

LEGISLATIVE COMMITTEE MINUTES

HB500

Bill as Introduced

HB 500 - AS AMENDED BY THE HOUSE

22Feb2023... 0507h

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

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.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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

15 2 Definitions; Nursing; Telehealth. Amend RSA 326-B:2, I-a to read as follows:

16 I-a. "Advanced practice registered nurse-patient relationship" means a medical connection
17 between a licensed APRN and a patient that includes an in-person or *telemedicine* ~~[face-to-face 2-~~
18 ~~way real-time interactive communication]~~ exam, a history, a diagnosis, a treatment plan appropriate
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20 dosage. A licensee may prescribe for a patient whom the licensee does not have an APRN-patient
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HB 500 - AS AMENDED BY THE HOUSE

- Page 2 -

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

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14 4 Repeal. RSA 329:1-d, IV, relative to the prescribing of non-opioid controlled drugs, is repealed.

15 5 Repeal. RSA 326-B:2, XII(d), relative to the prescribing of non-opioid controlled drugs, is
16 repealed.

17 6 Effective Date. This act shall take effect upon its passage.

HB 500 - VERSION ADOPTED BY BOTH BODIES

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HB 500 - VERSION ADOPTED BY BOTH BODIES

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1 (b) An out-of-state APRN providing services by means of telemedicine shall be deemed to
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CHAPTER 25
HB 500 - FINAL VERSION

22Feb2023... 0507h

2023 SESSION

23-0608
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HOUSE BILL **500**

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CHAPTER 25
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1 (b) An out-of-state APRN providing services by means of telemedicine shall be deemed to
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14 25:4 Repeal. RSA 329:1-d, IV, relative to the prescribing of non-opioid controlled drugs, is
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16 25:5 Repeal. RSA 326-B:2, XII(d), relative to the prescribing of non-opioid controlled drugs, is
17 repealed.

25:6 Effective Date. This act shall take effect upon its passage.

Approved: May 12, 2023
Effective Date: May 12, 2023

Amendments

Sen. Prentiss, Dist 5
Sen. Bradley, Dist 3
Sen. Carson, Dist 14
March 30, 2023
2023-1257s
06/10

Floor Amendment to SB 238-FN

1 Amend the bill by inserting after section 5 the following and renumbering the original section 6 to
2 read as 7:

3

4 6 New Subparagraph; Office of Professional Licensure and Certification; Telemedicine. Amend
5 RSA 310-A:1-g, V by inserting after subparagraph (d) the following new subparagraph:

6 (e) Obtain oral or written consent from the patient or, if the patient is a minor, from the
7 patient's parent or guardian unless state or federal law allows a minor to consent to treatment
8 without the consent of a parent or guardian, for the provision of services through telemedicine. For
9 services delivered through telemedicine on an ongoing basis, the practitioner need obtain consent
10 from the patient or parent or guardian only once.

2023-1257s

AMENDED ANALYSIS

This bill permits doctors and APRNs to use telemedicine to prescribe medication to treat mental health conditions. The bill also clarifies the consent required to provide telemedicine services to a minor.

4-0

Sen. Birdsell, Dist 19
April 11, 2023
2023-1349s
06/05

Amendment to HB 500

1 Amend the bill by inserting after section 1 the following and renumbering the original sections 2 - 6
2 to read as 3 - 7, respectively:

3

4 2 Telemedicine; Consent. Amend RSA 329:1-d, V(b) and (c) to read as follows:

5 (b) Maintain a medical record; ~~and~~

6 (c) Subject to the patient's consent, forward the medical record to the patient's primary
7 care or treating provider, if appropriate; *and*

8 (d) *Obtain oral or written consent from the patient or, if the patient is a minor,*
9 *from the patient's parent or guardian unless state or federal law allows a minor to consent*
10 *to treatment without the consent of a parent or guardian, for the provision of services*
11 *through telemedicine. For services delivered through telemedicine on an ongoing basis,*
12 *the practitioner need obtain consent from the patient or parent or guardian only once.*

RSA 326-b:2 XII (c)

UNAPPROVED

2023-1349s

AMENDED ANALYSIS

This bill:

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

II. Clarifies the consent required to provide telemedicine services to a minor.

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Amendment to HB 500

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2 to read as 3 - 7, respectively:

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7 care or treating provider, if appropriate; *and*

8 *(d) Obtain oral or written consent from the patient or, if the patient is a minor,*
9 *from the patient's parent or guardian unless state or federal law allows a minor to consent*
10 *to treatment without the consent of a parent or guardian, for the provision of services*
11 *through telemedicine. For services delivered through telemedicine on an ongoing basis,*
12 *the practitioner need obtain consent from the patient or parent or guardian only once.*

13

14 Amend RSA 326-B:2, XII(c) as inserted by section 4 of the bill by replacing it with the following:

15

16 (c) ~~[It shall be unlawful for any person to prescribe by means of telemedicine a controlled~~
17 ~~drug classified in schedule II through IV except for use in substance use disorder treatment.]~~ *An*
18 *APRN licensed under this chapter may prescribe non-opioid and opioid controlled drugs*
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29 *to treatment without the consent of a parent or guardian, for the provision of services*
30 *through telemedicine. For services delivered through telemedicine on an ongoing basis,*
31 *the practitioner need obtain consent from the patient or parent or guardian only once.*

Amendment to HB 500

- Page 2 -

2023-1541s

AMENDED ANALYSIS

This bill:

- I. Modifies the procedure for physicians, physician assistants and APRN's to prescribe certain non-opioid and opioid controlled drugs by means of telemedicine.
- II. Clarifies the consent required to provide telemedicine services to a minor.

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Regina Birdsell, Chair
Sen Kevin Avard, Vice Chair
Sen Jeb Bradley, Member
Sen Rebecca Whitley, Member
Sen Suzanne Prentiss, Member

Date: March 15, 2023

HEARINGS

Wednesday

03/22/2023

(Day)

(Date)

Health and Human Services

Legislative Office Building 101 9:00 a.m.

(Name of Committee)

(Place)

(Time)

9:00 a.m.	HB 66	establishing a committee to study non-pharmacological treatment options for patients with chronic pain.
9:15 a.m.	HB 188	relative to the duration of physical therapy.
9:30 a.m.	HB 223	relative to prescription refills.
9:45 a.m.	HB 500	relative to prescribing opioids via telehealth medicine.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 66

Rep. Merchant

Rep. Nagel

HB 188

Rep. Popovici-Muller

Rep. Layon

Rep. Rochefort

Rep. McMahon

Rep. Read

Rep. Kuttab

Rep. Nagel

Rep. Wheeler

HB 223

Rep. D. McGuire

Rep. Merchant

HB 500

Rep. Hakken-Phillips

Rep. J. Murphy

Cameron Lapine 271-2104

Regina Birdsell
Chairman

Senate Health and Human Services Committee

Cameron Lapine 271-2104

HB 500, relative to prescribing opioids via telehealth medicine.

Hearing Date: March 22, 2023

Time Opened: 9:45 a.m.

Time Closed: 10:17 a.m.

Members of the Committee Present: Senators Birdsell, Avard, Bradley, Whitley and Prentiss

Members of the Committee Absent: None

Bill 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.

Sponsors:

Rep. Hakken-Phillips

Rep. J. Murphy

Who supports the bill: Paula Minnehan (New Hampshire Hospital Association), Representative Daniel Popovici-Muller (Rockingham County District 17), Roger Osmun (New Hampshire Community Behavioral Mental Health Association), Matthew Houde (Dartmouth Health), Dr. Amelia Cullen, and Michael Padmore (New Hampshire Medical Society).

Who opposes the bill: Laura Condon and Larisa Trexler.

Who is neutral on the bill: None.

Summary of testimony presented in support:

Senator Suzanne Prentiss

Senate District 5

- Senator Prentiss introduced HB 500 on behalf of Representative Hakken-Phillips and said it would allow physicians to prescribe Schedule II-IV drugs via telehealth.
- Sen. Prentiss said HB 500 is a logical extension of the emergency measures adopted during the COVID-19 pandemic that allowed for prescriptions via telehealth.
- Sen. Prentiss said the number of telehealth appointments increased during the pandemic. She said patient satisfaction with telehealth services has increased, with patients being more satisfied with telehealth than in-person services in some cases.
- Sen. Prentiss said Dartmouth Health hosted an average of 2,600 telehealth appointments a day during the pandemic.

- Sen. Prentiss said many patients struggle to access specialty care because of issues with getting time off from work, finding childcare, transportation, and health problems. She said this results in patients neglecting needed care.
- Sen. Prentiss said an emergency order adopted during the pandemic allowed health care providers to prescribe Schedule II-IV drugs via telehealth. She said this was basically an unintentional pilot program for telehealth prescriptions, and it resulted in more patients getting the care they needed.
- Sen. Prentiss said the public health emergency expires in May. She said some patients would stop receiving necessary care if telehealth prescriptions ended.
- Sen. Prentiss said several safeguards are in place to prevent the abuse of telehealth prescriptions: a requirement of parental consent for minors, a provision in HB 500 that would mandate in-person appointments at least annually, and New Hampshire and the federal Drug Enforcement Agency's (DEA) licensure requirements.
- Sen. Prentiss said HB 500 was endorsed by patients, providers, and families, and was passed by the House Health, Human Services, and Elderly Affairs Committee.

Dr. Roger Osmun

New Hampshire Community Behavioral Mental Health Association

- Dr. Osmun said New Hampshire's community mental health centers support HB 500 because it would expand telehealth prescriptions, which would benefit the nurse practitioners and psychiatrists who work at the centers.
- Dr. Osmun said telehealth prescriptions give greater flexibility to working parents with school-age children who have limited time for appointments. He said telehealth appointments made care more accessible for rural patients and can be life-saving for patients with transportation difficulties.
- Dr. Osmun said telehealth prescriptions would not preclude periodic in-person appointments.
- Dr. Osmun said that his colleague Dr. Mary Lou Tyner testified in support of SB 238 and reported at that hearing that 50% of her patients receive prescriptions regulated by the Controlled Substances Act. Dr. Osmun said that Dr. Mary Lou Tyner testified that if SB 238-FN failed patients would lose access to life-saving medications. He said he believes the same is true for HB 500.
- Senator Bradley asked if it was correct that for behavioral health issues there had to be an in-person visit every three months.
 - Dr. Osmun said he was not aware of any three-month requirement. He said HB 500 required an in-person appointment at least once a year. He said it is common for the first appointment to be in-person.
- Sen. Bradley asked if Dr. Osmun could cite a specific rule or statute that required physicians to obtain parental consent before prescribing a medication for a minor.
 - Dr. Osmun said he was not sure in the moment. He said New Hampshire, unlike Pennsylvania, does not have exceptions to the age-of-consent for medications. He said the law requires parents to be involved.
 - Sen. Bradley said he was not sure if there was a specific statute.

Former Senator Matthew Houde and Dr. Amelia Cullen

Vice President, Government Relations, Dartmouth Health; Dartmouth Hitchcock Hospital

- Former Senator Houde said that at the time of his testimony, providers could only prescribe via telehealth for substance use disorders (SUD).
- Fmr. Sen. Houde said the success of telehealth prescription during the pandemic showed that it has uses beyond treating SUD alone.
- Fmr. Sen. Houde said HB 500 removes any practice area limits on telehealth prescription.
- Fmr. Sen. Houde said telehealth prescription was shown to help patients with mental health problems, cancer, and those recovering from surgery.
- Fmr. Sen. Houde said DEA has put in rules for all telehealth prescriptions, including a requirement for an in-person appointment prior to prescription.
- Sen. Bradley asked if those rules were proposed or enacted.
 - Mr. Houde said they were proposed. He said it was unlikely that the in-person requirement would be waived.
- Fmr. Sen. Houde said that telehealth is a mode of health care delivery that is not treated differently from an in-person visit.
- Fmr. Sen. Houde said prescriptions for a minor require parental consent. He said that the requirement for parental consent for prescriptions is “implied by the inverse” of the law, which only allows doctors to confidentially prescribe medication for a minor being treated for sexually transmitted diseases, abuse or neglect, or reproductive issues. He said that because the law singles out a few cases where confidential prescription for minors is allowed, that means all other prescriptions require parental consent.
- Dr. Cullen is a palliative care physician.
- Dr. Cullen said that during the pandemic 100% of her appoints were via telehealth. She said 70% of her current appointments are via telehealth, by patient choice.
- Dr. Cullen said telehealth prescriptions help patients with mobility problems. She relayed the story of a patient of hers with ALS-like symptoms who needed three people’s assistance to travel for an in-person appointment. She said that patient would benefit from the increased accessibility of telehealth prescriptions.
- Dr. Cullen said some of her patients have been traumatized during their time in the health care system or have mental health problems that make in-person appointments difficult. She said those patients benefit from telehealth prescriptions.
- Dr. Cullen said rural patients could save time and money on long commutes to in-person appointments if telehealth prescriptions were allowed.
- Dr. Cullen said telehealth prescriptions would grant providers the flexibility to give greater autonomy to their patients.
- Fmr. Sen. Houde said telehealth prescriptions would help with health care workforce shortages.
- Sen. Bradley asked if Fmr. Sen. House could cite the citation for the legal requirement that physicians receive parental consent before prescribing to minors.
 - Fmr. Sen. Houde said he would look for the citation.
 - Sen. Bradley said he was not sure that it existed, and that a “belt and suspenders” approach might be best.

Summary of testimony presented in opposition:

Laura Condon

- Ms. Condon said HB 500 was dangerous for children because it allows mind-altering drugs to be prescribed more easily.
- Ms. Condon said a link between prescription drugs and school shootings and teen suicide had not been ruled out.
- Ms. Condon said there was no evidence that the telehealth prescriptions temporarily allowed during the pandemic should be made permanent.
- Ms. Condon said that prescriptions should be made on the basis of an in-person evaluation.
- Ms. Condon said Schedule II drugs such as fentanyl have a high potential for abuse which may lead to severe psychological or physical dependence. She said Schedule III drugs also have a potential for physical dependence. She said Schedule IV drugs such as valium could also cause an overdose.
- Ms. Condon discussed the Clancy family tragedy in Duxbury, Massachusetts, where the mother killed her children and tried to kill herself while on 13 different prescription medications. She said New Hampshire should not follow Massachusetts' example.
- Ms. Condon said there was a scientific link between children being prescribed anti-depressants and suicide. She said evaluating children on prescription medications requires in-person appointments.
- Ms. Condon said there was a 22.3% increase in children going to an emergency department as a result of a suicide attempt. She said this happened as a result of telehealth prescriptions.
- Ms. Condon said children should be protected from the over-prescription of mind-altering drugs.
- Ms. Condon said that if the Committee did not find HB 500 inexpedient to legislate, they should at least restrict it to adult patients.

Neutral Information Presented: None.

Speakers

Senate Remote Testify

Health and Human Services Committee Testify List for Bill HB500 on 2023-03-
Support: 1 Oppose: 1

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
Padmore, Michael	A Lobbyist	NH Medical Society	Support
Trexler, Larisa	A Member of the Public	Myself	Oppose

Testimony

HB500 relative to prescribing opioids via telehealth medicine - OPPOSE

Senate HHS Public Hearing on Wednesday, March 22, 2023

9:45 a.m. in LOB room 101

Laura Condon from Bedford, NH

Here to OPPOSE HB 500 relative to prescribing opioids via telehealth medicine

This bill would permit physicians and nurses to prescribe Schedule II through Schedule IV drugs via telehealth, drugs considered dangerous by the US Drug Enforcement Administration.

<https://www.dea.gov/drug-information/drug-scheduling>

This bill ignores the fact that psychotropic drugs handed out like candy are a problem and calls for the temporary practice of using telehealth to hand out these drugs to be made permanent. This bill would allow poorly supervised access to endless doses of mind-altering prescription drugs to children. When these drugs are handed out like candy, multiple drugs, with increasing and decreasing dosages, children are put at risk. Are these drugs contributing to school shootings? Are these drugs contributing to teen suicides? How would we know? We must prevent this easy-access, poorly supervised handing out of psychotropic prescription drugs via telehealth, especially to children. There is no evidence that what was done on an emergency basis during covid should become a permanent practice.

The shutdowns during Covid resulted in many bad practices and results. The use of telehealth to prescribe dangerous and addictive Scheduled Drugs was one of the bad practices that removed essential oversight to protect the health of citizens against a desire to hand out drugs hand over fist. It is irresponsible to hand out these dangerous drugs via telehealth and with the emergency ending in May so too should this bad practice.

These are federally controlled and scheduled drugs for very good reasons. Evidence is that these controlled schedule II through IV prescription drugs can be very dangerous, even deadly to the person prescribed the drug, their family members, school mates and co-workers. People who seek these drugs should be carefully evaluated and monitored in person. This is not the time and place for telehealth to get cocktails of these drugs on a cellphone call or text message. One doctor visit a year and no requirement for an in-person evaluation for additional drugs or changes in dosages are dangerous practices and bad medicine, especially for children.

Please do not ignore the mind-altering psychotropic drugs on this list of Schedule II-IV drugs that are being prescribed to children over the phone and that changes in their prescriptions or cocktail of prescriptions does not even require an in-person evaluation...this practice needs to stop in order to protect children.

From the US Department of Justice, Diversion Control Division:

<https://www.deadiversion.usdoj.gov/schedules/>

Schedule II Controlled Substances include substances that have a high potential for abuse which may lead to severe psychological or physical dependence and includes such drugs as oxycodone, fentanyl and morphine, amphetamines such as Adderall, methamphetamines, methylphenidate, and pentobarbital. (FYI, penobarbital is a sedative that slows the activity of the brain and nervous system and is commonly used to euthanize pets and since 2010, 14 states have used penobarbital in state executions.)
<https://time.com/5636513/pentobarbital-executions-justice-department/>

Schedule III Controlled Substances include substances that have a potential for abuse that is less than schedule II drugs that may also lead to physical or psychological dependence. This class of drugs includes anabolic steroids, performance-enhancing drugs that act by increasing lean muscle protein synthesis and body weight without increasing fat mass. This artificial steroid is now commonly used in transgender males.

Schedule IV Controlled Substances include substances that have a lower potential for abuse but are drugs that can and do cause overdoses and death. Examples are alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan), and others.

Just how dangerous are prescription mind-altering drugs? Deadly in fact.

In January 2023 in Duxbury, MA Lindsay Clancy strangled her three small children to death and then cut her wrists and neck and jumped from a window resulting in severe spinal injury. This 32-year old mother had been prescribed a cocktail of 13 psychiatric medications to treat her "mental health". This woman had been given this cocktail of drugs that resulted in homicidal and suicidal ideations and actions. Her dosages and prescriptions had been repeatedly altered by doctors with inadequate evaluation, supervision, and monitoring. This woman was not a demon prior to being prescribed these drugs, she was a labor and delivery nurse who was very caring towards her children, her family, her friends, and patients. Prescription drugs handed out like candy have destroyed and ended the lives of those involved. Never should these drugs be prescribed via telehealth.

https://www.yahoo.com/news/lindsay-clancy-strangled-her-three-201726407.html?guce_referrer=aHR0cHM6Ly9kdWNRZHVja2dvLmNvbS8&guce_referrer_sig=AQAAALibFqFH_FVAXB-CfUjQoU9DFLvi2o8-jv2ytOfSa6NORXpfyO-cYkWU8iNgLXmiMa5UtUZdL0Vyh2JHKm2gGf1L3uCObg6pBbpeSTh6jfo402mwsYLuOeWrPMrIDGgrlCX17YHRjevqEss1sKgozYoEQanGq_jE7SJWWjXB1z5h&guccounter=2

The risk of suicide in children and adolescents being treated with antidepressants is well established science. Years ago, the Food and Drug Administration (FDA) directed manufacturers of all antidepressant drugs to revise the labeling for their products to include a boxed warning and expanded warning statements that alert health care providers to an increased risk of suicidality (suicidal thinking and behavior) in children and adolescents. Pediatric patients being treated with antidepressants for any indication should be closely observed for clinical worsening, as well as agitation, irritability, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases. Such monitoring requires face-to-face in-person interactions and observations and cannot be done via telehealth as many who are treated for depression are prescribed a cocktail of drugs that would include in the mix the class of drugs included in this bill.

<https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/suicidality-children-and-adolescents-being-treated-antidepressant-medications>

During Covid when telehealth was used to prescribe these drugs to teenagers, there was a 22.3% spike in ER trips for suicide attempts by teenagers.

<https://www.nbcnews.com/news/us-news/youth-suicide-attempts-soared-during-pandemic-cdc-report-says-n1270463>

These drugs are not candy and should not be dispensed via telehealth as if they were. I was shocked to hear testimony in the House on this bill that expressed excitement that “children with ADHD will be able to get these drugs without leaving school and parents won’t even have to leave work”. It’s horrifying. This is NOT how mind-altering drugs should be given to children.

I urge you to oppose HB 500 and recommend it inexpedient to legislate. At the very least, urge you to amend this bill to protect children from aggressive, dangerous, and often unnecessary drugging by restricting this type of telehealth to adults only.

Thank you.

EN </drug-information/drug-scheduling> ES </es/node/2181>

PUBLIC SAFETY ALERT

DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine - DEA Reports
Widespread Threat of Fentanyl Mixed with Xylazine

Drug Scheduling

Drug Schedules

Drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs have a high potential for abuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes--Schedule II, Schedule III, etc., so does the abuse potential--Schedule V drugs represents the least potential for abuse. A Listing of drugs and their schedule are located at Controlled Substance Act (CSA) Scheduling or CSA Scheduling by Alphabetical Order. These lists describes the basic or parent chemical and do not necessarily describe the salts, isomers and salts of isomers, esters, ethers and derivatives which may also be classified as controlled substances. These lists are intended as general references and are not comprehensive listings of all controlled substances.

Please note that a substance need not be listed as a controlled substance to be treated as a Schedule I substance for criminal prosecution. A controlled substance analogue is a substance which is intended for human consumption and is structurally or pharmacologically substantially similar to or is represented as being similar to a Schedule I or Schedule II substance and is not an approved medication in the United States. (See 21 U.S.C. §802(32)(A) for the definition of a controlled substance analogue and 21 U.S.C. §813 for the schedule.)

Schedule I

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

Schedule II

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

Schedule III

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are: products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone

Schedule IV

Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol

Schedule V

containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin[®] AC), Lomotil, Motofen, Lyrica, Parepectolin

Alphabetical listing <https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf> of Controlled Substances

Cite



Address, city, state or zip code

SAMHSA Behavioral Health Treatment Locator

Go

<p>Who We Are </who-we-are> About </who-we-are/about> Domestic Divisions </divisions> Foreign Offices </foreign-offices> Contact Us </who-we-are/contact-us> DEA Museum</p>	<p>What We Do </what-we-do> Drug Prevention </what-we-do/education-and-prevention> Law Enforcement </law-enforcement> Diversion Control Division </https://www.deadiversion.usdoj.gov/> News </news></p>	<p>Careers </careers> Overview </careers> Special Agent </careers/special-agent> Diversion Investigator </careers/diversion-investigator> Intelligence Research Specialist </careers/intelligence-research-specialist></p>	<p>Resources </resources> Drug Information </drug-information> Employee Assistance Program </resources/eap> Equal Opportunity Employer </how-to-apply/equal-opportunity-employer> FOIA </foia> Publications Media Galleries </resources/media-galleries> VWAP </resources/vwap></p>	<p>Doing Business with the DEA </resources/doing-business-dea> Overview </resources/doing-business-dea> Current Vendors </doing-business-dea/current-vendors> Prospective Vendors 2006 </doing-business-dea/prospective-vendors> Security Clauses </doing-business-security-clauses> Security Forms </doing-business-dea/security-forms> Small Business Program </doing-business-dea/small-business></p>	<p>Policies <> Accessibility, Plug-in </resources/accessibility%> Legal Policies & Disc <https://www.justice.gov/es-legales-y-descargos-de-responsabilidades> No FEAR Act <https://www.justice.gov/jm-fear-act-notice-november-2006> Privacy Policy <http://www.justice.gov/spa> U.S. Department of J <https://www.justice.gov/jm> USA.gov <https://www.usa.gov/espar> Whistleblower Prote <https://oig.justice.gov/hotli-protection></p>
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United States Drug Enforcement Administration

DEA.gov is an official site of the U.S. Department of Justice <<https://www.justice.gov/>>

Cameron Lapine

From: Gina Balkus <gbalkus@homecarenh.org>
Sent: Monday, March 27, 2023 2:35 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Cc: Lara M. W. McIntyre; Henry G. Veilleux
Subject: Please pass HB 500, re: prescribing opioids via telehealth medicine

Caution! This message was sent from outside your organization.

Good afternoon members of the Senate HHS Committee. **The Granite State Home Health & Hospice Association supports HB 500, re: prescribing opioids via telehealth medicine.**

Our Association advocates on behalf of New Hampshire's home care, hospice & palliative care providers and the people they serve. HB 500 is important because it clarifies NH's law and allows providers who have a relationship with a patient to prescribe important medications via telemedicine. The pandemic demonstrated that telemedicine is an effective and efficient way for providers to interact with their patients. It is especially beneficial to patients with serious illness, chronic conditions, or severe pain or those who live a long distance from their provider. Getting to an in-person provider visit can be painful or burdensome for many of these patients.

HB 500 enables providers to continue to respond to patients needs, just as they have done during the public health emergency.

I urge you to recommend HB 500 as "ought to pass."

Gina

Gina Balkus
Chief Executive Officer

 **HOME CARE, HOSPICE
& PALLIATIVE CARE ALLIANCE**
OF NEW HAMPSHIRE
Granite State Home Health & Hospice Association

8 Green Street
Concord, NH 03301
(603) 225-5597



March 24, 2023

HB 500

Members of the Senate Health & Human Services Committee

Thank you for the opportunity to testify in support of HB 500 on March 22.

To briefly summarize, HB 500 would allow eligible providers to prescribe schedule II-IV controlled substances through telehealth. We support HB 500 for several reasons:

First, because prescribing via telehealth has proven incredibly valuable - during the pandemic when enabled by Emergency Order #8 and the federal PHE – and beyond in the context of workforce shortages and corresponding access challenges in order to provide continuity of care.

Second, there are a range of applications beyond substance use disorder (which is the only practice area for which telehealth prescribing of controlled substances is otherwise allowed in NH statute) as medicines for many health conditions are controlled substances regulated by DEA. Your Committee heard about several of these, including:

- Primary care
- Mental health care
- Palliative care
- Oncology care
- Post-operative care

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 our rural region.

You heard additional points in support of HB 500, including that:

- In order to utilize expected federal guidance from the DEA, state statute would need to enable similar flexibility (since providers must comply with the most restrictive parameters).
- HB 500 would make NH 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.
- Safeguards, enumerated in Appendix A attached hereto, that address opioid prescribing concerns generally, remain in telehealth prescribing context. Please note that existing statutes address frequency of in-person visits in context of telehealth prescribing.



At the hearing, Senator Bradley asked where, in statute or otherwise, a parent or guardian is required to give consent for treatment for care provided via telehealth. The age of majority in New Hampshire is 18 (RSA 21:44). However, as noted during the hearing, there are a number of state statutes that allow minors to independently consent to certain treatments. The inference, then, is that parental consent is required in all other situations. Understanding that this Committee may be inclined to provide more affirmative clarity, I offer the following language for your consideration:

Amend RSA 310-A:1-g(V) by adding new subsection (e): Obtain oral or written consent from the patient or from the patient's parent or guardian, unless state or federal law allows a minor to consent to treatment without the consent of a parent or guardian, for the provision of services through telemedicine. For services delivered through telemedicine on an ongoing basis, the practitioner need obtain consent from the patient or parent or guardian only once.

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

A handwritten signature in black ink, appearing to read "M. Houde".

Matthew S. Houde

P.S.: If the Committee is inclined, a clean-up to RSA 318-B:1(XXVI-a) may also be appropriate to make provisions similar to definitions in telemedicine section, RSA 341, that were made by SB 390 last session. Specifically, amend RSA 318-B:1 by adding the following bolded language:

XXVI-a. "Practitioner-patient relationship" means a medical connection between a licensed practitioner and a patient that includes an in-person exam or exam using telemedicine, as defined in RSA 310-A:1-g, a history, a diagnosis, a treatment plan appropriate for the licensee's scope of practice, and documentation of all prescription drugs including name and dosage.

Appendix A

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

Cameron Lapine

From: Susan Paschell <spaschell@dupontgroup.com>
Sent: Monday, April 24, 2023 10:42 AM
To: Regina Birdsell; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Kevin Avard
Cc: Cameron Lapine; Lamy, Roland; Jim Monahan
Subject: Important message from the NH Community Behavioral Health Association regarding telehealth and end of the PHE

Caution! This message was sent from outside your organization.

From Roland Lamy, Executive Director, NH Community Behavioral Health Association:

Good morning Senators,

There is a critical timing issue emerging relative to Senate action on pending mental health legislation and the end of the Federal Public Health Emergency (PHE) on May 11, 2023.

The PHE will end on May 11, 2023, at which time the federal allowance to provide prescription drug care via telehealth for mental health conditions will end. A change in state law will address this regulatory change and will ensure that thousands of mental health patients at NH's Community Mental Health Centers (CMHCs) do not have their treatment and prescription drug regimens disrupted.

Without the change in state law found in these bills - SB 238 and HB 500 - patients who have prescriptions renewed, or dosages adjusted, will need to make appointments for in-person visits at the CMHCs as renewals are needed, and if providers believe changes are needed in dosage or usage. We fear that not only will the volume of in-person visits overwhelm the CMHCs, but that patients might not be able get to the offices in time. As you may know, the CMHCs have requested investment into Medicaid rate increases separately to aid in improvements to their specific workforce crisis. The outcome of not being able to service this influx of calls as a result of the expiration of the PHE without protection afforded in proposed state legislation is likely to be serious.

Specifically, SB 238 and HB 500 address this issue, yet both are still not through the legislative process. There have been delays with the progress of these bills in the Senate, related to how they might be affected by issues around parental consent or access to medical records, which originally were part of other legislation.

We are asking for your help in moving these bills along, so that this important level of care is not interrupted. As we look to the next 2 to 3 weeks, we hope that work can be done to move these bills along, so that we do not have a disruption in care for individuals with mental health conditions who have appropriately received telehealth for their care.

Thank you for your attention to this important matter.

Sincerely,
Roland Lamy

Susan Paschell, Senior Associate
The Dupont Group
11 South Main Street, Suite 200
Concord NH 03301
603-496-6760



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Cameron Lapine

From: Jeri Kauffman <jmkauffman37@gmail.com>
Sent: Tuesday, April 25, 2023 8:53 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: HB 500 Oppose

Caution! This message was sent from outside your organization.

Please oppose this bill. Opioids are a huge problem, allowing easier prescribing of them is not a good idea.

Thank you,
Jeri Kauffman
Laconia

Voting Sheets

Senate Health and Human Services Committee
EXECUTIVE SESSION RECORD
2023-2024 Session

Bill # HB 500

Hearing date: 3-22-23

Executive Session date: 4-16-23

Motion of: Amendment 1349s Vote: 4-0

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

Motion of: OTPA Vote: 4-0

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

Motion of: Reconsideration Vote: 4-0

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

Reported out by: Sen. Birdsell

Notes: _____

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2023-2024 Session

Bill # HB 500

Hearing date: _____

Executive Session date: 4-26-23

Motion of: Amendment 1349s + Committee Amendment Vote: 4-0

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

Motion of: OTPA Vote: 4-0

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

Motion of: _____ Vote: _____

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

Reported out by: Sen. Birdsell

Notes: _____

Committee Report

HEALTH AND HUMAN SERVICES

HB 500, relative to prescribing opioids via telehealth medicine.

Ought to Pass with Amendment, Vote 4-0.

Senator Regina Birdsell for the committee.

General Court of New Hampshire - Bill Status System

Docket of HB500

Docket Abbreviations

Bill Title: relative to prescribing opioids via telehealth medicine.*Official Docket of HB500.:*

Date	Body	Description
1/11/2023	H	Introduced (in recess of) 01/05/2023 and referred to Health, Human Services and Elderly Affairs HJ 3 P. 18
2/1/2023	H	Public Hearing: 02/09/2023 10:30 am LOB 201-203
2/9/2023	H	Executive Session: 02/15/2023 01:00 pm LOB 201-203
2/16/2023	H	Committee Report: Ought to Pass with Amendment #2023-0507h 02/15/2023 (Vote 20-0; CC) HC 12 P. 6
2/22/2023	H	Amendment #2023-0507h : AA VV 02/22/2023 HJ 6
2/22/2023	H	Ought to Pass with Amendment 2023-0507h: MA VV 02/22/2023 HJ 6
3/7/2023	S	Introduced 02/22/2023 and Referred to Health and Human Services; SJ 9
3/15/2023	S	Hearing: 03/22/2023, Room 101, LOB, 09:45 am; SC 14
4/26/2023	S	Committee Report: Ought to Pass with Amendment #2023-1541s , 05/11/2023; SC 21
5/11/2023	S	Special Order to the beginning of the Regular Calendar, Without Objection, MA SJ 14
5/11/2023	S	Committee Amendment #2023-1541s , AF, VV; 05/11/2023; SJ 14
5/11/2023	S	Ought to Pass: MA, VV; OT3rdg; Read a Third Time, and Final Passage in the early session, MA, VV; 05/11/2023; SJ 14
5/11/2023	S	Enrolled, Without Objection, MA; 05/11/2023; SJ 14
5/11/2023	H	Enrolled (in recess of) 05/04/2023
5/15/2023	H	Signed by Governor Sununu 05/12/2023; Chapter 25; eff:05/12/2023

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: HB 500

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):

- amendment # 12575 - amendment # 13495
- amendment # 15415 - 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

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