

CONSENT CALENDAR

February 15, 2023

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred HB 500,**

**AN ACT relative to prescribing opioids via telehealth
medicine. Having considered the same, report the same
with the following amendment, and the
recommendation that the bill OUGHT TO PASS WITH
AMENDMENT.**

Rep. James Murphy

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 500
Title:	relative to prescribing opioids via telehealth medicine.
Date:	February 15, 2023
Consent Calendar:	CONSENT
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2023-0507h

STATEMENT OF INTENT

The committee heard from providers that telehealth has benefited patients currently allowed under the federal emergency order. The current federal emergency order allows providers to prescribe non-opioid and opioid controlled medications using telehealth, that is, superseding state restrictions. Patient satisfaction is equal to or better than in-person visits. However, when the federal emergency order ceases on May 11, 2023, providers will no longer be allowed to utilize telehealth for this reason. The committee finds that this bill supports continued use of telehealth for prescribing by providers of controlled medications within the state of New Hampshire, and it allows patients a more efficient use of time. This bill will provide significant benefits to patients in palliative care, tp adolescents with Attention Disorder Hyperactive Disorder (ADHD), and to post-op surgical patients. There are safeguards in place to prevent abuse including compliance with Federal Drug Enforcement Agency (DEA) regulations, a robust Prescription Drug Monitoring Program (PDMP), medical ethics, and state licensing boards.

Vote 20-0.

Rep. James Murphy
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 500, relative to prescribing opioids via telehealth medicine. **OUGHT TO PASS WITH AMENDMENT.**

Rep. James Murphy for Health, Human Services and Elderly Affairs. The committee heard from providers that telehealth has benefited patients currently allowed under the federal emergency order. The current federal emergency order allows providers to prescribe non-opioid and opioid controlled medications using telehealth, that is, superseding state restrictions. Patient satisfaction is equal to or better than in-person visits. However, when the federal emergency order ceases on May 11, 2023, providers will no longer be allowed to utilize telehealth for this reason. The committee finds that this bill supports continued use of telehealth for prescribing by providers of controlled medications within the state of New Hampshire, and it allows patients a more efficient use of time. This bill will provide significant benefits to patients in palliative care, tp adolescents with Attention Disorder Hyperactive Disorder (ADHD), and to post-op surgical patients. There are safeguards in place to prevent abuse including compliance with Federal Drug Enforcement Agency (DEA) regulations, a robust Prescription Drug Monitoring Program (PDMP), medical ethics, and state licensing boards. **Vote 20-0.**

Original: House Clerk

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Amendment to HB 500

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

2

3 1 Telemedicine; Out of State Physicians. Amend RSA 329:1-d, III to read as follows:

4 III. ~~[It shall be unlawful for any person to prescribe by means of telemedicine a controlled~~
5 ~~drug classified in schedule II through IV, except substance use disorder (SUD) treatment.~~
6 ~~Methadone hydrochloride, as defined in RSA 318-B:10, VII(d)(2) shall not be included in the~~
7 ~~exemption.] ***A physician licensed under this chapter may prescribe non-opioid and opioid***
8 ***controlled drugs classified in schedule II through IV by means of telemedicine after***
9 ***establishing a physician-patient relationship with the patient. When prescribing a non-***
10 ***opioid or opioid controlled drug classified in schedule II through IV by means of***
11 ***telemedicine a subsequent in-person exam shall be conducted by a practitioner licensed to***
12 ***prescribe the drug at intervals appropriate for the patient, medical condition, and drug,***
13 ***but not less than annually. The prescription authority under this paragraph shall be***
14 ***limited to a physician licensed under this chapter, or a physician assistant in accordance***
15 ***with RSA 328-D:3-b, and all prescribing shall be in compliance with all federal and state***
16 ***laws and regulations.***~~

17 2 Definitions; Nursing; Telehealth. Amend RSA 326-B:2, I-a to read as follows:

18 I-a. "Advanced practice registered nurse-patient relationship" means a medical connection
19 between a licensed APRN and a patient that includes an in-person or ***telemedicine*** ~~[face-to-face 2-~~
20 ~~way real-time interactive communication]~~ exam, a history, a diagnosis, a treatment plan appropriate
21 for the licensee's medical specialty, and documentation of all prescription drugs including name and
22 dosage. A licensee may prescribe for a patient whom the licensee does not have an APRN-patient
23 relationship under the following circumstances: writing admission orders for a newly hospitalized
24 patient; for a patient of another licensee for whom the prescriber is taking call; for a patient
25 examined by another licensed practitioner; or for medication on a short-term basis for a new patient
26 prior to the patient's first appointment.

27 3 Definitions; Nursing; Telehealth. Amend RSA 326-B:2, XII(a)-(c) to read as follows:

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29 ~~purpose of diagnosis, consultation, or treatment]~~ ***the use of audio, video, or other electronic***
30 ***media and technologies by a licensee in one location to a patient in a different location for***

Amendment to HB 500

- Page 2 -

1 *the purpose of diagnosis, consultation, or treatment, including the use of synchronous or*
2 *asynchronous interactions as defined in RSA 310-A:1.*

3 (b) An out-of-state APRN providing services by means of telemedicine shall be deemed to
4 be in the practice of medicine and shall be required to be licensed under this chapter.

5 (c) ~~[It shall be unlawful for any person to prescribe by means of telemedicine a controlled~~
6 ~~drug classified in schedule II through IV except for use in substance use disorder treatment.]~~ *An*
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14 *shall be limited to an APRN licensed under this chapter, and all prescribing shall be in*
15 *compliance with all federal and state laws and regulations.*

16 4 Repeal. RSA 329:1-d, IV, relative to the prescribing of non-opioid controlled drugs, is repealed.

17 5 Repeal. RSA 326-B:2, XII(d), relative to the prescribing of non-opioid controlled drugs, is
18 repealed.

19 6 Effective Date. This act shall take effect upon its passage.

Amendment to HB 500
- Page 3 -

2023-0507h

AMENDED ANALYSIS

This bill modifies the procedure for physicians, physician assistants and APRN's to prescribe certain non-opioid and opioid controlled drugs by means of telemedicine.

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # 500

BILL TITLE: ...

DATE: 2/15/23

LOB ROOM: 201-203

MOTION: (Please check one box)

- OTP ITL Retain (1st year) Adoption of 2023
Amendment # 0507h
 Interim Study (2nd year) (if offered)

Moved by Rep. LAYON Seconded by Rep. MERCHEANT Vote: 20-0

MOTION: (Please check one box)

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

Moved by Rep. MURPHY Seconded by Rep. LA NOTER-DAMM Vote: 20-0

MOTION: (Please check one box)

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

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

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

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

CONSENT CALENDAR: YES _____ NO

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

Respectfully submitted: 
Rep. _____, Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/6/2023 12:36:33 PM
Roll Call Committee Registers
Report

2023 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 500 Motion: OTP/A AM #: 2023 0507h Exec Session Date: 2/18/23

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
MacDonald, Wayne D. Chairman	20		
Layon, Erica J. Vice Chairman	1		
Cushman, Leah P.	2		
King, Bill C. Clerk	3		
Kofalt, Jim	4		
McLean, Mark	5		
King, Seth	6		
Mazur, Lisa R	7		
Nagel, David J	8		
Pelozov, Yury <u>MEVIN</u>	9		
Weber, Lucy M.	10		
Mackay, James R.	11		
Freitas, Mary C.	12		
Cannon, Gerri D.	13		
Nutter-Upham, Frances E.	14		
Schapiro, Joe	15		
Merchant, Gary	16		
Murphy, James Michael	17		
Palmer, William S	18		
Tellez, Trinidad <u>LONG</u>	19		
TOTAL VOTE:	20	0	



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/6/2023 12:36:33 PM
Roll Call Committee Registers
Report

2023 SESSION

Health, Human Services and Elderly Affairs

Bill #: H3500 Motion: OTP AM #: 2023 0507h Exec Session Date: 2/15/23

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
MacDonald, Wayne D. Chairman	20		
Layon, Erica J. Vice Chairman	1		
Cushman, Leah P.	2		
King, Bill C. Clerk	3		
Kofalt, Jim	4		
McLean, Mark	5		
King, Seth	6		
Mazur, Lisa R	7		
Nagel, David J	8		
Polozov, Yury <u>Melvin</u>	9		
Weber, Lucy M.	10		
MacKay, James R.	11		
Freitas, Mary C.	12		
Cannon, Gerri D.	13		
Nutter-Upham, Frances E.	14		
Schapiro, Joe	15		
Merchant, Gary	16		
Murphy, James Michael	17		
Palmer, William S	18		
Tellez, Trinidad <u>Lopez</u>	19		
TOTAL VOTE:	20	0	

Rep. Merchant, Sull. 6
Rep. J. Murphy, Graf. 12
February 13, 2023
2023-0507h
09/10

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2023-0507h

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UNAPPROVED

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 500

BILL TITLE: relative to prescribing opioids via telehealth medicine.

DATE: February 9, 2023

LOB ROOM: 201-203 **Time Public Hearing Called to Order:** 11:07 AM

Time Adjourned: 12:05 PM

Committee Members: Reps. W. MacDonald, Layon, B. King, Cushman, Kofalt, McLean, S. King, Mazur, Nagel, Polozov, Weber, MacKay, Freitas, Cannon, Nutter-Upham, Schapiro, Merchant, J. Murphy and Palmer

Bill Sponsors:

Rep. Hakken-Phillips

Rep. J. Murphy

TESTIMONY

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

Rep. Mary Hakken-Philips - Grafton 12 - Prime Sponsor

Reasons for the bill (Problems with current law)

- Economic problematic
- Traffic issues
- Dr offices are already busy enough
- Overly materialistic
- Human

Q: Rep. Weber - How does this bill further the policy?

A: RSA 329-B2 - does not serve a select group

Q: Rep. Weber - Just nurses and telehealth?

A: Yes

Q: Rep. Schapiro - Intention to make it illegal to prescribe methadone?

A: Yes

Q: Rep. Layon - (Missed the question)

A: Special language exists

Q: Rep. Merchant - Opposed to add methadone as covered by Federal law?

A: Defer to Dartmouth experts

Rep. Jim Murphy - Grafton 12 - Co-sponsor

- Telehealth is here to stay
- Not about Telehealth
- Schedule 2-4 drugs
- May 11th revert to previous telehealth
- Patient centered bill

Q: Rep. Weber - Des bill move telemedicine forward?

A: Clinic trial that precedes - yes

Q: Rep. Schapiro - Limit services?

A: Defer to Dartmouth Hitchcock

Q: Rep. Nagel - How do we address methadone?

A: Carried forward - Defer to DH

***Hon Matthew Hood and Meredith Martin - Dartmouth Hitchcock - Supports**

- Bill enables telehealth
- To to address capacity issues
- Average travel to DH is 70 miles

Q: Rep. Weber - Is there an issue taking methadone?

A: It would be neater but DH does not have a position

Q: Rep. Merchant - Would you be opposed to refer to Federal law?

A: Not endorsing

Q: Rep. Layon - Why is there a problem with methadone when it was covered in a bill last year?

A: It is prohibited in other law

Q: Rep. Weber - Should be appoint a subcommittee to draft language

A: We need to fix state law

Jim Monahan - NH APRN Association - Supports

- We need to address this bill by May 11th
- Methadone is ordered, not prescribed -Rep Merchant - it is changing

Q: Rep. Nagel - Is this bill about initiating therapy?

A: I don't read it this way

Q: Rep. Weber - Proper to refer to Federal regulations in a broad

A: I have to defer - we need to get it right

Two areas covered - provider and dispenser

Respectfully submitted,

Rep. Bill King, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB500 on 2023-02-09

Support: 7 Oppose: 0 Neutral: 0 Total to Testify: 0

[Export to Excel](#)

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Howland, Curtis	Manchester, NH howland@priss.com	A Member of the Public	Myself	Support	No	No	2/6/2023 11:09 AM
Medeiros, Jesse	Plainfield, NH bgtrek458@gmail.com	A Member of the Public	Myself	Support	No	No	2/7/2023 9:07 AM
Rich, Martha	Enfield, NH martha.rich@thet.net	A Member of the Public	Myself	Support	No	No	2/7/2023 9:35 AM
Phillips, Margery	Hanover, NH Margeryphillips@gmail.com	A Member of the Public	Myself	Support	No	No	2/7/2023 10:18 AM
Wikstrom, Kathleen	Exeter, NH kjkwikstrom@gmail.com	A Member of the Public	Myself	Support	No	No	2/7/2023 12:15 PM
Black, William	Hanover, NH billblacknh@gmail.com	A Member of the Public	Myself	Support	No	No	2/7/2023 3:13 PM
Padmore, Michael	Concord, NH michael.padmore@nhms.org	A Lobbyist	NH Medical Society	Support	No	No	2/9/2023 9:26 AM

Martha Rich

As a person who has benefited from telehealth services, especially when I had Covid-19 and could not obtain medicine any other way, I support this delivery system as specified in the bill. I believe this legislation would expand care for those who need it, and is structured in a way to prevent abuse or error.

Margery Phillips

I support this bill



February 9, 2023

New Hampshire House Health, Human Services and Elderly Affairs Committee

Testimony in support of HB 500

My name is Meredith MacMartin, I am a palliative care physician at Dartmouth-Hitchcock Medical Center, an assistant professor of medicine at the Dartmouth Institute for Health Policy and Clinical Practice at the Geisel School of Medicine, and the medical director of the Jack Byrne Center for Palliative & Hospice Care. I'm very glad to be here today speaking on behalf of our palliative care team and our patients in support of HB500.

For those who may not be familiar with it, palliative care is a medical specialty focused on improving the quality of life for patients with serious or life-limiting illness, and their families and care partners. Our interdisciplinary team provides support with care planning, medical decision making, navigating the emotional challenges that come with serious illness, and often prescribing of medications such as opioids to relieve physical suffering from pain and other symptoms. At the beginning of the COVID-19 pandemic and public health emergency, our outpatient clinic converted nearly overnight to a primarily telehealth model. A significant proportion of our outpatients continue to receive care via telehealth by their own choice. For our team, we want to be able to prescribe controlled substances to patients like ours as a matter of equity, and patient choice.

To speak to the matter of equity: we know that rural residents have far less access to healthcare in general than urban residents. Palliative care is unfortunately no exception to this. During the public health emergency we were able to provide care, including prescribing of necessary medications, for patients who were too sick to travel long distances safely or who were unable to get transportation for a variety of reasons. We surveyed telehealth patients in our clinic and found that on average our patients drive 70 miles round trip to get care with us, and many identify cost of travel and the logistics of transportation as major barriers to in-person visits. As an example, consider a real patient with end-stage emphysema and metastatic lung cancer. She requires intensive respiratory support to help her lungs function, and has extensive painful tumors throughout her bones. During the public health emergency our team prescribed opioids to safely and effectively manage her pain and shortness of breath. Because of the severity of her lung condition traveling long distances is quite dangerous, and she is currently without someone locally who can continue these prescriptions. She lives 90 minutes away, and is suffering. We believe that ALL patients with serious illness deserve access to the highest quality



of medical care that is more readily available to patients who live in bigger population centers, are financially secure and otherwise well-resourced.

Regarding the matter of patient choice, I think our state's reputation for individual autonomy speaks for itself. Palliative care is a specialty which puts the goals and values of each patient at the very center of our work. We believe that patients should get medical care that is consistent with those goals and values, whether it's aimed at living longer, maintaining physical function, or focusing on the quality of life. It became clear to us during the public health emergency that allowing patients to receive palliative care in the manner of their choosing was a powerful way to honor patient choice and autonomy. In our survey of palliative care outpatients, more than half expressed a preference to continue to receive palliative care by telehealth. In a state which values individual choice, we believe that patients and their medical teams should have all the possible tools available to them so that they may decide for themselves how best to receive medical treatment whether it is palliative care, or as Matthew said – cancer care, treatment of behavioral health issues, or post-operative care.

In summary, our section of palliative medicine at DHMC is in full support of HB500 as a way to help ensure that the sickest and most vulnerable of our neighbors and patients are able to access medical care that is consistent with their values and alleviates their suffering.

Thank you for the opportunity to speak to you about this bill. We hope that you will support moving this bill forward and I am happy to answer any of your questions.

Meredith A. MacMartin, MD MS FAAHPM

Meredith.a.macmartin@hitchcock.org



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Thank you for the opportunity to speak to you about this bill. We hope that you will support moving this bill forward and I am happy to answer any of your questions.



Meredith A. MacMartin, MD MS FAAHPM

Meredith.a.macmartin@hitchcock.org

February 9, 2023

Testimony in support of HB 500

House Health, Human Services and Elderly Affairs Committee

RSA 329:1-d and corresponding RSAs have evolved considerably over the last few sessions to get where they are today, which provides the ability to prescribe schedule II – IV controlled substances via telehealth for SUD treatment (methadone excluded). See Appendix A.

Additionally, at the start of the pandemic, the Governor issued Emergency Order # 8 “In order to protect the public's health and mitigate exposure to and the spread of COVID-19”. What EO #8 did was allowed providers “to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media, to treat the residents of the state of NH for all medically necessary services”.

“Medically necessary services” included prescribing, of course, and the result overall was improved access for a range of patients – at the beginning for those who were inclined to avoid coming into a hospital for fear of exposure and subsequently for those who were otherwise challenged to come in for an in-person visit – or who simply preferred the ease of a telehealth visit from the comfort of home.

What this bill would do is, essentially, put into statute the flexibilities with respect to prescribing that EO #8 enabled. Specifically, it would allow eligible providers to prescribe schedule II-IV controlled substances for more than just SUD treatment. We support this because while the EO was designed in large part to enable care delivery remotely to assist with mitigation of COVID-19 transmission and to enable hospitals and other providers to prepare for a surge of in-patients, it has proven incredibly valuable in the context of workforce shortages and corresponding access challenges in order to provide continuity of care.

There are a range of applications beyond SUD as medicines for many health conditions are controlled substances regulated by DEA. For example:

- An adolescent receiving Schedule II stimulants for ADHD could do a check-in via telehealth with their provider and parent rather than come in with parent and miss school/work - or not be able to come in at all prior to current prescription expiring and thereby suffer a clinically meaningful gap in care
- Person with behavioral health issue (anxiety, for example) could have a telehealth visit after traumatic event and be prescribed Schedule IV anti-anxiety medication
- Home bound person followed by palliative care could receive pain relief after telehealth visit rather than trying to organize and/or tolerate transport to a hospital for same visit

- Oncology patient with new or escalating cancer pain can be seen by their provider by telehealth and prescribed controlled substances for improved analgesia (vs. needing transport while in pain and the potential additional risk of infectious exposure at a medical facility)
- Patient in the immediate post-op period has an increase in pain but would be quite challenged to travel urgently back to the hospital – instead, could have a telehealth visit and decide on the need for initiation of improved analgesics possibly including controlled substances

We know that telehealth is an effective mode of care delivery. It is also an essential tool to address the current imbalance between demand and capacity, Moreover, it addresses inequity of care options in rural region.

In closing, I would note three additional points in support of HB 500:

- This amendment would make New Hampshire law consistent with laws of states around us (Maine, Mass and Vermont), which all allow prescribing via telehealth if licensed in state and DEA registered
- The DEA is set to release prescribing rules around controlled substances as well – pertaining both to SUD treatment and prescribing controlled substances generally. In order to utilize federal guidance, state statute would need to enable similar flexibility.
- Safeguards, enumerated in Appendix B, that address opioid prescribing concerns generally, remain in telehealth prescribing context.

Thank you for the opportunity to testify and for your consideration. I would be happy to answer any questions.



Matthew S. Houde

Matthew.s.houde@hitchcock.org

Appendix A

Evolution of RSA 329:1-d and related provisions:

- In 2015, SB 84 included broad restriction on prescribing via telemedicine except for patients at state designated mental health centers or at SAMHSA-certified state opioid treatment programs
- in 2016, HB 1210 added allowance for prescribing non-opioids to patients the provider has an in-person relationship with for follow-up care (in Controlled Drug Act)
- In 2020, HB 1623 revised again to allow for SUD treatment (both opioid and non-opioid) and exempted certain facilities from requiring care to be established in-person (i.e. VA, Doorway, etc.)
- Then in 2022, HB 503 deleted the above-referenced provision from HB 1210, along with list of facilities where providers were not required to establish care in-person prior to prescribing for SUD treatment, and allowed physician-patient relationship to be established via telemedicine
- Also in 2022, SB 390 updated the definition of a physician-patient relationship to allow for it to be established via telemedicine (this effectively allows prescribing via telemedicine for SUD treatment without a prior in-person visit - Methadone hydrochloride not included)

Appendix B

Safeguards

- Standard of care and professional responsibility (state and DEA licensure)
- Requirement in NH statute for in-person visit “at intervals appropriate for the patient, medical condition, and drug, but not less than annually.” RSA 329:1:d, IV.(a)(2) and (b)(2).
- NH Prescription Drug Monitoring Program (PDMP), which monitors controlled drug prescriptions (in DEA Schedules II through IV) to track/flag "doctor shoppers" and multiple/duplicate controlled substance prescriptions for a patient and notify law enforcement and the various state/federal regulatory boards of any unusual activity
- N.H. Admin. Rules regarding opioid prescribing
 - Med 502.04 – Acute pain
 - Med 502.05 – Chronic pain

HB 500 - AS INTRODUCED

2023 SESSION

23-0608

09/05

HOUSE BILL **500**

AN ACT relative to prescribing opioids via telehealth medicine.

SPONSORS: Rep. Hakken-Phillips, Graf. 12; Rep. J. Murphy, Graf. 12

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill allows practitioners of telehealth medicine to prescribe opioids.

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 Three

AN ACT relative to prescribing opioids via telehealth medicine.

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

1 1 Telemedicine; Out of State Physicians. Amend RSA 329:1-d, III to read as follows:

2 III. It shall be unlawful for any person to prescribe **methadone hydrochloride, as defined**
3 **in RSA 318-B:10, VII(d)(2)** by means of telemedicine. **Prescribing other** [a] controlled [drug]
4 **drugs** classified in schedule II through IV **by means of telemedicine shall be done in**
5 **accordance with paragraph IV** [~~except substance use disorder (SUD) treatment. Methadone~~
6 ~~hydrochloride, as defined in RSA 318-B:10, VII(d)(2) shall not be included in the exemption].~~

7 2 Definitions; Nursing; Telehealth. Amend RSA 326-B:2, XII(a)-(c) to read as follows:

8 XII.(a) "Telemedicine" means [~~the use of audio, video, or other electronic media for the~~
9 ~~purpose of diagnosis, consultation, or treatment]~~ **the use of audio, video, or other electronic**
10 **media and technologies by a licensee in one location to a patient in a different location for**
11 **the purpose of diagnosis, consultation, or treatment, including the use of synchronous or**
12 **asynchronous interactions as defined in RSA 310-A:1.**

13 (b) An out-of-state APRN providing services by means of telemedicine shall be deemed to
14 be in the practice of medicine and shall be required to be licensed under this chapter.

15 (c) It shall be unlawful for any person to prescribe **Methadone hydrochloride, as**
16 **defined in RSA 318-B:10, VII(d)(2)** by means of telemedicine. **Prescribing of other** [a] controlled
17 [drug] **drugs** classified in schedule II through IV [~~except for use in substance use disorder~~
18 ~~treatment]~~ **by means of telemedicine shall be done in accordance with the requirements of**
19 **subparagraph XII(d).**

20 3 Effective Date. This act shall take effect 60 days after its passage.