

New Hampshire Insurance Department

Advisory Committee on Mental Health and Addiction Services

May 29, 2019 meeting, 1-2:30 p.m.

Room 100, Walker Building, Concord, NH

Board Members in Attendance: Chris Kozak, Dr. Richard Lafleur, Dr. Julie Wolter, Jaime Powers, Andrea Rancatore, Representative Ed Butler, Dr. Peter Mason, Lucy Hodder, Katherine Cole for Dr. Elizabeth Ross, Dr. William Brewster, Meghan Shea for Stephanie Savard, Kristine Stoddard, Dr. Robert Feder, and Michele Merritt.

Board Members Unable to Attend: Senator Jon Morgan, Amelie Gooding, Ken Norton, Courtney Tanner and Joseph Plaia.

Commissioner Elias began the meeting and welcomed the committee, and Maureen Belanger presented information about the NHID parity exam interrogatories to the committee.

The committee moved on to discuss legislative updates. The mental health parity bill is SB 272. Although the NHID is working diligently on parity, the Senate wanted to reinforce this as an important priority.

SB 225 refers to coverage for mental health interventions in the emergency room for physician assistants and broadens the scope for payment and insurance coverage. This bill has passed Senate and House committees, and will go to the House floor next week.

SB 11 has multiple provisions addressing the emergency room boarding situation, including requiring insurance companies to reimburse for ER boarding. That bill had parts that looked like they were going to be amended relative to designated receiving beds.

HB 552 is relative to the acquisitions of hospitals and mental health and addiction care. The general policy perspective is to what extent the realignment of hospitals has an impact on cost, availability and quality of services. There is a tweak to the Director of Charitable Trusts' review authority.

There is a bill to create a presumption for PTSD for first responders for workers compensation purposes. This is important due to the rates of PTSD and suicide in the first responder community. They are not able to seek help, and are presumed to be heroes not impacted by the things they see.

SB 224 relative to PANDAS has passed. It will compel insurance coverage of treatment for those children.

SB 11 passed. There are questions as to whether it had gone far enough and there are compromises on multiple levels. From NAMI's perspective, it should have gone farther with mobile crisis response teams, which have the capacity to divert people from the emergency room. It would allow for options other than calling police or bringing someone to the emergency room. It includes a provision for a reimbursement rate for the emergency room, but not a provision for care. NAMI asked if it would

guarantee the person is going to have a bed and not just a gurney in a hallway. The NHID is in the early stages of looking at bill that passed and how the Department will provide guidance.

HB 113 is relative to the qualifications for licensure for mental health practice. It would allow work experience to count toward qualifications for credentials and removes the barrier for dual license.

HB 239 is relative to the requirement for supervision for licensure, it lowers overall supervised work experience, and allows for individuals to receive hours and supervision at a place of mutual convenience.

SB 308 addresses the comprehensive health care workforce, Medicaid reimbursement rates, professionals completing survey for primary care workforce, and permits the Department of Safety to contract out for background checks to address licensure back up. It amends the definition of telemedicine, provides appropriations for rural health and the Student Loan Repayment Program (SLRP).

SB 5 will likely be included in the budget, and is making its way through the Senate. It addresses substance use disorder provider rates, emergency room shelter, and \$3 million to address reimbursement rates that are sufficient enough to provide access.

SB 87 is relative to developing a syringe service program (not a straight needle exchange). It is written to authorize programs in NH and includes a provision that the program shall not use state funds.

The Association Health Plan bill (SB 228) was impacted by the federal court decision that struck down the federal AHP rule. Moving forward, the bill will preserve the work done in NH to establish AHPs, create a commission to look at the individual and small group markets, and streamline the process for NH to apply for 1332 waiver to stabilize the individual market.

Lucy Hodder discussed the Plan of Safe Care (POSC) initiatives for mothers and infants when an infant is born exposed to substances or alcohol. Federal law requires states to notify the federal government of the birth and complete a birth certificate worksheet. There is a Federal requirement to develop POSC to help the mother and infant access services. It is a statewide priority. The Managed Care Organizations are involved and it would be great if the commercial carriers knew what was happening. There is information on the [Center of Excellence website](#). They are developing a two-pager POSC worksheet. While by statute, it must be completed when a baby is affected by exposure, the birthing centers and hospitals recommended it is completed with all mothers to destigmatize the process.

The POSC initiative developed obligations for recommended and supported referrals to services in NH. NH has DCYF to deal with child protection but there are not as many services for voluntary supports, such as the VNA, family resource centers, SUD treatment (if necessary), legal support, family planning, financial assistance, and benefit assistance.

There is a video explaining process, and how to ensure the right confidentially releases are signed. The hope is that the mother will take the POSC with her, but it is challenging to take paperwork and then share with others on her team.

Dr. Brewster explained that the payer doesn't know what they don't know and that they would like to be invited to participate on the task force.

Dr. Mason discussed care management. The IDNs disappear at the end of Dec 2020 and the IDNs are working to develop infrastructure for care management, but are not sure about sustainability of the infrastructure. In January 2021, the MCOs and commercial payers will jump in. No one has good data, and he is looking for information about how much this population costs on a daily basis in the emergency room. Dr. Brewster asked about building a business case with outcome metrics that builds a case for this select group. Tyler Brannen explained that the Department can drill down into this type of information but no one has approached the Department with this type of request.

Jaime Powers provided an update on the Doorways program. They are getting up and running and working on a media push. The hubs are reporting sharp increases in client numbers. The managed care contracts getting in place for 9/1.

There was no public comment.