. A provider shall not be required to establish
14 care via face-to-face in-person service when:~~

15 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-
16 contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);~~

17 ~~(B) The patient is being treated by, and is physically located in a correctional facility
18 administered by the state of New Hampshire or a New Hampshire county;~~

19 ~~(C) The patient is being treated by, and is physically located in a Doorway as defined
20 in RSA 167:4-d, II(c);~~

21 ~~(D) The patient is being treated by and is physically located in a state designated
22 community mental health center pursuant to RSA 135; or~~

23 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic
24 registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

25 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug
26 at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

27 (b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by
28 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,
29 XII(a). ~~[A provider shall not be required to establish care via face-to-face in-person service when:~~

30 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-
31 contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);~~

32 ~~(B) The patient is being treated by, and is physically located in a correctional facility
33 administered by the state of New Hampshire or a New Hampshire county;~~

34 ~~(C) The patient is being treated by, and is physically located in a doorway as defined
35 in RSA 167:4-d, II(c);~~

36 ~~(D) The patient is being treated by and is physically located in a state designated
37 community mental health center pursuant to RSA 135; or~~

38 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic
39 registered in a manner fully consistent with 21 U.S.C. section 823(f).]~~

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1 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug
2 at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

3 (c) The prescription authority under this paragraph shall be limited to a practitioner licensed
4 to prescribe the drug and in compliance with all federal laws, including the United States Drug
5 Enforcement Agency registration or waiver when required. ~~[An initial face-to-face in-person exam shall be
6 required with the exception of the locations enumerated in this paragraph.]~~

7 251:6 Nurse Practice Act. Amend RSA 326-B:2, XII(c) and (d) to read as follows:

8 (c) It shall be unlawful for any person to prescribe by means of telemedicine a controlled drug
9 classified in schedule II through IV *except for use in substance use disorder treatment*.

10 (d)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV by
11 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,
12 XII(a), ~~who are treating a patient with whom the prescriber has an in-person practitioner-patient
13 relationship, for purposes of monitoring or follow up care, or who are treating patients at a state
14 designated community mental health center pursuant to RSA 135-C or at a Substance Abuse and Mental
15 Health Services Administration (SAMHSA) certified state opioid treatment program, and shall require an
16 initial in-person exam by a practitioner licensed to prescribe the drug].~~ Subsequent in-person exams shall
17 be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical
18 condition and drug, but not less than annually.

19 (2) The prescribing of an opioid controlled drug classified in schedule II through IV by
20 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,
21 XII(a), ~~who are treating patients at a SAMHSA certified state opioid treatment program. Such
22 prescription authority shall require an initial in-person exam by a practitioner licensed to prescribe the
23 drug and]~~ Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at
24 intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

251:7 Effective Date. This act shall take effect upon its passage.

Approved: June 24, 2022
Effective Date: June 24, 2022

Amendments

Amendment to HB 503

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

2

3 AN ACT codifying the council on housing stability and relative to telehealth and medically
4 assisted treatment for substance use disorder.
5

6 Amend the bill by replacing all after section 2 with the following:

7

8 3 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, III(a)(2) to read as follows:

9 (2) By which telemedicine services for primary care[,] *and* remote patient
10 monitoring[~~-, and substance use disorder services~~] shall only be covered in the event that the patient
11 has already established care at an originating site via face-to-face in-person service. A provider shall
12 not be required to establish care via face-to-face in-person service when:

13 (a) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted
14 practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

15 (b) The patient is being treated by, and is physically located in a correctional facility
16 administered by the state of New Hampshire or a New Hampshire county;

17 (c) The patient is being treated by, and is physically located in a doorway as defined in
18 RSA 167:4-d, II(c);

19 (d) The patient is being treated by and is physically located in a state designated
20 community mental health center pursuant to RSA 135; or

21 (e) The patient is being treated by, and physically located in, a hospital or clinic
22 registered in a manner fully consistent with 21 U.S.C. section 823(f); and

23 4 Controlled Drug Act; Prohibited Acts. Amend RSA 318-B:2, XVI to read as follows:

24 XVI.(a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through
25 IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA
26 326-B:2, XII(a)[~~-, who are treating a patient with whom the prescriber has an in person practitioner-~~
27 ~~patient relationship, for purposes of monitoring or follow up care. A provider shall not be required to~~
28 ~~establish care via face to face in person service when:~~

29 (A) ~~The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
30 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
31 ~~831(h);~~

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1 ~~(B) The patient is being treated by, and is physically located in a correctional~~
2 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

3 ~~(C) The patient is being treated by, and is physically located in a doorway as~~
4 ~~defined in RSA 167:4 d, II(e);~~

5 ~~(D) The patient is being treated by and is physically located in a state designated~~
6 ~~community mental health center pursuant to RSA 135; or~~

7 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
8 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

9 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
10 drug at intervals appropriate for the patient, medical condition, and drug, but not less than
11 annually.

12 (b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by
13 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,

14 XII(a). ~~[A provider shall not be required to establish care via face to face in person service~~
15 ~~when:~~

16 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA~~
17 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
18 ~~831(h);~~

19 ~~(B) The patient is being treated by, and is physically located in a correctional~~
20 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

21 ~~(C) The patient is being treated by, and is physically located in a Doorway as~~
22 ~~defined in RSA 167:4 d, II(e);~~

23 ~~(D) The patient is being treated by and is physically located in a state designated~~
24 ~~community mental health center pursuant to RSA 135; or~~

25 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
26 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

27 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
28 drug at intervals appropriate for the patient, medical condition, and opioid, but not less than
29 annually.

30 (c) The prescription authority under this paragraph shall be limited to a practitioner
31 licensed to prescribe the drug and in compliance with all federal laws, including the United States
32 Drug Enforcement Agency registration or waiver when required. ~~[An initial face to face in person~~
33 ~~exam shall be required with the exception of the locations enumerated in this paragraph.]~~

34 5 Physicians and Surgeons; Telemedicine. Amend RSA 329:1-d, III and IV to read as follows:

35 III. It shall be unlawful for any person to prescribe by means of telemedicine a controlled
36 drug classified in schedule II through IV, except substance use disorder (SUD) treatment [as

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1 ~~permitted in locations enumerated in paragraph IV]. Methadone hydrochloride, as defined in RSA~~
2 ~~318-B:10, VII(d)(2) shall not be included in the exemption.~~

3 IV.(a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV
4 by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-
5 B:2, XII(a) ~~who are treating a patient with whom the prescriber has an in person practitioner~~
6 ~~patient relationship, for purposes of monitoring or follow up care. A provider shall not be required to~~
7 ~~establish care via face to face in person service when:~~

8 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA~~
9 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
10 ~~831(h);~~

11 ~~(B) The patient is being treated by, and is physically located in a correctional~~
12 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

13 ~~(C) The patient is being treated by, and is physically located in a Doorway as~~
14 ~~defined in RSA 167:4 d, II(e);~~

15 ~~(D) The patient is being treated by and is physically located in a state designated~~
16 ~~community mental health center pursuant to RSA 135; or~~

17 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
18 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

19 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
20 drug at intervals appropriate for the patient, medical condition, and drug, but not less than
21 annually.

22 (b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by
23 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,
24 XII(a). ~~[A provider shall not be required to establish care via face to face in person service when:~~

25 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA~~
26 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
27 ~~831(h);~~

28 ~~(B) The patient is being treated by, and is physically located in a correctional~~
29 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

30 ~~(C) The patient is being treated by, and is physically located in a doorway as~~
31 ~~defined in RSA 167:4 d, II(e);~~

32 ~~(D) The patient is being treated by and is physically located in a state designated~~
33 ~~community mental health center pursuant to RSA 135; or~~

34 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
35 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

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1 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
2 drug at intervals appropriate for the patient, medical condition, and opioid, but not less than
3 annually.

4 (c) The prescription authority under this paragraph shall be limited to a practitioner
5 licensed to prescribe the drug and in compliance with all federal laws, including the United States
6 Drug Enforcement Agency registration or waiver when required. ~~[An initial face-to-face in person
7 exam shall be required with the exception of the locations enumerated in this paragraph.]~~

8 6 Nurse Practice Act. Amend RSA 326-B:2, XII(c) and (d) to read as follows:

9 (c) It shall be unlawful for any person to prescribe by means of telemedicine a controlled
10 drug classified in schedule II through IV *except for use in substance use disorder treatment*.

11 (d)(1) ~~The prescribing of a non-opioid controlled drug classified in schedule II through IV~~
12 ~~by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-~~
13 ~~B:2, XII(a)[, who are treating a patient with whom the prescriber has an in-person practitioner-~~
14 ~~patient relationship, for purposes of monitoring or follow up care, or who are treating patients at a~~
15 ~~state designated community mental health center pursuant to RSA 135-C or at a Substance Abuse~~
16 ~~and Mental Health Services Administration (SAMHSA) certified state opioid treatment program,~~
17 ~~and shall require an initial in person exam by a practitioner licensed to prescribe the drug].~~
18 Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals
19 appropriate for the patient, medical condition and drug, but not less than annually.

20 (2) The prescribing of an opioid controlled drug classified in schedule II through IV
21 by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-
22 B:2, XII(a)[, who are treating patients at a SAMHSA certified state opioid treatment program. Such
23 prescription authority shall require an initial in person exam by a practitioner licensed to prescribe
24 the drug and] Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug
25 at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

26 7 Effective Date. This act shall take effect upon its passage.

2021-2204s

AMENDED ANALYSIS

This bill:

I. Codifies the council on housing stability initially established by the governor in Executive Order 2020-22.

II. Removes certain in-person and physical location requirements for Medicaid reimbursement and under the controlled drug act, the nurse practice act and the physicians and surgeons act to allow for medically assisted treatment for substance use disorder through telemedicine.

Sen. Gray, Dist 6
Sen. Sherman, Dist 24
October 22, 2021
2021-2206s
05/11

2nd
Number
Version

Amendment to HB 503

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

2

3 AN ACT codifying the state council on housing stability.

4

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

6

7 1 Statement of Intent. The intent of the general court is to recommend to the executive branch
8 to sunset the council on housing stability established by the governor in Executive Order 2020-22
9 and to have the state council on housing stability reconstituted by the legislature for the purpose of
10 addressing housing instability in New Hampshire. In addition, it is the intent of the general court
11 that current members serving on the governor's council shall continue their membership and be
12 appointed to serve on the state council on housing stability established in this act.

13 2 New Chapter; Council on Housing Stability. Amend RSA by inserting after chapter 4-G the
14 following new chapter:

15

CHAPTER 4-H

16

STATE COUNCIL ON HOUSING STABILITY

17 4-H:1 State Council on Housing Stability Established. There is hereby established the state
18 council on housing stability for the purpose of implementing the plan to create housing stability for
19 all citizens of the state of New Hampshire.

20

4-H:2 Membership

21

22 1. The initial members of the state council on housing stability shall be those appointed by
23 Executive Order 2020-22. Any subsequent vacancy shall be filled by the appointing entity. The
24 council shall be comprised of the following members:

25

(a) Two individuals, one of whom shall be a young adult, who have current and/or recent
26 lived experience with housing instability, appointed by the governor.

27

(b) Commissioners or executive directors, or their designees, of the following agencies:

28

(1) Department of health and human services.

29

(2) Department of education.

30

(3) Department of safety.

31

(4) Department of transportation.

(5) Department of business and economic affairs.

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- 1 (6) Department of corrections.
- 2 (7) Department of employment security.
- 3 (8) Department of military affairs and veterans services.
- 4 (9) New Hampshire housing finance authority.
- 5 (10) Community development finance authority.
- 6 (c) The bureau chief of the bureau of housing supports, department of health and human
7 services.
- 8 (d) The director of the division of behavioral health services, or designee, department of
9 health and human services.
- 10 (e) The director of the division for children, youth and families, or designee, department
11 of health and human services.
- 12 (f) One representative of each of New Hampshire's Continuum of Care, appointed by
13 each continuum.
- 14 (g) A representative of the New Hampshire Municipal Association, appointed by the
15 association.
- 16 (h) A representatives of a local educational agency, appointed by the governor.
- 17 (i) A landlord, appointed by the governor.
- 18 (j) A real estate developer, appointed by the governor.
- 19 (k) Two representatives of local providers of housing services, appointed by the
20 governor.
- 21 (l) A representative of Housing Action New Hampshire, appointed by the association.
- 22 (m) A representative of a county economic development council, appointed by the
23 council.
- 24 (n) A representative of a regional planning council, appointed by the council.
- 25 (o) A representative of the Community Behavioral Health Association, appointed by the
26 association.
- 27 (p) A representative of the faith based community, appointed by the governor.
- 28 (q) A representative of a member agency of the NH Coalition Against Domestic and
29 Sexual Violence, appointed by the coalition.
- 30 (r) Two representatives of the philanthropic community with expertise in housing
31 instability, appointed by the governor.
- 32 (s) A representative of the business community with an interest in affordable housing,
33 appointed by the governor.
- 34 (t) Three legislators, one appointed by the governor, one appointed by the senate
35 president, and one appointed by the speaker of the house of representatives.
- 36 (u) Three mayors, or their designees, representing different regions of New Hampshire,
37 appointed by the New Hampshire Municipal Association.

1 (v) A representative from a law enforcement agency, appointed by the New Hampshire
2 Chiefs of Police Association.

3 (w) A representative from NAMI New Hampshire, appointed by the alliance.

4 II. The council is authorized to perform its work virtually. If physical meeting is necessary,
5 legislative members of the council shall receive mileage at the legislative rate when attending to the
6 duties of the council. The council may form subcommittees as necessary in the course of its work.

7 4-H:3 Duties; Quorum; Authority to Accept Grants.

8 I. The state council on housing stability shall monitor and update the plan which makes
9 recommendations to address and/or undertake the following:

10 (a) Necessary measures to strengthen New Hampshire's housing market and to create
11 housing stability for all citizens.

12 (b) Conduct an affordable housing needs assessment in each county to determine the
13 housing deficit.

14 (c) The barriers to affordable housing and what can be done to remove such barriers.

15 (d) The necessary system of care to support individuals and families to obtain and
16 maintain stable housing.

17 (e) Integrate and coordinate a housing stability governance structure across state
18 government and connect to local communities by conducting ongoing needs assessment and strategic
19 planning.

20 (f) Enhance the interoperability of data systems within and across government agencies
21 to inform and monitor program and service access, equity, and quality.

22 (g) Have housing options available throughout citizens' lifespans, based on the needs
23 and desire people have at different times of their life.

24 (h) Develop a comprehensive state plan on homelessness.

25 II. The state council on housing stability shall be jointly facilitated by the department of
26 health and human services, the department of business and economic affairs, and the New
27 Hampshire community development finance authority. The first meeting of the council shall be
28 called by the legislative member appointed by the speaker of the house of representatives pursuant
29 to RSA 4-H:2, I(t) within 45 days of the effective date of this section.

30 III. A majority of the appointed council members shall constitute a quorum. All official
31 actions of the council shall require a majority vote of those present and voting.

32 IV. The council may accept grants and other assistance to support its work, contingent upon
33 the approval of the governor and executive council. Such items may be brought forward by any state
34 agency that is represented on the council.

35 4-H:4 Reporting Requirement. On or before November 1, 2022, and annually thereafter, the
36 council shall provide an a report of its activities and the status of the plan to create housing stability

Amendment to HB 503

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- 1 for all citizens of the state to the speaker of the house of representatives, the president of the senate,
- 2 the house clerk, the senate clerk, the governor, and the state library.
- 3 3 Effective Date. This act shall take effect upon its passage.

UNAPPROVED

Amendment to HB 503

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

2

3 AN ACT codifying the council on housing stability and relative to telehealth and medically
4 assisted treatment for substance use disorder.

5

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

7

8 1 Statement of Intent. The intent of the general court is to recommend to the executive branch
9 to sunset the council on housing stability established by the governor in Executive Order 2020-22
10 and to have the state council on housing stability reconstituted by the legislature for the purpose of
11 addressing housing instability in New Hampshire. In addition, it is the intent of the general court
12 that current members serving on the governor's council shall continue their membership and be
13 appointed to serve on the state council on housing stability established in this act.

14 2 New Chapter; Council on Housing Stability. Amend RSA by inserting after chapter 4-G the
15 following new chapter:

16

CHAPTER 4-H

17

STATE COUNCIL ON HOUSING STABILITY

18 4-H:1 State Council on Housing Stability Established. There is hereby established the state
19 council on housing stability for the purpose of implementing the plan to create housing stability for
20 all citizens of the state of New Hampshire.

21 4-H:2 Membership.

22 I. The initial members of the state council on housing stability shall be those appointed by
23 Executive Order 2020-22. Any subsequent vacancy shall be filled by the appointing entity. The
24 council shall be comprised of the following members:

25 (a) Two individuals, one of whom shall be a young adult, who have current and/or recent
26 lived experience with housing instability, appointed by the governor.

27 (b) Commissioners or executive directors, or their designees, of the following agencies:

28 (1) Department of health and human services.

29 (2) Department of education.

30 (3) Department of safety.

31 (4) Department of transportation.

32 (5) Department of business and economic affairs.

Amendment to HB 503

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- 1 (6) Department of corrections.
- 2 (7) Department of employment security.
- 3 (8) Department of military affairs and veterans services.
- 4 (9) New Hampshire housing finance authority.
- 5 (10) Community development finance authority.
- 6 (c) The bureau chief of the bureau of housing supports, department of health and human
7 services.
- 8 (d) The director of the division of behavioral health services, or designee, department of
9 health and human services.
- 10 (e) The director of the division for children, youth and families, or designee, department
11 of health and human services.
- 12 (f) One representative of each of New Hampshire's Continuum of Care, appointed by
13 each continuum.
- 14 (g) A representative of the New Hampshire Municipal Association, appointed by the
15 association.
- 16 (h) A representatives of a local educational agency, appointed by the governor.
- 17 (i) A landlord, appointed by the governor.
- 18 (j) A real estate developer, appointed by the governor.
- 19 (k) Two representatives of local providers of housing services, appointed by the
20 governor.
- 21 (l) A representative of Housing Action New Hampshire, appointed by the association.
- 22 (m) A representative of a county economic development council, appointed by the
23 council.
- 24 (n) A representative of a regional planning council, appointed by the council.
- 25 (o) A representative of the Community Behavioral Health Association, appointed by the
26 association.
- 27 (p) A representative of the faith based community, appointed by the governor.
- 28 (q) A representative of a member agency of the NH Coalition Against Domestic and
29 Sexual Violence, appointed by the coalition.
- 30 (r) Two representatives of the philanthropic community with expertise in housing
31 instability, appointed by the governor.
- 32 (s) A representative of the business community with an interest in affordable housing,
33 appointed by the governor.
- 34 (t) Three legislators, one appointed by the governor, one appointed by the senate
35 president, and one appointed by the speaker of the house of representatives.
- 36 (u) Three mayors, or their designees, representing different regions of New Hampshire,
37 appointed by the New Hampshire Municipal Association.

Amendment to HB 503

- Page 3 -

1 (v) A representative from a law enforcement agency, appointed by the New Hampshire
2 Chiefs of Police Association.

3 (w) A representative from NAMI New Hampshire, appointed by the alliance.

4 II. The council is authorized to perform its work virtually. If physical meeting is necessary,
5 legislative members of the council shall receive mileage at the legislative rate when attending to the
6 duties of the council. The council may form subcommittees as necessary in the course of its work.

7 4-H:3 Duties; Quorum; Authority to Accept Grants.

8 I. The state council on housing stability shall monitor and update the plan which makes
9 recommendations to address and/or undertake the following:

10 (a) Necessary measures to strengthen New Hampshire's housing market and to create
11 housing stability for all citizens.

12 (b) Conduct an affordable housing needs assessment in each county to determine the
13 housing deficit.

14 (c) The barriers to affordable housing and what can be done to remove such barriers.

15 (d) The necessary system of care to support individuals and families to obtain and
16 maintain stable housing.

17 (e) Integrate and coordinate a housing stability governance structure across state
18 government and connect to local communities by conducting ongoing needs assessment and strategic
19 planning.

20 (f) Enhance the interoperability of data systems within and across government agencies
21 to inform and monitor program and service access, equity, and quality.

22 (g) Have housing options available throughout citizens' lifespans, based on the needs
23 and desire people have at different times of their life.

24 (h) Develop a comprehensive state plan on homelessness.

25 II. The state council on housing stability shall be jointly facilitated by the department of
26 health and human services, the department of business and economic affairs, and the New
27 Hampshire community development finance authority. The first meeting of the council shall be
28 called by the legislative member appointed by the speaker of the house of representatives pursuant
29 to RSA 4-H:2, I(t) within 45 days of the effective date of this section.

30 III. A majority of the appointed council members shall constitute a quorum. All official
31 actions of the council shall require a majority vote of those present and voting.

32 IV. The council may accept grants and other assistance to support its work, contingent upon
33 the approval of the governor and executive council. Such items may be brought forward by any state
34 agency that is represented on the council.

35 4-H:4 Reporting Requirement. On or before November 1, 2022, and annually thereafter, the
36 council shall provide an a report of its activities and the status of the plan to create housing stability

Amendment to HB 503

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1 for all citizens of the state to the speaker of the house of representatives, the president of the senate,
2 the house clerk, the senate clerk, the governor, and the state library.

3 3 Medicaid Coverage of Telehealth Services. Amend RSA 167:4-d, III(a)(2) to read as follows:

4 (2) By which telemedicine services for primary care^[7] *and* remote patient
5 monitoring~~[-and substance use disorder services]~~ shall only be covered in the event that the patient
6 has already established care at an originating site via face-to-face in-person service. A provider shall
7 not be required to establish care via face-to-face in-person service when:

8 (a) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted
9 practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

10 (b) The patient is being treated by, and is physically located in a correctional facility
11 administered by the state of New Hampshire or a New Hampshire county;

12 (c) The patient is being treated by, and is physically located in a doorway as defined in
13 RSA 167:4-d, II(c);

14 (d) The patient is being treated by and is physically located in a state designated
15 community mental health center pursuant to RSA 135; or

16 (e) The patient is being treated by, and physically located in, a hospital or clinic
17 registered in a manner fully consistent with 21 U.S.C. section 823(f); and

18 4 Controlled Drug Act; Prohibited Acts. Amend RSA 318-B:2, XVI to read as follows:

19 XVI.(a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through
20 IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA
21 326-B:2, XII(a)~~[-, who are treating a patient with whom the prescriber has an in-person practitioner-~~
22 ~~patient relationship, for purposes of monitoring or follow up care. A provider shall not be required to~~
23 ~~establish care via face to face in person service when:~~

24 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
25 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
26 ~~831(h);~~

27 ~~(B) The patient is being treated by, and is physically located in a correctional~~
28 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

29 ~~(C) The patient is being treated by, and is physically located in a doorway as~~
30 ~~defined in RSA 167:4 d, II(c);~~

31 ~~(D) The patient is being treated by and is physically located in a state designated~~
32 ~~community mental health center pursuant to RSA 135; or~~

33 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
34 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

35 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
36 drug at intervals appropriate for the patient, medical condition, and drug, but not less than
37 annually.

Amendment to HB 503

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1 (b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by
2 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,

3 XII(a). ~~[A provider shall not be required to establish care via face to face in person service~~
4 ~~when:~~

5 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA~~
6 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
7 ~~831(h);~~

8 ~~(B) The patient is being treated by, and is physically located in a correctional~~
9 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

10 ~~(C) The patient is being treated by, and is physically located in a Doorway as~~
11 ~~defined in RSA 167:4 d, II(e);~~

12 ~~(D) The patient is being treated by and is physically located in a state designated~~
13 ~~community mental health center pursuant to RSA 135; or~~

14 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
15 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f).]~~

16 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
17 drug at intervals appropriate for the patient, medical condition, and opioid, but not less than
18 annually.

19 (c) The prescription authority under this paragraph shall be limited to a practitioner
20 licensed to prescribe the drug and in compliance with all federal laws, including the United States
21 Drug Enforcement Agency registration or waiver when required. ~~[An initial face to face in person~~
22 ~~exam shall be required with the exception of the locations enumerated in this paragraph.]~~

23 5 Physicians and Surgeons; Telemedicine. Amend RSA 329:1-d, III and IV to read as follows:

24 III. It shall be unlawful for any person to prescribe by means of telemedicine a controlled
25 drug classified in schedule II through IV, except substance use disorder (SUD) treatment ~~[as~~
26 ~~permitted in locations enumerated in paragraph IV].~~ Methadone hydrochloride, as defined in RSA
27 318-B:10, VII(d)(2) shall not be included in the exemption.

28 IV.(a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV
29 by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-
30 B:2, XII(a) ~~[who are treating a patient with whom the prescriber has an in person practitioner-~~
31 ~~patient relationship, for purposes of monitoring or follow up care. A provider shall not be required to~~
32 ~~establish care via face to face in person service when:~~

33 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA~~
34 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
35 ~~831(h);~~

36 ~~(B) The patient is being treated by, and is physically located in a correctional~~
37 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

Amendment to HB 503

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1 ~~(C) The patient is being treated by, and is physically located in a Doorway as~~
2 ~~defined in RSA 167:4-d, II(e);~~

3 ~~(D) The patient is being treated by and is physically located in a state-designated~~
4 ~~community mental health center pursuant to RSA 135; or~~

5 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
6 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f)].~~

7 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
8 drug at intervals appropriate for the patient, medical condition, and drug, but not less than
9 annually.

10 (b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by
11 means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2,

12 XII(a). ~~[A provider shall not be required to establish care via face-to-face in-person service when:~~

13 ~~(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-~~
14 ~~contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section~~
15 ~~831(h);~~

16 ~~(B) The patient is being treated by, and is physically located in a correctional~~
17 ~~facility administered by the state of New Hampshire or a New Hampshire county;~~

18 ~~(C) The patient is being treated by, and is physically located in a doorway as~~
19 ~~defined in RSA 167:4-d, II(e);~~

20 ~~(D) The patient is being treated by and is physically located in a state-designated~~
21 ~~community mental health center pursuant to RSA 135; or~~

22 ~~(E) The patient is being treated by, and physically located in, a hospital or clinic~~
23 ~~registered in a manner fully consistent with 21 U.S.C. section 823(f).]~~

24 (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the
25 drug at intervals appropriate for the patient, medical condition, and opioid, but not less than
26 annually.

27 (c) The prescription authority under this paragraph shall be limited to a practitioner
28 licensed to prescribe the drug and in compliance with all federal laws, including the United States
29 Drug Enforcement Agency registration or waiver when required. ~~[An initial face-to-face in-person~~
30 ~~exam shall be required with the exception of the locations enumerated in this paragraph.]~~

31 6 Nurse Practice Act. Amend RSA 326-B:2, XII(c) and (d) to read as follows:

32 (c) It shall be unlawful for any person to prescribe by means of telemedicine a controlled
33 drug classified in schedule II through IV ***except for use in substance use disorder treatment.***

34 (d)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV
35 by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-
36 B:2, XII(a) ~~[who are treating a patient with whom the prescriber has an in-person practitioner-~~
37 ~~patient relationship, for purposes of monitoring or follow-up care, or who are treating patients at a~~

Amendment to HB 503

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1 ~~state designated community mental health center pursuant to RSA 135 C or at a Substance Abuse~~
2 ~~and Mental Health Services Administration (SAMHSA) certified state opioid treatment program,~~
3 ~~and shall require an initial in person exam by a practitioner licensed to prescribe the drug].~~
4 Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals
5 appropriate for the patient, medical condition and drug, but not less than annually.

6 (2) The prescribing of an opioid controlled drug classified in schedule II through IV
7 by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-
8 B:2, XII(a)]~~, who are treating patients at a SAMHSA certified state opioid treatment program. Such~~
9 ~~prescription authority shall require an initial in person exam by a practitioner licensed to prescribe~~
10 ~~the drug and]~~ Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug
11 at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

12 7 Effective Date. This act shall take effect upon its passage.

2021-2219s

AMENDED ANALYSIS

This bill:

I. Codifies the council on housing stability initially established by the governor in Executive Order 2020-22.

II. Removes certain in-person and physical location requirements for Medicaid reimbursement and under the controlled drug act, the nurse practice act and the physicians and surgeons act to allow for medically assisted treatment for substance use disorder through telemedicine.

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 21, 2021

HEARINGS

Wednesday	04/28/2021	
(Day)	(Date)	
Health and Human Services	REMOTE 000	9:00 a.m.
(Name of Committee)	(Place)	(Time)

9:00 a.m.	HB 146	requiring health care providers to furnish upon request a list of ingredients contained in an injectable medication that is recommended or administered.
9:15 a.m.	HB 572	relative to pharmacist administration of vaccines and allowing a licensed advanced pharmacy technician to administer vaccines.
9:30 a.m.	HB 131	relative to reporting of health care associated infections.
9:45 a.m.	HB 503	codifying the council on housing stability.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: <https://www.zoom.us/j/97247944129>
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location):

1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833

3. Or iPhone one-tap: 16465588656,,97247944129# or 13017158592,,97247944129#

4. Webinar ID: 972 4794 4129

5. To view/listen to this hearing on YouTube, use this link:

<https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA>

6. To sign in to speak, register your position on a bill and/or submit testimony, use this link:

<http://gencourt.state.nh.us/remotecommittee/senate.aspx>

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: remotesenate@leg.state.nh.us or call (603-271-6931).

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 146

Rep. Comtois

Rep. Aron

Rep. Cushman

HB 572

Rep. Merchant

Sen. Prentiss

HB 131

Rep. Woods

HB 503

Rep. Long

Rep. Wilhelm

Kirsten Koch 271-3266

Jeb Bradley
Chairman

Senate Health and Human Services Committee

Kirsten Koch 271-3266

HB 503, codifying the council on housing stability.

Hearing Date: April 28, 2021

Time Opened: 9:53 a.m.

Time Closed: 10:14 a.m.

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

Members of the Committee Absent : None

Bill Analysis: This bill codifies the council on housing stability initially established by the governor in Executive Order 2020-22.

Sponsors:

Rep. Long

Rep. Wilhelm

Who supports the bill: Rep. Pat Long, Hillsborough 10; Rep. Amanda Toll, Cheshire 16; Rep. Safiya Wazir, Merrimack 17; David Tille, Harbor Care, Inc.; Karen Dewey; JB Bracket, NAMI-NH; Karen Guggisberg; Elizabeth Fenner-Lukaitis, David Bates; Matthew Richards; Susan Bruce; Eric Pospychala; Janet Lucas; Sara Johnson.

Who opposes the bill: Christine Santaniello, NH DHHS.

Who is neutral on the bill: Elissa Margolin, Housing Action NH.

Summary of Testimony Presented:

Representative Pat Long, Hillsborough 10

- Rep. Long said he represents Manchester in his district.
- Rep. Long said this bill improves the governor's council on housing stability
- Rep. Long said he defines homelessness in two categories:
 - (1) Those living in the state with nowhere to call home. They live temporarily with friends and family.
 - (2) Those living in encampments, tents, shelters, and in other areas across the state.
- Rep. Long said, people need a warm spot for when winter hits. The homeless population has increased during the pandemic. People did not want to take friends and family into their homes because of COVID-19.
- Rep. Long said, the state was granted \$40 million to be used on the homeless (\$10 million per year for four years). This bill ensures that public dollars spent at highest level and best use.

- Rep. Long, a state study alarms tidal waves of homelessness. No more studies need to be done on this.
- Rep. Long said, council meetings lean towards affordable housing options. I am of the opinion that affordable housing would not address the unsheltered. They have underlying mental health service needs and underlying substance use disorders.
- Rep. Long said, we have implemented tools for mental health and substance use disorder with the ten-year mental health plan. Now, we need affordable housing options. This bill adds more components.
- Sen. Avard asked, what is “the doorway?”
 - Rep. Long said, it is a 8:00am-5:00pm place for people with substance use disorder to get help.

Christine Santaniello, DHHS

- Ms. Santaniello said, I appreciate the focus on housing stability and homelessness in the state, but the department respectfully opposes HB 503.
- Ms. Santaniello said, when this bill was first introduced there was a need to focus on homelessness, but since then, further efforts have gone into this. In November Governor Sununu created the council on housing stability.
- Ms. Santaniello said, there are a few problems. This is why we oppose:
 - This bill is duplicative of the governor’s executive order.
 - This bill adds more people to the council. We already have 41 members. The proposed members to add are already duplicative of representatives we already have.
 - Changes will slow down our plan. It is supposed to be completed in June 2021. Any midstream changes will hinder this plan.
 - This bill will strain staff resources.
 - There are already four primary work groups working to increase housing and decrease homeless. We are looking at plan and case management.
 - Outside of the members, there are also 80 people actively contributing to related work groups.
 - We have already spent countless hours on this plan. Members will be presenting the framework plan next week.
 - We already have consultants and the board of housing involved. The council will then be looking at what was achieved, how to increase housing, making a plan for the homeless, and what else needs to be done going forward.
- Ms. Santaniello said, each November the council will review the plan. There is no end date for the executive order or for the work of the council.
- Ms. Santaniello said, if anything, we recommend that you allow for the council to complete their next stage of work. Then they will put in legislation later, if needed.
- Sen. Gray asked, are you talking about Executive Order 2020-22?
 - Ms. Santaniello said, yes.
- Sen. Avard asked, you said the council has 41 members and this bill would add duplicative members. Could you provide examples of duplicative members?

- Ms. Santaniello said, the bill recommends someone from NAMI-NH but we have a community mental health center director. The bill also lists someone from Fit New Horizons, but we already have someone from that organization.
- Sen. Avard said, but NAMI-NH is in support of this bill though?
 - Ms. Santaniello said, they may be, and that is fine. But adding more people to the 41 members we already have at this time is a lot. The council will look at membership and structure after the initial plan is done. We will review who is needed to help us carry out future work.

Elissa Margolin, Director of Housing Action NH

- Ms. Margolin testified as neutral on this bill.
- Ms. Margolin said her testimony will provide context for this bill.
- Ms. Margolin said, when the pandemic hit it was scary for the homeless. Daily life became difficult. They could not seek out public bathroom facilities.
- Ms. Margolin said, there was courageous leadership and work at every level.
- We were able to implement a shelter modification program, decompression sites, and address operational needs. The department secured additional relief resources to allow for quarantine and isolation in the case of infections.
- Ms. Margolin said, NH did pretty well compared to other states, but we did see an increased number of the unsheltered.
- Ms. Margolin said, at the LSR deadline, we saw a flurry of legislation proposals to study this problem happening simultaneously. We are retrofitting initial proposals with this bill.

David Tille, Veteran's Services, Harbor Care, Inc.

- Mr. Tille testified in support of the bill.
- Mr. Tille said, Harbor care is a designated member of the council of housing stability.
- Mr. Tille said, there needs to be a correction to Section 4-H(2) Membership. It now reads "one representative of Harbor Homes Inc." and it should read "one representative of Harbor Care, Inc."
- Mr. Tille said, Harbor Care is working on the forefront to end veterans' homelessness. We are very close to ending chronic homelessness in the greater Nashua area. We have resources but need assistance with landlords and securing handicap accessible housing for veterans.
- Mr. Tille said, we never closed during the pandemic. We had no serious outbreaks in our facilities.
- Sen. Avard said, you strongly support this, but DHHS says this is "overkill." Why do you think this bill is so important?
 - Mr. Tille said, we are very pleased to see the state and governor putting such a high priority around homelessness and housing stability. Whether it is through this council, or through other entities that we serve on, we are pleased to see this effort being made.

Senate Health and Human Services Committee

Kirsten Koch 271-4151

Amendment # 2021-2204s to HB 503, codifying the council on housing stability and relative to telehealth and medically assisted treatment for substance use disorder.

Hearing Date: October 26, 2021

Time Opened: 11:02 a.m.

Time Closed: 11:16 a.m.

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

Members of the Committee Absent : Senator Avard

Bill Analysis: This bill codifies the council on housing stability initially established by the governor in Executive Order 2020-22.

Sponsors:

Rep. Long

Rep. Wilhelm

Who supports the bill: John Williams, Department of Health and Human Services; Dr. David Gijssel, Better Life Partners; Steven Kelly, Better Life Partners; Jake Berry, New Futures; Lissa Mascio, Department of Corrections; Katie Mosh, Sulloway & Hollis

Who opposes the bill: None

Who is neutral on the bill: Lynne Sullivan, Groups Recover Together; Heather Prebish, Groups Recover Together

Summary of testimony presented:

Senator Tom Sherman, District 24

- Introduced Amendment # 2021-2204s to HB 503.
- This amendment supports medication-assisted treatment, especially using Suboxone, for substance use disorder.
- During COVID, in person requirements for seeing providers and receiving coverage were suspended. Telehealth was an incredible success for people with substance use disorder. It provided access to effective treatment.
- When the emergency order was lifted, we lost that capacity. There was a significant drop off with access to MAT.
- This amendment drops the in-person visit requirement for Medicaid coverage.
- This amendment allows, under the Controlled Drug Act, for MAT to be initiated without a first-time face-to-face visit.
- This amendment has a very limited change requested by providers that are concerned about the drop-off in patient access for substance use disorder treatment.

Dr. David de Gijzel, Better Life Partners

- Change is difficult. We have to be ready for when people need change. Telemedicine provides access for folks in rural areas of NH.
- During the pandemic when folks were able to engage with us by phone, we were able to get them on a lifesaving medication within hours and a majority of them are still with us recovering.
- At best we are only able to help people who reached out connect with a provider 70% of the time with in-person appointments.
- Please consider this amendment so we can provide timely care to those who need it.

Steve Kelly, Chief Operating Officer, Better Life Partners

- This amendment will support recovery centers and providers around the state.
- Mr. Kelly shared an anecdote about a gentleman who had to drive from North Conway to Dover for substance use disorder treatment in-person. He ultimately had to wait several days to see a physician.
- This waiting time-period can be a matter of life and death.

Heather Prebish, Licensed Clinical Health, Groups Recover Together

- Groups Recover Together is focused on providing high quality treatment in a timely manner for those in rural areas.
- A few years ago, NH ranked 49/50 in the United States for access to care. When someone wants treatment, they should be able to get it.
- We treat 10,000 people every week. We do drug screening, therapy, and other treatments.
- COVID brought uncertainty. The federal decision to expand access to care allowed providers to treat individuals for substance use disorder more easily. With telehealth we can reach many more individuals that need our services. We can resolve long existing disparities in access to care.
- Some providers preferred to work from home during the COVID pandemic.
- Telehealth allows individuals to get treatment in 24-48 hours as opposed to experiencing the 7 day wait time for in-person treatment in some places.
- Other states are doing this without concerns of quality of safety.

Jake Berry, VP of Policy, New Futures

- We have seen first-hand how medications have successfully treated those with substance use disorders.
- NH was one of the only states to reduce overdoses during COVID 19.
- Since the emergency order has been lifted, we have seen increased burden and time constraints on those who are seeking and providing treatment.
- Telehealth access saves lives. Please pass this amendment.

Speakers

Senate Remote Testify

Health and Human Services Committee Testify List for Bill HB503 on 2021-04-
Support: 14 Oppose: 1 Neutral: 0 Total to Testify: 3

<u>Name</u>	<u>Email Address</u>	<u>Phone</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>
Long, Pat	Long55@comcast.net	603 668-1037	An Elected Official	Hillsborough District 10	Support	Yes
Santaniello, Christine	CHRISTINE.SANTANIELLO@DHHS.NH.GOV	(603) 271-50	State Agency Staff	NH DHHS	Oppose	Yes
Tille, David	davidtillenh@gmail.com	603-496-0987	A Member of the Public	Harbor Care	Support	Yes
Wazir, Safiya	Not Given	Not Given	An Elected Official	My Constituents	Support	No
Toll, Amanda	electamandanh@gmail.com	603.860.1994	An Elected Official	Myself	Support	No
Dewey, Karen	pkdewey@comcast.net	603.504.2813	A Member of the Public	Myself	Support	No
Brackett, JB	jbrackett@naminh.org	Not Given	A Member of the Public	NAMI New Hampshire	Support	No
Guggisberg, Karen	Not Given	Not Given	A Member of the Public	Myself	Support	No
Fenner-Lukaitis, Elizabeth	glukaitis@mcttelecom.com	Not Given	A Member of the Public	Myself	Support	No
Bates, David	dcbates70@gmail.com	603.456.2578	A Member of the Public	Myself	Support	No
Richards, Matthew	mricha711@gmail.com	603.854.3953	A Member of the Public	Myself	Support	No
Bruce, Susan	susanb.red@mac.com	Not Given	A Member of the Public	Myself	Support	No
Pospychala, Erin	erinmvp@gmail.com	603.526.7616	A Member of the Public	Myself	Support	No
Lucas, Janet	janluca1953@gmail.com	16037267614	A Member of the Public	Myself	Support	No
Johnson, Sara	Not Given	Not Given	A Member of the Public	Myself	Support	No

Testimony



Lori A. Shibinette
Commissioner

Christine L. Santaniello
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ECONOMIC & HOUSING STABILITY

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9404 1-800-852-3345 Ext. 9404
Fax: 603-271-4230 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 28, 2021

Dear Senator Bradley and Senators of the Senate Health and Human Services Committee,

I appreciate the focus on homelessness and housing instability. However, the Department respectfully opposes HB 503. I believe this original bill was submitted when there was a need to focus on individuals experiencing homeless and those facing housing instability. There is still a need to focus on this population; yet since then, a significant amount of work and focus has gone to further efforts in the state. In November 2020, Governor Sununu signed Executive Order 2020-22, creating the Council on Housing Stability. HB 503 as presented, codifies the Executive Order, expands membership, and adds to the scope of the plan on homelessness. The problem with this and why we at the Department oppose HB 503 because at this time:

- It is duplicative of the Executive Order and not necessary;
- It adds more people to the council. The current structure of the council has 41 members and the additional recommended appointees are duplicative of current council representation;
- It will slow down our very important work. We have already begun work on a comprehensive plan to address homelessness. This is due to be completed in June.
- There are 4 workgroups working towards a goal to increase housing stability and decrease homelessness. There are an additional 80 people active on workgroups (most are not Council members, but committed to the work).
- The workgroup that is tasked with this has put in countless hours on this plan and is presenting the framework next month to the full Council. Changing mid-stream will delay the completion of this important plan. It is not necessary.

The Council, with philanthropic support, has the support of consultants, Corporation for Supportive Housing (CSH) to assist in the development of a plan. This plan will be submitted by the end of June and outline: what the Council has achieved, what needs to still be a focus, recommendations to increase housing stability, and a plan for homelessness. Each November, the Council is required to review the plan: the work being done to increase housing stability and decrease homelessness. There is no end to the Executive Order or the work of the Council. Changing the Council at this time is not necessary; this will strain staff resources, which will not help to solve the problem. I ask that the Council be allowed to complete the next stage of its work as planned.

The Council is co-led by DHHS, CDFA, and The Department of Business & Economic Affairs. The Council has established a website, <https://nhchs.org/> where you can find the work thus far.

Thank you for your time. Please do not hesitate to reach out to me with any questions or concerns. I am happy to discuss this matter further.

Sincerely,

Christine L. Santaniello
Director
603.271.5023- direct line
603.931.0344- cell



THE
NH PROVIDERS
ASSOCIATION

*Representing
Alcohol & Other Drug Service Providers
in New Hampshire*

Senator Jeb Bradley, Chair
Senate Health & Human Services Committee
Room 100, State House
Concord NH 03301

April 27, 2021

Dear Senator Bradley and members of the Committee:

The NH Providers Association is writing to urge you to support HB 503, codifying the council on housing stability. We also want to briefly address the background of the council, because there was some confusion in the House when HB 503 went to the floor earlier this month and assertions were made that the council originated from Governor Sununu's emergency actions under Covid. As you know, some see those executive and emergency actions as over-reaching.

In fact, this council was originally the Interagency Council on Homelessness, established in a 2006 executive order issued by Governor Lynch. In November 2020, in response to a letter from New Hampshire's 13 mayors, Governor Sununu signed an executive order to expand the scope and membership of the council and rename it the Council on Housing Stability. Governor Sununu's action was in direct response to a problem that did not come about because of Covid but that has been exacerbated by it and become a crisis. We have all read about waitlists reported at homeless shelters over the past year and the number of available beds that have been reduced because of Covid. Added to this is the lack of affordable housing across the state of which we are all aware.

Our Association requested to be added as a member to the council in a House amendment because we recognize that homelessness is one of the largest determinants of successful recovery for people experiencing substance misuse and related health and behavioral health problems. Addressing homelessness with a renewed mission for the council and broadening its membership with additional health care, social service, municipal and State partners is critical, and needs to be advanced sooner rather than later. We support codifying the council, as set forward in HB 503, and look forward to working with members to develop solutions and recommendations for the Legislature to consider. Thank you for your consideration.

Sincerely,

Kerran Vigroux, Executive Director

In addition to the Providers Association, these organizations also urge your support of HB 503:
NH Community Behavioral Health Association
Waypoint
NAMI-NH

Kirsten Koch

From: David Tille <d.tille@harborcarenh.org>
Sent: Wednesday, April 28, 2021 8:31 AM
To: Kirsten Koch
Subject: HB 503: Testimony from David Tille, Director of Veteran Services, Harbor Care Testimony in Support of HB 503

Good morning Chairman Bradley and Members of the Committee,

I am David Tille, Director of Veteran Services at Harbor Care testifying in support of HB 503 codifying the council on housing stability established by the governor in Executive Order 2020-22, to add additional members, and to expand upon its existing duties to further address homelessness in New Hampshire.

Harbor Care serves as a designated member on the council on housing stability. First, I would like to note a small modification/correction to Section 4-H:2 membership, Section II Additional members are appointed as follows (f) to read: "One representative of Harbor Homes, Inc. appointed by that organization" to be replaced by "One representative of Harbor Care, Inc."

Harbor Care is the new shared name of Harbor Homes, Keystone Hall, Healthy at Home, the Harbor Care Health and Wellness Center, and the Southern NH HIV/AIDS Task Force. The name of Harbor Care more accurately reflects the scope of our high-quality services including: supportive housing, healthcare, mental healthcare, substance use treatment, veteran services, home care, and HIV/AIDS services.

Harbor Care is at the forefront in our efforts to end homelessness and providing stable housing and supportive services in the Granite State helping our neighbors most in need. Harbor Care strongly supports HB 503 codifying the council on housing stability for the purpose of creating and implementing a plan to create housing stability for all citizens of the state of New Hampshire.

Thank you for your time and consideration.

David Tille
Director of Veteran Services
Harbor Care, Inc.

The Partnership for Successful Living is now Harbor Care, the new shared name and brand of Harbor Homes, Keystone Hall, Harbor Care Health and Wellness Center, Healthy at Home and Southern NH HIV/AIDS Task Force. We have built success through innovation, collaboration and an unwavering commitment to our most vulnerable community members. Over the next months, we will continue our journey and become Harbor Care, a recognition of our roots, and a glimpse of where we are heading. Learn more at harborcarenh.org.

CONFIDENTIALITY NOTICE: This message is protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without written consent unless otherwise provided for in the regulations. The Federal rules prohibit any further disclosure of this information unless a written consent is obtained from the person to whom it pertains. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. All information contained herein is to be considered confidential and proprietary to Harbor Care. Any copying, forwarding, sharing or use of this information in any manner without written permission from an authorized Harbor Care representative is strictly prohibited.



Harbor Care

Ending Homelessness. Transforming Lives.



**2020
Annual
Report**

Our Impact

In 2020 Harbor Care supported more than 5,000 individuals and families in New Hampshire to access safe housing, medical and mental health care, substance misuse treatment, employment services, food, transportation and other critical supports.

1,000+

individuals and families at-risk of or experiencing homelessness accessed or maintained safe housing.

57

people who were chronically homeless accessed permanent housing.

3,200

individuals, including **387 children**, received medical, mental health, and dental care.

206

individuals received home health care, allowing people to age in place and avoid hospitalization or institution.

223

individuals living with HIV/AIDS accessed critical care and supports.

444

veterans and their families accessed secure housing, medical and mental health care, substance misuse treatment, employment services and other vital supports.

\$2,203,541

of free medical and home care provided to our most vulnerable community members.

625

community members entered substance misuse treatment services, including at our Cynthia Day Family Center for pregnant and parenting women.

13

substance misuse Recovery Center Organizations across NH received training and capacity-building, enrolling **1,682** individuals in recovery care.

Major Outcomes in Greater Nashua:

43%

reduction in annual opioid overdoses and **50% reduction** in overdose deaths since 2016.

11

years with no individuals living with HIV/AIDS in long-term, unsheltered homelessness.

85%

decrease in chronic homelessness over the past decade.

4

years of effectively ending veteran homelessness.



Working for a Brighter Future

Mike moved into his own apartment just before last Thanksgiving.

He had spent the past two years living under the Pine St. Extension Bridge in Nashua. Mike knew he couldn't survive another winter there, so he reached out for help.

Every day, individuals like Mike walk through our doors in crisis. It's community support and collaboration that help create stability and opportunity. Together, we offer hope that a brighter future is within reach.

While no one is immune to the challenges and tragedy of this pandemic, our most vulnerable community members are significantly impacted.

Thanks to community support, we are able to respond to these challenges. This includes helping more than 1,000 people at-risk of or experiencing homelessness to access safe housing. Delivering primary, mental health and home care to more than 3,400 individuals and families; and providing substance misuse treatment and recovery services to nearly 700 individuals.

At Harbor Care, we've developed a successful model of care, integrating stable housing with vital supports, that creates a foundation for lasting change in people's lives. It starts with the **dignity of a home.**

As we move forth in 2021, we will build off of the resilience, innovation and success of 2020, with focus on three key initiatives: (1) continued vigilance and response to the evolving pandemic, including administering the COVID-19 vaccine; (2) ending chronic homelessness in Nashua; and (3) ending veteran homelessness across New Hampshire.

We are proud of how the organization, our donors, and our staff have responded to COVID-19. Even more so, we're inspired by the perseverance of individuals, like Mike, whom we serve.

As you read through this report, please take pride in the impact your support has had. Thanks to your commitment, for individuals like Mike, a brighter future is within reach.

Warm Regards,



Peter Kelleher
President and CEO



Dan Sallet
Board Chair



Milestones: 2020



From PSL to Harbor Care

In 2020, the agencies of the Partnership for Successful Living – Harbor Homes, Keystone Hall, Southern NH HIV/AIDS Task Force, and Healthy at Home – became Harbor Care. Through unification, we share the strengths of our respective initiatives while enhancing the effectiveness of service integration to provide a whole-person approach to the people we serve.



Envision Center

Harbor Care became the first agency in New Hampshire designated an EnVision Center by the U.S. Department of Housing and Urban Development. Envision Centers are service hubs that bring community supports together to create greater access, continuity and integration to support four key pillars: economic empowerment; educational advancement; health and wellness; self-advocacy and leadership.



Increased Access to Care

To rapidly respond to COVID-19, we quickly implemented telehealth to remain safely connected to clients and patients. Telehealth – once a dream of the organization to overcome service barriers like transportation and child care among those we serve – became a primary method of care, with great success!



Housing Expansion

Harbor Care secured 124 federal housing vouchers, and increased temporary housing supports for at-risk and homeless veteran households. Fifteen apartments were purchased or repurposed to meet the incredible demand for Permanent Supportive Housing, including a 9-unit apartment building in Nashua, supporting our efforts to end chronic homelessness in the city.



Critical Care for Rural Veterans

Boulder Point, our veteran housing complex in Plymouth added critical capacity in response to COVID-19. With support from Swim with a Mission, we built an annex for safe service delivery for 30 veterans and their families. Residents accessed mental health services, substance misuse treatment, financial counseling and assistance, and employment services.



Dignity of Home

Harbor Care launched *Dignity of Home*, a fundraising initiative in collaboration with a local community group, the Ending Homelessness Committee, to support ending chronic homelessness in Nashua. Thanks to generous community support, the campaign raised more than \$100,000.

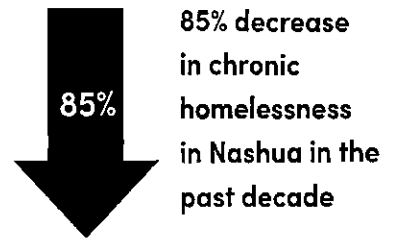
Her Last Winter in a Tent: Ending Chronic Homelessness in Greater Nashua

Last winter Maria was living in a tent, struggling with chronic homelessness while trying to manage her recovery from substance misuse. Hope was hard to come by. Reuniting with her daughter, Isabella, is what pushed her forward.

That's when Karen, a Harbor Care outreach team member, connected with Maria. After building trust over a few visits, they worked out a plan. Soon, Maria had a housing voucher, and was ready to access safe, stable housing. With a commitment to sobriety, she was finally on a path to reuniting with Isabella.

Then COVID-19 disrupted everything. Getting access to an apartment was tough amidst a state shutdown, but, with Karen's persistent help, they found a way. In May, Maria moved into her own place.

In 2020, amidst a pandemic, our frontline housing team **helped move 57 individuals who were chronically homeless**, including Maria, into permanent housing. By year's end there were only about 12 individuals who remained chronically homeless in Nashua and the goal of ending chronic homelessness very much in sight.



“I have an absolutely amazing case worker that pulled things together when it seemed impossible. She went above and beyond to get me out of that tent and cold and into a warm home. The one thing that kept me hanging on was my precious daughter and the thought of never cooking her a meal or tucking her in at night again.”



COVID-19: Response and Resilience

Harbor Care has been at the forefront of many of the most pressing public health challenges over the last four decades, addressing chronic homelessness, HIV/AIDS, mental illness, and substance misuse.

COVID-19 presented an extraordinary challenge. Our staff rose to the occasion to fulfill our mission and to keep our clients and community safe. Thanks to the outpouring of community and funder support, our services remained open as we adapted and innovated programs.



Continue reading this story >>



- **Harbor Care Health & Wellness Center** – the only stand-alone Federally Qualified Health Center for the Homeless in New Hampshire – and its team of nurses, doctors, clinicians and dentist delivered critical primary, behavioral and dental care.
- Our **mobile clinic van** was repurposed for safe COVID-19 testing, supporting our ability to provide 1,170 tests.
- Our **home healthcare workers** ensured vulnerable individuals could live at home, and avoid hospitalization, while still accessing care.
- We rapidly increased our capacity to provide **telehealth services**, delivering vital supports through remote therapy, coaching, and service coordination.
- Our four dedicated **Veteran First housing complexes** and six 24-hour **residential care facilities** worked tirelessly to deliver supports, while ensuring safety, including our substance misuse treatment at **Keystone Hall** and **Cynthia Day Family Center** for mothers and their young children.
- Our **housing supports and homelessness prevention teams** ensured community members had safe, secure housing. This included moving 57 individuals who were chronically homeless into permanent housing.
- We **established an assistance fund** to help clients with minutes and phones to maintain telehealth visits, and secure food, medication, and transportation.



A Continued Commitment to Serve: Veterans Helping Veterans

Katie Paciulan and Oswaldo Pereira are case managers with Harbor Care's Veterans FIRST program. They are also U.S. Army veterans themselves, both having served in Iraq. Katie served in the military police with the 630th MP Co & 793rd MP BN. Oswaldo served as a combat medic, serving in both the 7th Cavalry and 6th Infantry Regiments.

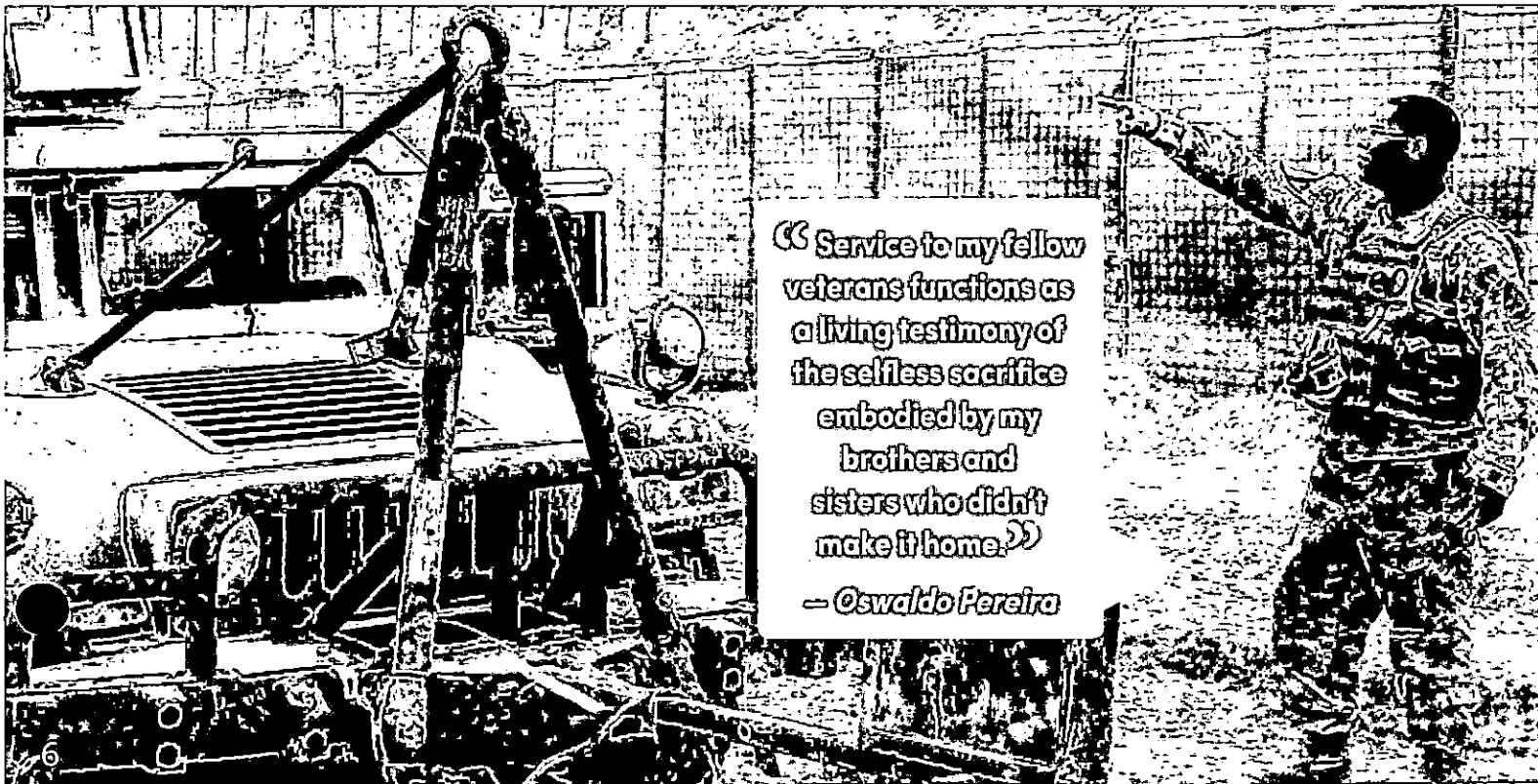
Today they help fellow veterans to access safe and affordable housing and connect them to additional services and supports. Katie and Oswaldo are two of more than twenty Harbor Care staff who are veterans, committed to serving their fellow

servicepersons, and those in need.

Harbor Care is a leading provider of support services for veterans in New Hampshire, serving about **450 veterans and their families** throughout the state each year. Last year, we helped **261 veterans who were homeless** access stable housing. In Greater Nashua, where our programming began, veteran homelessness was effectively ended in 2017. This means over the last four years our integrated supports have helped veteran households who became homeless to quickly move into housing and achieve stability.

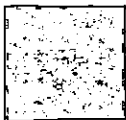
“There is a bond between those of us who have served in the military, we understand each other. My clients and I work as a team – their success is my success.”

– Katie Paciulan



“Service to my fellow veterans functions as a living testimony of the selfless sacrifice embodied by my brothers and sisters who didn't make it home.”

– Oswaldo Pereira



Core Services

Healthy at Home

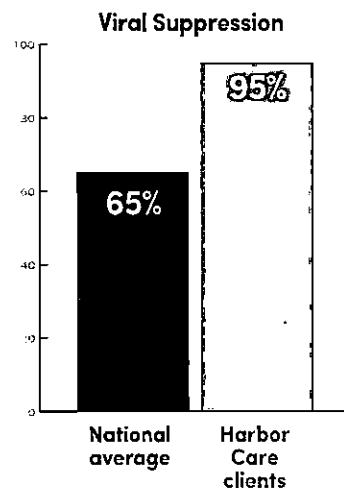
Everyday, our home healthcare staff ensure the health, wellbeing and independence of hundreds of vulnerable individuals in our community who are homebound, low-income and underinsured. In 2020, Healthy at Home delivered home health care, companionship and dignity to **206 individuals**, including more than \$325,000 in free care, allowing individuals to age safely in place. The individuals we serve cannot afford to pay out-of-pocket or for add-on insurance to receive this care. Without Healthy at Home, many would be forced into long-term care facilities, where some of the most devastating impacts of COVID-19 have occurred.



Addressing HIV/AIDS in our Community Starts with a Home

Our HIV/AIDS Task Force plays a leading role in the state's effort to end the spread of HIV/AIDS. The Task Force supports extremely at-risk individuals living with HIV/AIDS, who also experience poverty, struggle with addiction, and manage mental illness. Daily medication treatment is vital to viral suppression and stopping the spread of the disease.

Having a home and supports are critical to ensure individuals access care and realize stability. Last year we worked with **223 individuals** living with HIV/AIDS to access housing, medical and mental health care, transportation, food, and peer supports. **Ninety-five percent (95%) of clients we served achieved viral suppression**, compared to about 65% national average.



Housing and Integrated Care Equal Success: Tanya's Recovery Journey

We first met Tanya in a moment of crisis. She was sitting on the sidewalk outside Hillsborough Superior Court in Nashua. Struggling with alcohol and substance misuse, Tanya spent time in jail and a psychiatric unit after an attempted overdose. She was living in her car, emaciated and desperate for support.

"I was on a mission to kill myself, and it wasn't working," recalls Tanya.

Like so many people we serve, Tanya's case was complicated. She was in need of multiple services to address the underlying challenges that brought her to homelessness.

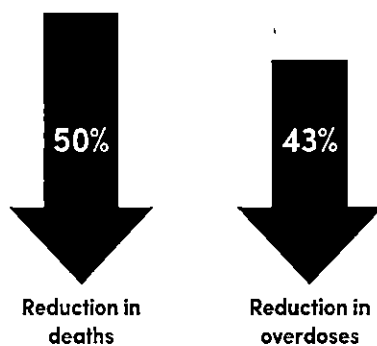
Tanya began by accessing our temporary crisis housing and then Keystone Hall, our substance misuse treatment and recovery services. Working with her support team, she

accessed additional supports, including mental health care. After successfully completing the program, Tanya moved into our transitional housing, where she stayed sober, got her driver's license back, and earned her GED and LNA license. Then Tanya moved into permanent housing.

Tanya's path to sobriety and a new life, like so many, had moments where she thought about returning to drug misuse.

"I honestly don't think I would have gotten through that time without the staff and fellow clients. I really wanted to leave." Yet Tanya persevered.

Tanya is now on her way to obtaining her associate degree in human services. Her goal is to become a social worker and Licensed Alcohol and Drug Counselor.



Harbor Care services played a critical role in reduction in annual opioid overdoses and deaths from 2016 – 2020

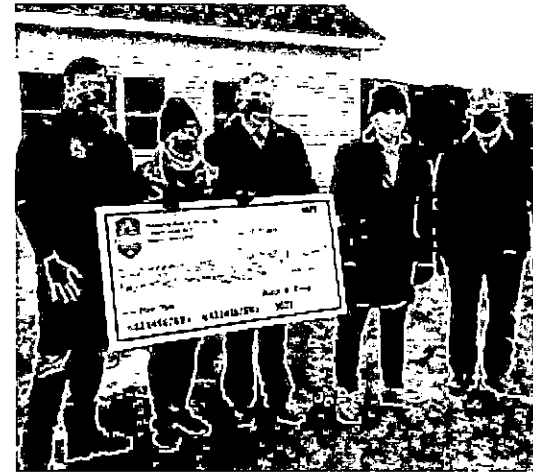


Corporate, Foundation, and Public Support

We deeply appreciate the distinguished support of our public, private foundation, and corporate partners in 2020.

Agnes M Lindsay Trust
 AmeriHealth Caritas NH
 Arthur J.R. & Olive G. Dobles Foundation
 BAE Systems
 Bank of America Charitable Foundation
 Bank of New Hampshire
 Bishop's Charitable Assistance Fund
 Bi-State Primary Care Association
 Boston Public Health Commission Ryan White Services Division
 Broadway Cares/Equity Fights AIDS
 CGI Business Solutions
 City of Keene
 City of Nashua Citizens Advisory Commission
 Cogswell Benevolent Trust
 Corporation for National and Community Service: AmeriCorps
 DAPR Engineering, LLC
 DCU for Kids
 Devine, Millimet & Branch P.A.
 Digital Federal Credit Union
 Eaton & Berube Insurance Agency, LLC
 Ella Anderson Trust
 Enterprise Bank
 Granite State Poker Alliance, LLC.
 Hamblett & Kerrigan, P.A.
 Harvard Pilgrim Health Care Foundation Inc
 Hillsborough County Department of Corrections

Horne Family Foundation
 Impact Fire Services, LLC
 James F Kelly and Fernande Kelly Charitable Trust
 Kaley Foundation
 Leone, McDonnell & Roberts, PA
 Lowell Five Bank
 MDRC
 Melanson Heath & Company PC
 Merrimack County Savings Bank
 Nashua Rotary West
 Nashua Wallpaper & Paint Co. Inc.
 New Hampshire Charitable Foundation
 NH Department of Health and Human Services
 Norcal Group Foundation
 Nordson Corporation Foundation
 Northeast Delta Dental Foundation Inc
 Pennichuck Corporation
 Robin Colson Memorial Foundation
 Saab Family Foundation
 Sheehan Phinney
 Small Business Administration
 State of New Hampshire
 St. Mary's Bank
 Swim With A Mission
 TD Charitable Foundation
 The Law Family Companies, Inc.
 The River Casino & Sports Bar



Town of Amherst
 Town of Brookline
 Town of Hollis
 Town of Hudson
 Town of Londonderry
 Town of Merrimack
 Town of Milford
 Trust U/W Oleonda Jameson
 US Department of Housing and Urban Development
 US Department of Labor
 US Department of Substance Abuse and Mental Health Services
 US Department of Veterans Affairs
 US Federal Emergency Management Agency
 US Health Resources and Services Administration
 Winer and Bennett, LLP

Revenue

■ Federal & State Grants and Funding	\$20,870,006
■ Philanthropy	\$485,333
☒ Patient Services	\$13,694,896
■ Rent and Service Charges	\$3,191,501
■ Other	\$622,817
Subtotal	\$38,864,553
■ Boulder Point Capital*	\$2,699,125
■ CARES Act – One-time Funds*	\$2,538,232
Total	\$44,101,910



Expenses

■ Programs	\$32,520,642
☒ Administrative	\$5,543,811
■ Fundraising	\$246,891
Total	\$38,311,344



The above numbers reflect the audited 2020 fiscal year (July 1, 2019, to June 30, 2020).

* This includes a total of \$5.2 million of one-time, pandemic-related CARES funding, and completion of capital project.

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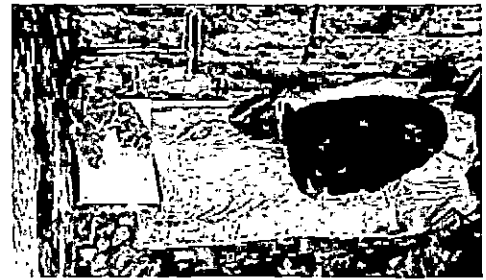
harborcarenh.org

Sign up for the Harbor Care
newsletter



For two-and-a-half years Mike lived under a bridge in Nashua. Today, he has his own place, a fresh start, and **the opportunity to change his life.**

Harbor Care has created a successful model – integrating stable housing with vital supports – that creates a foundation for lasting change in people’s lives. It starts with **the dignity of a home.**



You can help change and save lives.

Donate Now

Sen. Bradley, Dist 3
September 14, 2021
2021-2114s
10/05

Amendment to HB 381-FN

1 Amend RSA 151:12-c as inserted by section 1 of the bill by inserting after paragraph VII the
2 following new RSA paragraph:

3

4 VIII. A person under the care and custody of a New Hampshire county jail or department of
5 corrections facility shall be excluded from the provisions of this section.

6

7 Amend the bill by replacing section 3 with the following:

8

9 3 Effective Date. This act shall take effect January 1, 2023.

UNAPPROVED



THE
NH PROVIDERS
ASSOCIATION

*Representing
Alcohol & Other Drug Service Providers
in New Hampshire*

Senator Jeb Bradley, Chair
Senate Health & Human Services Committee
Room 100, State House
Concord NH 03301

September 22, 2021

Dear Senator Bradley and members of the Committee:

The NH Providers Association is writing to reiterate its support for HB 503, codifying the council on housing stability, as amended by the House, and to ask your Committee to recommend that the bill Ought to pass. We support codifying the council as a natural progression for the Council on Housing Stability that is currently in place and staffed by the Department of Health and Human Services.

We also want to briefly address the background of the council, because there was some confusion in the House when HB 503 went to the floor in April and assertions were made that it had originated from Governor Sununu's emergency actions under Covid. In fact, this council was originally the Interagency Council on Homelessness, established in a 2006 executive order issued by Governor Lynch. In November 2020, in response to a letter from New Hampshire's 13 mayors, Governor Sununu signed an executive order to expand the scope and membership of the council and rename it the Council on Housing Stability. Governor Sununu's action was in direct response to a problem that did not come about because of Covid but that has been exacerbated by it and become a crisis.

We have all read about waitlists reported at homeless shelters over the past year and the number of available beds that have been reduced because of Covid. Added to this is the lack of affordable housing across the state, of which we are all aware. Our Association requested to be added as a member to the council in a House amendment because we recognize that homelessness is one of the largest determinants of successful recovery for people experiencing substance misuse and related health and behavioral health problems. Addressing homelessness with a renewed mission for the council and broadening its membership with additional health care, social service, municipal and State partners is critical, and needs to be advanced sooner rather than later.

Thank you for your consideration.

Sincerely,

Kerran Vigroux, Executive Director

Kirsten Koch

From: Don N Donna Bouchard <bouchardfamily153@comcast.net>
Sent: Saturday, October 23, 2021 1:54 PM
To: Jeb Bradley; Aaron Jones; Becky Whitley; Tom Sherman; James Gray; Kirsten Koch
Subject: I vote Yes to amend HB-503

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Committee Members:

Please consider this my written testimony in the matter of MAT. I believe that the state of NH should amend HB 503 to reflect access to Medication-Assisted Treatment (MAT) over telemedicine. This amendment, proposed to HB 503, would increase access by allowing for the prescription of MAT over telehealth without first requiring an in-person consultation, as was the case earlier in the COVID-19 pandemic. We believe this amendment will remove an important barrier to this critical treatment for individuals and families all across New Hampshire.

Sincerely,
Donna Bouchard
Manchester NH - Resident

Kirsten Koch

From: Richard Abel
Sent: Saturday, October 23, 2021 4:19 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch
Subject: Amendment to HB 503

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Honorable Committee Members,

I write to indicate my strong support for the amendment to add individual access over telemedicine to HB 503, under consideration by your committee. The proposed amendment will benefit a great many New Hampshire citizens to enjoy a healthy life.

Thank you.
Representative Richard Abel
Grafton District 13, Lebanon
New Hampshire House of Representatives

Sent from my iPhone

Kirsten Koch

From: Basile, Iuvina <ibasile@lrmhc.org>
Sent: Saturday, October 23, 2021 4:49 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch
Subject: HB 503

Follow Up Flag: Follow up
Flag Status: Flagged

Hello Senate members,

My name is Iuvina Basile, I currently live in Wolfeboro and work in the Mental Health Field, I am also a drug addict in recovery. My clean date is 12/28/2015, I have been abstinent from ALL mind mood altering substances to include alcohol since that date. I was recently made aware of HB 503 and from my understanding (please correct me if I am wrong), the bill is trying to make the prescription of MAT (Medication-Assisted Treatment) available via Telehealth. I can only assume that this bill came from a positive place, where congress is just trying to ensure that everyone receives the help they need. I have seen firsthand how addiction has destroyed communities all over the country. I have also seen firsthand how MAT has made this battle worse for many addicts and their communities. I am not here to dispute MAT, I am here to address my concerns about HB 503. Please do not vote for the approval of this bill. An in-person consultation is needed when it comes to prescribing any form of MAT. These forms of treatment are being misused, abused, and prescribed wrongly all over our nation and in this state. I see it with the patients I currently serve. Prescribing a drug which is what treatments such as methadone and suboxone are, should never be done virtually. I understand COVID is real, dangerous and scary but so is addiction. Please do not approve this bill, its not the right step for addicts seeking recovery. If anything, MAT should be even more supervised in every step. I hope that when making a decision, you would keep my plea for this bill not to pass in mind.

Thank you so much for your time.

Iuvina Basile
Residential TSS

Lakes Regional Mental Health Center
40 Beacon Street East, Laconia, NH 03246
603.524.1100 x752
ibasile@lrmhc.org
www.lrmhc.org

Kirsten Koch

From: Stanciu, Corneliu <Corneliu.N.Stanciu@dhhs.nh.gov>
Sent: Monday, October 25, 2021 10:09 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch
Subject: HB503 amendment

Dear NH Senate HHS committee,

I am writing with regards to tomorrow's discussion on amending HB503, and hence modifying the state laws governing the practice of telemedicine as it pertains to MAT for treatment of Opioid Use Disorder (OUD).

I am an addiction psychiatrist, quadruple boarded, with addictive disorders as my primary specialty. I have treated thousands of patients with OUD as well as other co-morbid addictive, psychiatric, or medical conditions. I have been awarded the prestigious Fellow status by the American Psychiatric Association as well as the American Society of Addiction Medicine (ASAM). I have also received connotations by the Government Institute on Substance Abuse as well as ASAM where I was designated a Ruth Fox scholar. I have provided SUD training to physicians and other disciplines through SAMHSA's PCSS program. Specifically to treatment of OUD, I received training and certification to serve as a national instructor for physicians training in the requirement to receive their X-waiver for office based Buprenorphine treatment. I have published numerous papers on SUD related topics and my research has been presented at many national and international addictive disorder conferences. Currently I serve as an ad hoc editor on the board of several journals and I am the associate editor for the national addiction psychiatry's association newsletter. I served as a consultant for the DEA on several cases related to controlled substances. In New Hampshire, based on my expertise, the state Commissioner appointed me to the Board of Medicine's Medical Review Subcommittee and the DHHS commissioner appointment me to serve on the Therapeutic Cannabis Medical Overview Board.

I am providing this descriptive version of my biography for the sole purpose of establishing my level of expertise, as I am expressing my full support in amending HB503 to remove the physical, in person, limitation restriction to treatment of OUD via telemedicine.

My arguments in support of this are as follows:

0. There is supporting evidence for equal, if not greater, efficacy compared to in-person evaluations. Ongoing opioid addiction carries significant morbidity and mortality, and drug overdose deaths have been responsible for the suddenly diminished life expectancy in the US. Overdose deaths are the number one cause of death in Americans under 55 years of age. This is an epidemic we should not be taking lightly, and we need to leverage telemedicine to its full potential.

0. The reduction in deaths, and added safety, when Buprenorphine is instituted to the right OUD sufferer is unmatched. Treatment enhances sobriety from 5 or less, to 70-90 percent at one year post treatment initiation. Identifying the right candidate is the primary challenge, where experts from the field of addictive disorders are able to input. Simply "prescribing" Buprenorphine to all OUD sufferers via in person only is dangerous, and a deviation from best practices. Telemedicine identification and treatment by addiction experts carries tremendously more value to population health.

0. Expanded access to treatment is congruent with the mission of all national and international medical associations. Most US counties lack OUD-treating physicians. Furthermore there are only a handful of addiction psychiatry trained and boarded physicians, according to the national database. The latest statistic in fact showed that 92.8% of the US counties do not have any addiction psychiatry trained and certified psychiatrists. Rural counties is a

composition representing most of NH. Telemedicine would allow for expanded access to treatment in rural areas, but most importantly expanded access to experts who can determine the most appropriate treatment modalities - whether via Buprenorphine or other modalities, which is the most important part of OUD treatment.

0. Fight against stigma. Buprenorphine is held to an unnecessary high standard. It is regarded as such a high profile medication, yet at the same time it is less dangerous than a pharmaceutical such as insulin - which is commonly used for management of diabetes. Yet the latter has no restrictions, there are no gatekeepers to its endorsement and prescribing, and access is allowed via any modality.

0. Telemedicine enhances our ability to draw on expertise by potentially employing addiction psychiatrists for widespread care. As mentioned previously the most important aspect of OUD treatment is identification of who is a good candidate for Buprenorphine, Methadone, Naltrexone, or none/other psychosocial intervention. Having addiction psychiatrists widely involved via telemedicine is the only way to provide population based care.

0. Overdue move aligning to national and international missions. By denying and restricting telemedicine access to treatment we are withholding access to evidence based medicine treatment.

In addition, there are several other points to consider.

0. Such amendment would represent a progressive move from a historic law hindering OUD treatment. The Harrison Act of 1914 restricted prescribing of opioids for treatment of opioid addiction. I believe we made significant progress in the last 100 years and given what we are learning about neurobiology our intellectual capacity should evolve in parallel to legislature.

0. I believe that HB1623, as it currently stands, could be interpreted as a potential Stark Law conflict. Referrals are geared and restricted to a handful of centers, where addiction expertise does not exist. Most patients with OUD do not qualify for treatment at these sites, or are hesitant / do not have access to them, creating a system of exclusion for treatment.

0. The DEA failed to act in extending guidance for telemedicine MAT implementation. The mandate via the SUPPORT for Communities Act required the enactment of one of the 7 provisions of the Ryan Height Act, which federally restricts provision of Buprenorphine via telemedicine without a special license. The DEA failed to provide such guidance by the required deadline. Multiple states have created and crafted their own state specific laws which pre-empt federal law. Being in one of the traditional hotspots for opioid related deaths, New Hampshire needs to catch up.

During the 14 months that the Emergency Order was in effect, we were able to witness the full potential of telemedicine. More OUD sufferers were granted access to effective treatment. Physicians with expertise in treating addictive disorders were operating at the top of their license. I hope we are able to employ a view that is forward thinking and progressive rather than backwards. The current restrictions are an injustice to the population of NH and require this amendment - an action which I am in full support of. I believe addiction trained physicians, who are able to perform evaluation as well as extend recommendations for most adequate treatment options for all OUD sufferers, should be able to do so and implement treatment to sufferers via telemedicine.

Please do not hesitate to contact me if I may be of assistance.

Respectfully,

Cornel N. Stanciu, M.D., C.P.E., M.R.O., F.A.S.A.M., F.A.P.A.

Director of Addiction Services at New Hampshire Hospital Assistant Professor of Psychiatry at Dartmouth's Geisel School of Medicine

Address: 36 Clinton Street, Concord, New Hampshire, 03301

Phone: (603)-271-5265

Pager: (603)-564-0420

E-mail: corneliu.stanciu@dhhs.nh.gov<mailto:corneliu.stanciu@dhhs.nh.gov>

Kirsten Koch

From: Mascio, Lissa <Lissa.D.Mascio@doc.nh.gov>
Sent: Monday, October 25, 2021 4:02 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch
Cc: Patrick Long; Matt Wilhelm; Hanks, Helen; Mattis, Paula
Subject: HB 503 hearing on amendment 10/26/21
Attachments: NHDOC testimony re HB 503 amendment October 26 2021.pdf

Dear Chairman Bradley, esteemed Senator members of the Health & Human Services Committee, and Representative sponsors,

The Department of Corrections is in support of Amendment 2021-2204S to HB 503, as it advances access to these services for those transitioning to community based care; and, wanted to relay the attached testimony for tomorrow's hearing on the matter. Unfortunately, no one is available to attend in person, but if you have any questions or concerns about the department's position, please feel free to reach out to me and Director Paula Mattis, at Paula.L.Mattis@doc.nh.gov.

Thank you for your time and your service to the State of New Hampshire, and have a nice day.

Lissa Mascio, Esq.
Attorney, Division of Professional Standards
NH Department of Corrections
105 Pleasant St.
Concord, NH 03301
Tel: 603-271-5612

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

Helen Hanks, MM
Commissioner

Paula Mattis, MSW, FACHE
Director

PO Box 1806, Rm. 328A
Concord, NH 03302-1806
603-271-3707 FAX: 603-223-2333
TDD Access: 1-800-735-2964
paula.mattis@doc.nh.gov

To: *The Honorable Members of the Senate Health and Human Services Committee*

From: *Paula Mattis, Director, Medical and Forensic Services
New Hampshire Department of Corrections*

Date: *October 26, 2021*

Re: *Amendment to HB 503, Title: #2021-2204s*

A handwritten signature in black ink, appearing to read "Paula Mattis", written over the "From:" line.

The New Hampshire Department of Corrections (NHDOC) is submitting this testimony in support of this amendment to HB 503.

The NHDOC is not directly affected by this potential change in law, as we do not bill Medicaid for services. However, our interest lies in the possible impact that these proposed changes will have on those individuals released from our care.

The time of release from incarceration is stressful for people. They are transitioning from a highly structured environment to one where they must assume all responsibility for decision-making in their daily lives. Eliminating the requirements for face-to-face, in-person contacts has the potential for enhanced provider access through the use of telemedicine. This could be incredibly helpful for people as they are learning to juggle the demands of community life and working to establish ongoing treatment for a substance use disorder. We also believe that eliminating these requirements will reduce delays in care as getting to a physical appointment can be more challenging than gaining provider access through a telemedicine platform.

We are requesting that you vote in favor of this amendment. If you have questions, please feel free to call me at 603-271-5563 or to e-mail me at Paula.L.Mattis@doc.nh.gov.

Thank you for considering this written testimony.



THE
NH PROVIDERS
ASSOCIATION

*Representing
Alcohol & Other Drug Service Providers
in New Hampshire*

Senator Jeb Bradley, Chair
Senate Health & Human Services Committee
State House Room 100
Concord NH 03301

Via email: Jeb.Bradley@leg.state.nh.us
James.Gray@leg.state.nh.us
kevin.avard@leg.state.nh.us
tom.sherman@leg.state.nh.us
becky.whitley@leg.state.nh.us
kirsten.koch@leg.state.nh.us

October 25, 2021

Dear Senator Bradley and members of the Committee:

The NH Providers Association - representing over 56 Substance Use Disorder (SUD) organizations and private practices with a network that advocates for and reaches thousands of individuals, including SUD professionals, SUD prevention programs, advocates, and treatment and recovery programs throughout the state - wishes to register its strong support for the amendment to HB 503 relative to telemedicine.

We hope that the amendment will allow providers in New Hampshire to initiate patients to medication-assisted treatment (MAT) via telehealth, without a required in-person visit. This is especially important for providers prescribing buprenorphine for the treatment of opioid use disorder. All data and evidence show that buprenorphine must be accessible with the lowest barriers possible to reduce overdose fatalities. The ability for providers to initiate buprenorphine remotely from March 2020, until the end of Executive Order #8 in June 2021, is likely why New Hampshire did not see an increase in fatal overdoses through the COVID-19 pandemic. Buprenorphine has a very low risk profile and many states are re-scheduling it accordingly.

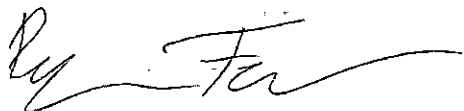
HB 1623, the telehealth law enacted in June of 2020, applied some limitations to MAT for substance use disorder. Under that law, MAT is not allowed via telehealth without an initial face-to-face encounter, except at 5 specified physical locations in the state: Department of Veterans Affairs facilities; State and county correctional facilities; the Doorways; Community Mental Health Centers; and hospital locations. However, when HB 1623 was enacted, the State was operating under both a public health Executive Order and a related telehealth Emergency

Order (#8) which did not include these restrictions on MAT. Those emergency orders were lifted in June of 2021, leading to the current situation.

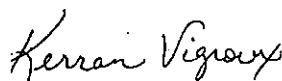
For more than a year, MAT prescribed via telehealth was successful, but the new restrictions we have had since June have shown some very negative impacts. Research undertaken by Better Life Partners, a leading provider of MAT services in NH, reveals that as many as 90% of patients who sought treatment at the time telehealth care was allowed were successful in being treated and staying compliant with their care, but when the telehealth restrictions were imposed in June, that rate dropped to 70%. A more detailed review of this data will take place at the public hearing tomorrow. It should also be noted that the type of physical location restrictions on MAT in New Hampshire are not present in bordering New England states.

We hope you will consider our concerns and those of other providers and act favorably on the proposed amendment to HB 503. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Fowler". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ryan Fowler, Policy Chair

A handwritten signature in black ink, appearing to read "Kerran Vigroux". The signature is cursive and somewhat stylized.

Kerran Vigroux, Executive Director



Better Life PARTNERS

44 South Main Street, Suite 2
Hanover, NH 03755
Phone: 1-866-679-0831
Fax: 802-332-3117

October 24, 2021

New Hampshire Senate Committee on Health and Human Services Committee
107 North Main Street
Concord, NH 03303

Dear Senators,

By now, you are all aware of the devastating effect the opioid epidemic has had on our state and country. We, at Better Life Partners, a Hanover, NH- founded organization have been working hard these last 4 years to address this crisis in our communities but there is still much more work to be done. While the COVID-19 pandemic has created many obstacles there have been some silver linings including the use of telehealth to treat substance use disorders (SUD).

During the pandemic Governor Sununu enacted Emergency Order 8 which allowed for medication-assisted treatment (MAT) with buprenorphine to be provided to individuals with opioid use disorder (OUD). During that time House Bill 1623 also was enacted which provided for telehealth MAT but only in certain locations. When EO 8 was rescinded, an initial in-person visit with a medical provider was now required outside of those locations. The overwhelming majority of these initial visits were done outside the locations permitted including in the individuals' homes via telehealth.

We have gathered the attached data (updated as of 10/23/2021) which demonstrates that our New Hampshire individuals with SUD were able to access services more rapidly which increased the likelihood of induction on this life-saving medication. Our neighbor states including Maine, Massachusetts, and Vermont have already passed legislation or do not have regulations which prohibit telehealth origination for MAT. Additionally, research and the Substance Abuse Mental Health Services Administration (SAMHSA) support the adoption of telehealth initiation.

We strongly recommend the amendments as suggested to allow medical providers to deliver care as quickly as possible to prevent relapse, overdose, and death of our most vulnerable citizens.

Sincerely,

Adam Groff, MD

Chief Executive Officer

Steven Kelly

Chief Operating Officer

David de Gijzel, MD

Chief Medical Officer



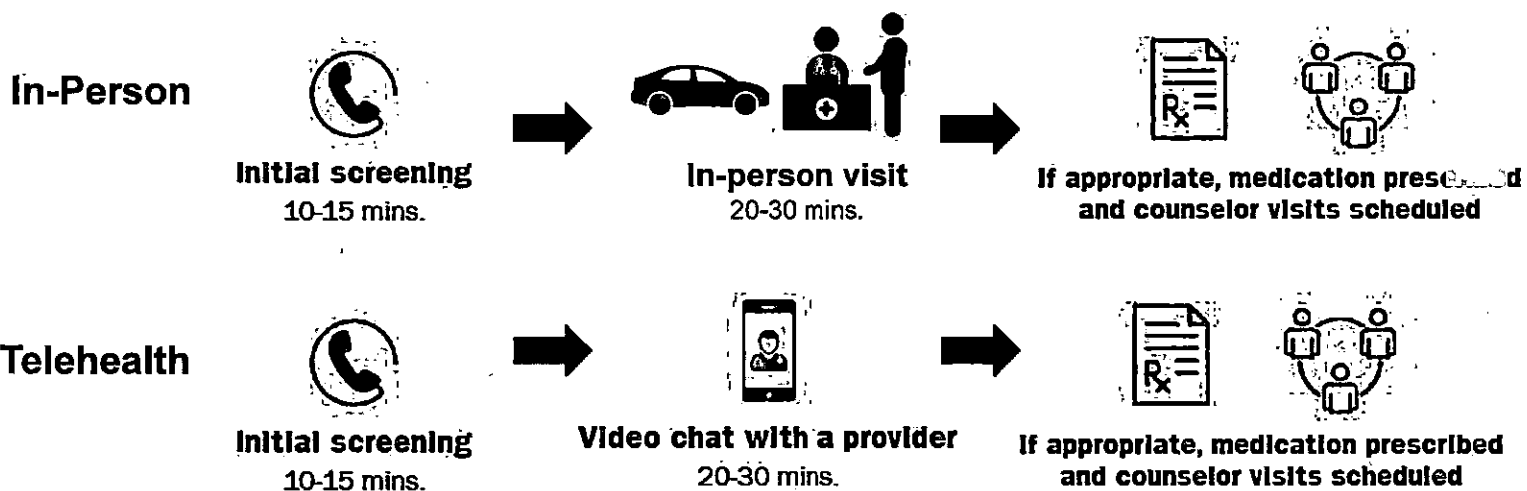
Better Life
PARTNERS

**NH Telehealth Requirements for
OUD MAT**



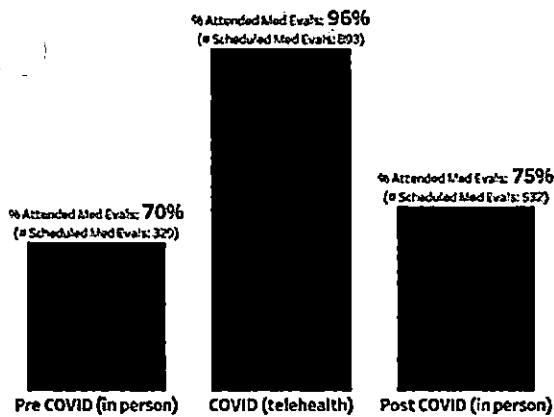
Better Life
PARTNERS

Virtual Medical Evaluation attendance strongly outperforms in person attendance



Virtual Medical Evaluation attendance strongly outperforms in person attendance (OUD)

New Hampshire



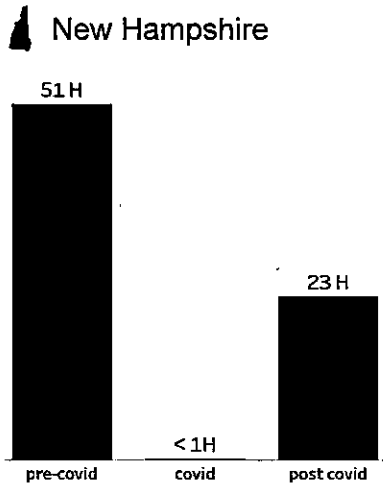
Vermont



- Virtual Medical Evaluation attendance at BLP is above 95%, while in person attendance is 75% or less.
- In VT, where we have continued using telehealth to perform Medical Evaluations, we have seen no significant drop in the attendance rate.

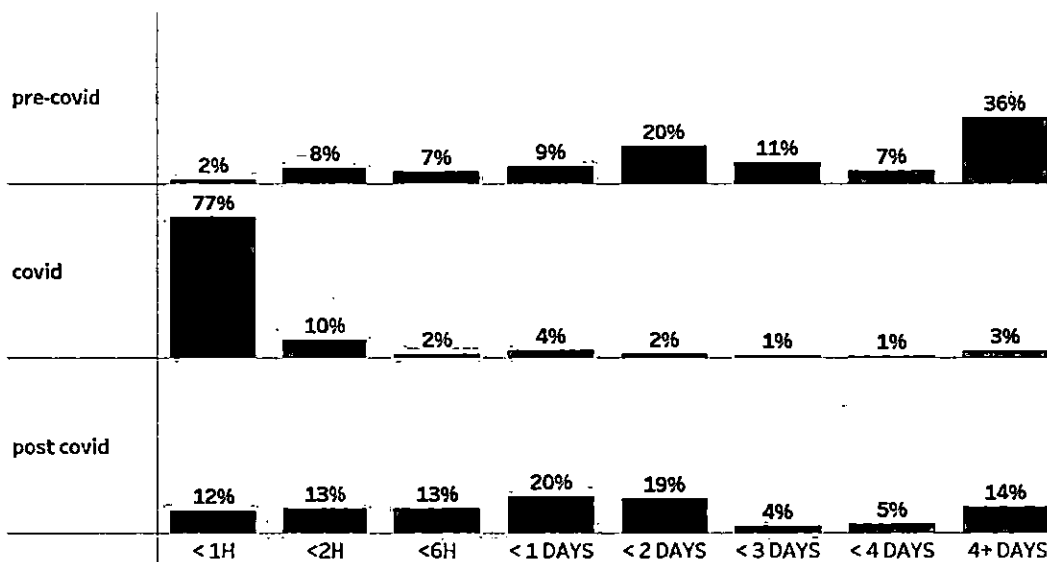
Individuals seeking care have longer wait times with in-person visits than telehealth

Median Time From Contact To Medical Evaluation



- Initiation of MAT for those seeking care is critical as the window before relapse is constantly shrinking
- Telehealth initial visits afford more rapid access to care

NH: Time From Contact To Medical Evaluation Distribution



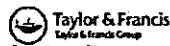
Neighboring states permit initial medical evaluation for MAT via telehealth



- Massachusetts signed into law January 2021 An Act Promoting A Resilient Health Care System That Puts Patients First which permits initial medical evaluation and continued care for individuals with substance use disorders
- Vermont law permits telehealth visits and does not expressly require an initial visit for MAT
- Maine law permits telehealth visits and does not expressly require an initial visit for MAT

Removing barriers along the care cascade

THE AMERICAN JOURNAL OF DRUG AND ALCOHOL ABUSE
 2018, VOL. 43, NO. 1, 1-10
<https://doi.org/10.1080/00952990.2018.1546852>



PERSPECTIVE

Check for updates

Development of a Cascade of Care for responding to the opioid epidemic

Arthur Robin Williams, MD^{a,b}, Edward V. Nunes, MD^{a,b}, Adam Bisaga, MD^{a,b}, Frances R. Levin, MD^{a,b}, and Mark Olfson, MD MPH^{a,b}

^aDepartment of Psychiatry, Columbia University, New York, USA; ^bNew York State Psychiatric Institute, New York, USA

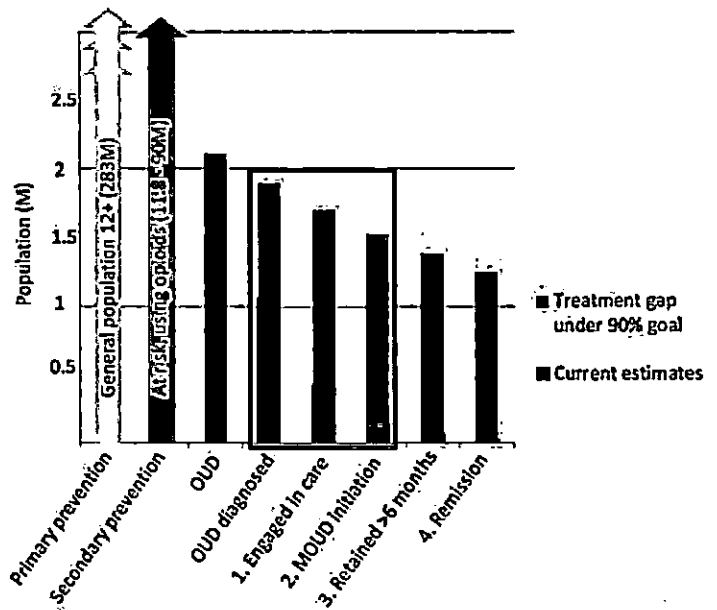


Figure 1. OUD Cascade of Care, 2016 estimates among publicly reporting providers.

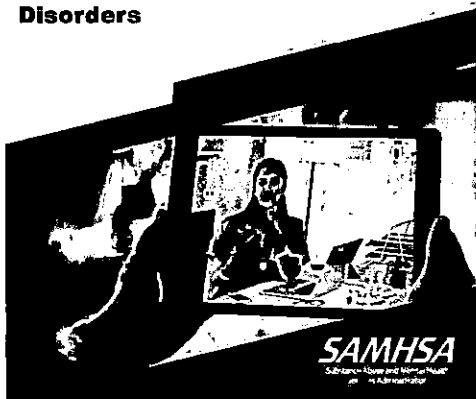


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Research supports that telehealth reduces barriers

EVIDENCE-BASED RESOURCE GUIDE SERIES

Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders



Telehealth is effective across the continuum of care for SMI and SUD, including screening and assessment, treatments, including pharmacotherapy, medication management, and behavioral therapies, case management, recovery supports, and crisis services.

Research supports that telehealth reduces barriers

Journal of Substance Abuse Treatment 124 (2021) 105272



Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jstet

Contents lists available at ScienceDirect



Telemedicine increases access to buprenorphine initiation during the COVID-19 pandemic

ABSTRACT

Linda Wang^{a,*}, Jeffrey Weiss^a, Elizabeth Bogel Ryan^b, Justine Wa
Judy L. Griffin^b

^a Research and Practice Access to Comprehensive Healthcare (REACH) Program, Division of General Internal Medicine at Mount Sinai, New York, NY, United States of America
^b REACH Medical, Ithaca, NY, United States of America

Federal regulatory changes during the COVID-19 pandemic allow buprenorphine to be prescribed without an initial in-person evaluation. Prior to COVID-19, numerous barriers limited broad uptake of buprenorphine among people who use drugs at the system, provider, and patient levels, including lack of available DATA 2000 waived clinicians to prescribe, stigma, and competing livelihood priorities. As two harm reduction primary care programs in New York State that care for people who use drugs and offer buprenorphine, one rural (Ithaca) and one urban (Manhattan), we have rapidly adopted telemedicine to initiate buprenorphine treatment. Our collective experience suggests that telemedicine for buprenorphine initiation is eliminating many traditional barriers to treatment, in particular for individuals leaving incarceration, and people who use drugs and access syringe service programs. Future models of buprenorphine treatment should incorporate telemedicine for buprenorphine initiation, which can be done in collaboration with community-based outreach and peer networks to engage people who use drugs. This regulatory change must be sustained beyond COVID-19, and is vital to increasing access to buprenorphine, closing the opioid use disorder treatment gap, and achieving greater health equity for people who use drugs.



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Research supports that telehealth reduces barriers

Journal of Substance Abuse Treatment 122 (2021) 109196



Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jsat

ABSTRACT

Medication treatment for opioid use disorder in the age of COVID-19: How do new regulations modify the opioid cascade?

Edward V. Nunes^{a,b,c,*}, Frances R. Levin^{a,b,e}, Muredach P. Reilly^{b,c,d}, Nabil

^a New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY 10032, United States of America
^b Columbia Center for Ending of Opioid and Other Substance Use Disorders – Enhancing Prevention, Development and Implementation of Care, NY 10032, United States of America
^c Columbia University Irving Medical Center, West 168th Street, New York, NY 10032, United States of America
^d Irving Institute for Clinical and Translational Research, West 168th Street, New York, NY 10032, United States of America
^e Columbia School of Social Work, 1255 Amsterdam Ave, New York, NY 10027, United States of America

The temporary loosening of regulations governing methadone and buprenorphine treatment for opioid use disorder (OUD) in the U.S., instituted to prevent the spread of COVID-19, has created an opportunity to explore the effectiveness of new models of care for people with OUD. The opioid cascade describes the current status of the treatment system, where only a fraction of people with OUD initiate effective medication treatment for OUD (MOUD), and of those only a fraction is retained in treatment. Regulatory changes—such as availability of larger take-home supplies of methadone and buprenorphine initiated via telemedicine (e.g., no initial in-person visit, telemedicine buprenorphine permitted across state lines)—could modify the cascade by reducing the burden and increasing the attractiveness, availability, and feasibility of MOUD both for people with OUD and for providers. We review examples of more liberal MOUD regimens, including the implementation of buprenorphine in France in the 1990s, primary care-based methadone in Canada, and low-threshold buprenorphine models. Research is needed to document whether new models implemented in the U.S. in the wake of COVID-19 are successful, and whether safety concerns, such as diversion and misuse, emerge. We discuss barriers to implementation, including racial and ethnic health disparities, and lack of knowledge and reluctance among potential providers of MOUD. We suggest that the urgency and public spiritedness of the response to COVID-19 be harnessed to make gains on the opioid cascade, inspiring prescribers, health systems, and communities to embrace the delivery of MOUD to meet the needs of an increasingly vulnerable population.



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Research supports that telehealth reduces barriers

HEALTH AFFAIRS BLOG

RELATED TOPICS:
ACCESS TO CARE | TELEHEALTH | OPIOID USE DISORDER | COVID-19 | PUBLIC HEALTH | HEALTH DISPARITIES

These Key Telehealth Policy Changes Would Improve Buprenorphine Access While Advancing Health Equity

Utsa Khatri, Corey S. Davis, Noa Krawczyk, Michael Lymc

SEPTEMBER 11, 2020

The secretary of HHS should immediately waive the Ryan Haight Act's requirement for in-person evaluation for buprenorphine initiation for the duration of the opioid crisis public health emergency. He, with the concurrence of the US Attorney General, is authorized to **waive the Ryan Haight Act's requirement that providers conduct an in-person evaluation before initially prescribing controlled substances** during any public health emergency. He has used this authority during the COVID-19 emergency and should **extend the waiver for the extent of the opioid emergency**, which was first declared in October 2017, as well.



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October 26, 2021

The Honorable Jeb Bradley, Chair
Senate Health and Human Services Committee
State House, Room 100
107 North Main Street
Concord, NH 03301

Re: New Futures' Support for Amendment 2204s to HB 503 (codifying the council on housing stability and relative to telehealth and medically assisted treatment for substance use disorder)

Dear Senator Bradley and Honorable Members of the Committee,

New Futures appreciates the opportunity to testify in support of Amendment 2204s to HB 503, codifying the council on housing stability and relative to telehealth and medically assisted treatment for substance use disorder. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, health care providers and families afflicted by substance misuse and mental illness to prevent, reduce and address behavioral health issues in our state.

New Futures stands strongly in support Amendment 2204s, as it would increase access to medication-assisted treatment (MAT) for thousands of individuals experiencing Substance Use Disorder across the Granite State. As you know, medication-assisted treatment, including methadone, buprenorphine and naltrexone, is widely recognized as the gold standard for treating opioid addiction. Combined with counseling and behavioral therapies, these medications have been shown to reduce and prevent overdose by normalizing brain chemistry, relieving cravings, and stabilizing body functions without the negative and euphoric effects of illicit substances.

For years, the State of New Hampshire has worked tirelessly to increase access to these life-saving treatments in medical settings, houses of correction, and other locations, both virtually and in-person. Throughout the COVID-19 pandemic, the availability of MAT over telemedicine helped thousands of individuals in need access MAT quickly without having to attend an in-person medical appointment. This contributed strongly to New Hampshire's status as one of only two states to maintain or reduce its fatal overdose rate in 2020.

However, since the end of the Governor's Emergency Order in June 2021, the state law has gone back into effect requiring an in-person consultation prior to the prescription of MAT over telehealth. Treatment providers and patients alike report that, in the months since, this requirement has created unnecessary obstacles, often causing needless delays in initiating treatment and compounding workforce challenges already crippling the field. Many patients who do not have access to reliable transportation or have a fixed work schedule struggle to attend in-person medical appointments, and many understaffed providers are forced to schedule appointments days or weeks into the future, often missing the short but critical window in which individuals are ready to engage meaningfully in substance use treatment.

By eliminating the requirement for an in-person consultation, Amendment 2204s would go far to help individuals experiencing Substance Use Disorder to access medication-assisted treatment when and where

they need it, without unnecessary delay. Further, it will help provide needed relief to our treatment providers, freeing them up to see more patients in less time.

In short, Amendment 2204s will reinforce and strengthen the treatment delivery systems our state has worked so hard to develop. It will reduce overall healthcare costs, and it will meaningfully bolster our collective efforts to overcome the ongoing addiction epidemic.

For these and other reasons, New Futures respectfully requests that the Committee adopt Amendment 2204s and to vote HB 504 Ought to Pass as Amended. Please don't hesitate to contact me if you have further questions.

Respectfully submitted,



Jake Berry
Vice President of Policy
New Futures

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 503

Hearing Date: 4/28/21

Executive Session Date: 5/12/21

Motion: Re-refer to committee Vote: 50

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: Consent calendar Vote: 50

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motion: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Whitley

Notes: Need more time to get things right

Senate Health and Human Services Committee
EXECUTIVE SESSION RECORD
2021-2022 Session

Bill # HB 503

Hearing Date: 4/28/21

Executive Session Date: 10/26/21

Motion: Amendment #2021-22045 OTP Vote: 4-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: Amendment #2021-22060s OTP Vote: 4-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: OTPA Vote: 4-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motion: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Sherman

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, May 13, 2021

THE COMMITTEE ON Health and Human Services

to which was referred **HB 503**

AN ACT

codifying the council on housing stability.

Having considered the same, the committee recommends that the Bill

BE RE-REFERRED TO COMMITTEE

BY A VOTE OF: 5-0

Senator Rebecca Whitley
For the Committee

This bill codifies the council on housing stability initially established by the governor in Executive Order 2020-22. The committee recommends a motion of re-refer to allow the Council to continue its work without delay. The committee members recognize the importance of a coordinated and collaborative effort to support individuals experiencing homelessness and to address the root causes. The committee members would like the ability to assess the success of the council on housing stability and use this bill make any necessary improvements.

Kirsten Koch 271-3266

FOR THE CONSENT CALENDAR

HEALTH AND HUMAN SERVICES

HB 503, codifying the council on housing stability.

Re-refer to Committee, Vote 5-0.

Senator Rebecca Whitley for the committee.

This bill codifies the council on housing stability initially established by the governor in Executive Order 2020-22. The committee recommends a motion of re-refer to allow the Council to continue its work without delay. The committee members recognize the importance of a coordinated and collaborative effort to support individuals experiencing homelessness and to address the root causes. The committee members would like the ability to assess the success of the council on housing stability and use this bill make any necessary improvements.

STATE OF NEW HAMPSHIRE
SENATE
REPORT OF THE COMMITTEE

Wednesday, October 27, 2021

THE COMMITTEE ON Health and Human Services
to which was referred **HB 503**

AN ACT codifying the council on housing stability.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 4-0

AMENDMENT # 2021-2219s

Senator Tom Sherman
For the Committee

Kirsten Koch 271-4151

HEALTH AND HUMAN SERVICES

HB 503, codifying the council on housing stability.

Ought to Pass with Amendment, Vote 4-0.

Senator Tom Sherman for the committee.

General Court of New Hampshire - Bill Status System

Docket of HB503

Docket Abbreviations

Bill Title: (Second New Title) codifying the council on housing stability and relative to telehealth and medically assisted treatment for substance use disorder.

Official Docket of HB503.:

Date	Body	Description
1/11/2021	H	Introduced (in recess of) 01/06/2021 and referred to Health, Human Services and Elderly Affairs HJ 2 P. 51
3/2/2021	H	Public Hearing: 03/02/2021 11:15 am Members of the public may attend using the following links: 1. To join the webinar: https://www.zoom.us/j/99282187833 / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
3/11/2021	H	Majority Committee Report: Ought to Pass with Amendment #2021-0678h (Vote 19-2; RC) HC 18 P. 49
3/11/2021	H	Minority Committee Report: Inexpedient to Legislate
4/8/2021	H	Amendment #2021-0678h : AA VV 04/08/2021 HJ 6 P. 87
4/8/2021	H	Lay on Table (Rep. Sylvia): MF DV 140-213 04/08/2021 HJ 6 P. 89
4/8/2021	H	Ought to Pass with Amendment 2021-0678h: MA DV 210-115 04/08/2021 HJ 6 P. 89
4/8/2021	H	Reconsider (Rep. Verville): MF RC 142-214 04/08/2021 HJ 6 P. 89
4/13/2021	S	Introduced 04/08/2021 and Referred to Health and Human Services; SJ 12
4/21/2021	S	Remote Hearing : 04/28/2021, 09:45 am; Links to join the hearing can be found in the Senate Calendar; SC 21
5/13/2021	S	Committee Report: Rereferred to Committee, 05/20/2021; Vote 5-0; CC; SC 24
5/20/2021	S	Rereferred to Committee, MA, VV; 05/20/2021; SJ 16
10/21/2021	S	Hearing : 10/26/2021, Room 100, SH, 11:00 am, on proposed amendment #2021-2204s ; SC 42
12/16/2021	S	Committee Report: Ought to Pass with Amendment #2021-2219s , 01/05/2022; SC 49
1/5/2022	S	Committee Amendment #2021-2219s , AA, VV; 01/05/2022; SJ 1
1/5/2022	S	Ought to Pass with Amendment 2021-2219s, MA, VV; OT3rdg; 01/05/2022; SJ 1
5/13/2022	H	House Concurs with Senate Amendment (Rep. M. Pearson): MA DV 228-44 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
6/28/2022	H	Signed by Governor Sununu 06/24/2022; Chapter 251; 06/24/2022 HJ 14

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: HB 503

Senate Committee: HHS

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

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

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): None

___ - amendment # _____ ___ - amendment # _____

___ - amendment # _____ ___ - amendment # _____

Executive Session Sheet

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):

___ - amendment # _____ ___ - amendment # _____

___ - amendment # _____ ___ - 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)

___ Governor's Veto Message

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

as amended by the senate ___ as amended by the house

final version

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

Kirsten Koch
Committee Aide

[Signature] 11/4/2021
Date

Senate Clerk's Office AK