



**FIVE POINTS FOR NEW HAMPSHIRE'S FUTURE**

*Turning the Tide on our State's Drug Crisis*

**AUGUST 2016**

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## INTRODUCTION

New Futures is a non-partisan, non-profit organization that advocates for policies aimed at preventing and reducing alcohol and other drug problems in New Hampshire. Underlying New Futures' approach to achieving its mission is the belief that informed advocacy, coupled with legislative accountability, leads to consequential policy change.

During the 2016 New Hampshire Legislative Session, thanks in large part to the informed advocacy of New Futures and its partners, there was bi-partisan support for several key pieces of legislation intended to address the state's opioid epidemic. The legislation included reauthorization of Medicaid Expansion, increased funding for law enforcement, recovery housing, expansion of drug courts, limits on health insurance carriers' prior authorization requirements, enhancements to the Prescription Monitoring Program, mandatory standards for administrative rules related to prescribing controlled drugs, and increases in funding for prevention, treatment and recovery supports.<sup>1</sup> Although policymakers took significant steps to address New Hampshire's substance misuse epidemic in 2016, this action should not lull the state into a sense of complacency regarding the epidemic that continues its unrelenting grip on the Granite State.

New Hampshire policymakers must continue to support and implement policies needed in order to turn the tide on what continues to be New Hampshire's number one public health challenge - the current opioid crisis – in order to ensure that systems and services are firmly in place to avoid and address the next influx of harmful, addictive substances. New Futures' five point agenda, *Five Points for New Hampshire's Future*, sets forth core policy initiatives that build upon progress made during the 2016 Legislative Session, and are foundational to addressing the current crisis and preventing future crises. These initiatives are:

1. Restore the New Hampshire Alcohol Fund;
2. Support permanent Medicaid Expansion;
3. Invest in evidence informed prevention programs;
4. Advance behavioral health workforce development; and,
5. Remove barriers to insurance coverage

New Futures, its advocates and partners, are actively seeking support for this policy agenda from elected officials, candidates for elected office, community and business leaders, law enforcement and first responders, people in recovery from addiction, families of people suffering from addiction, health care providers, educators and the public. Granite Staters are holding policymakers accountable for making New Hampshire's substance misuse crisis a top priority in 2017.

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<sup>1</sup> See New Futures' Legislative Position Report, June 2016, for a list of specific bills.  
<http://www.new-futures.org/resources/legislative-positions-report>

## SCOPE OF THE PROBLEM

The effects of substance misuse continue to ravage our state. In 2015, 439 people died from drug overdoses.<sup>2</sup> New Hampshire's Chief Medical Examiner projects that in 2016, 494 Granite Staters will die from drug overdoses.<sup>3</sup> First responders administered Narcan, the overdose reversal drug, 2,724 times in 2015.<sup>4</sup> From 2012 to 2015, there was a 204% increase in the number of incidents involving Narcan.<sup>5</sup> Emergency Department opioid use visits increased from 462 in May 2016, to 538 in June 2016, an increase of 16.5%.<sup>6</sup> A review of opiate treatment admissions from July 2015 through June 2016 shows that the largest increase in heroin treatment admissions was from March 2016 to June 2016 with a 34% increase over three months. The second largest increase was from May 2016 to June 2016 with a 33% increase over one month.<sup>7</sup> New Hampshire pharmacies dispensed more than 266 million doses of opioids, the type implicated in the opioid epidemic plaguing the state, during the period of July 2015 through June 2016.<sup>8</sup>

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2013 approximately 103,000 New Hampshire residents were in need of treatment for substance use disorders.<sup>9</sup> The rates of substance misuse by youth and young adults in New Hampshire are some of the highest in the country.<sup>10</sup> For example, New Hampshire ranks in the top two states in the country for past month alcohol use among 12 to 17 year-olds, in the top eight states in the country for past month illicit drug use by 18 to 25 year-olds, and in the top eleven states in the country for past month use of marijuana among 18 to 25 year-olds.<sup>11</sup>

In 2012, before the height of the current drug crisis, substance misuse cost New Hampshire nearly \$2 billion per year in lost worker productivity, health care, public safety, and other miscellaneous expenses.<sup>12</sup> Reducing alcohol and other drug problems in New Hampshire is a critical economic, public health and safety priority.

## POLICY FOCUS AREAS

New Futures acknowledges that policymakers have taken significant steps to address alcohol and drug problems, and increase access to treatment and recovery services during recent legislative sessions. The work is not finished. Serious gaps in policy remain. Policymakers need to fill these gaps in order to prevent substance misuse and ensure that people can access appropriate levels of care when and where they need them.

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<sup>2</sup> New Hampshire Drug Monitoring Initiative, June 2016 Report, <http://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-june-16.pdf>

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> Information provided by NH Prescription Drug Monitoring Program, July 2016.

<sup>9</sup> SAMHSA, National Survey on Drug Use and Health (2014).

<sup>10</sup> SAMHSA, National Survey on Drug Use and Health (2014).

<sup>11</sup> *Id.*

<sup>12</sup> Gottlob, *The Corrosive Effects of Alcohol and Drug Misuse on NH's Workforce and Economy*, 2014, <http://www.new-futures.org/resources/gottlobreport>

The policy initiatives included in New Futures' five point agenda, *Five Points for New Hampshire's Future*, are intended to build upon the progress made in addressing the state's current crisis. These five initiatives, each of which is a mandatory component of the comprehensive approach proposed here by New Futures, are foundational to addressing the current crisis and preventing future crises.<sup>13</sup> This white paper includes an overview of each of the five policy initiatives included in the agenda as well as background information, relevant data, and points on the type of policy change needed to turn the tide on New Hampshire's crisis.

## **ACCOUNTABILITY AGENDA**

New Futures is seeking support for its agenda from state and local officials, candidates for elected office, individuals in recovery, family members of individuals with substance use disorder, businesses, educators, law enforcement, health professionals, and the public. Over the next several months, New Futures' advocates and allies will engage community leaders and policymakers on these priorities by hosting events in their communities aimed at raising awareness about policy solutions to the crisis. Advocates and allies will ask state and local officials to endorse the agenda, answer questions, hear personal testimony, and present plans on how they plan to turn the tide on this health crisis. These advocates and allies will hold all elected officials accountable throughout the legislative session by asking them to pledge their support to New Futures' five point agenda. New Futures implores all Granite Staters who want to turn the tide on the prevalence of substance misuse in our state to endorse this comprehensive agenda and to urge others to endorse the agenda as well.

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<sup>13</sup> New Futures will continue to advocate for other policy initiatives directed at reducing alcohol and other drug problems in NH that are not included in its five point agenda.

## INITIATIVE #1 - RESTORE THE ALCOHOL FUND

- ✓ Fully fund the Alcohol Fund at the original, legally mandated formula of five percent of gross profits from the sale of alcohol.
- ✓ Ensure funds are not re-directed to the general fund.
- ✓ Support critical services funded through the Alcohol Fund.

### Overview

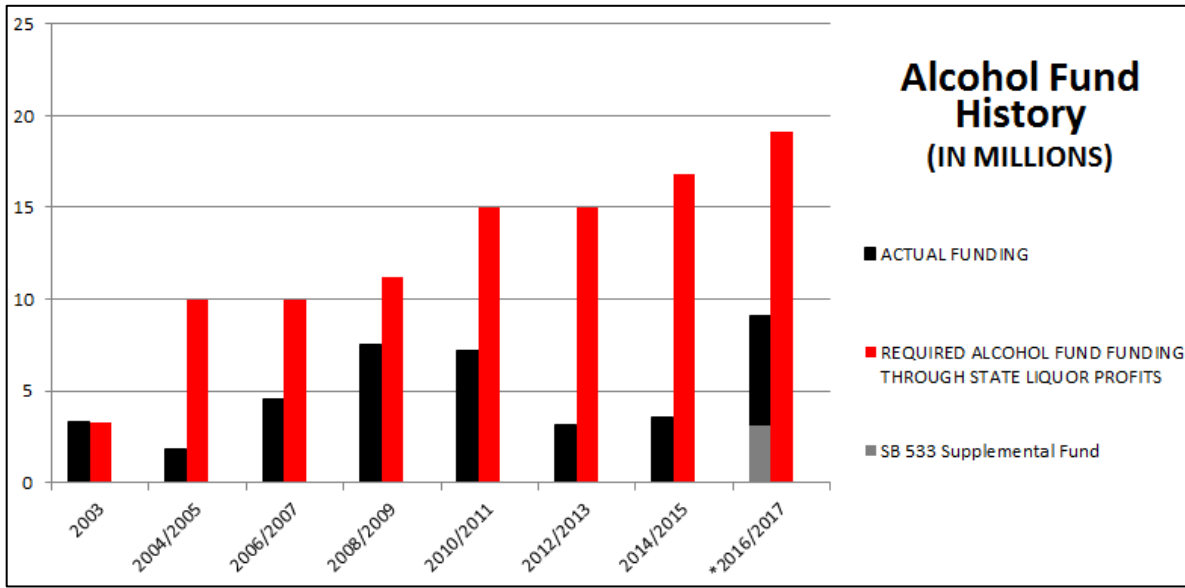
In 2000, Senate Bill 153 (Chapter 328, Laws of 2000, effective July 1, 2001) created the Alcohol Abuse Prevention and Treatment Fund (Alcohol Fund) through RSA 176–A:1, a non-lapsing and continually appropriated fund to support alcohol education, abuse prevention and treatment programs. The law provides that 5% of the gross profits from the sale of alcohol be dedicated to combating drug and alcohol problems in New Hampshire. However, every year but one since establishing the Fund, either the governor and/or the legislature has suspended the 5% funding formula and transferred revenue from the Alcohol Fund to the General Fund. Subsequently, the legislature appropriated only a small amount of general funds, equivalent to a fraction of mandated Alcohol Fund support, for prevention and treatment.

The 2016/2017 state budget maintained the integrity of the Alcohol Fund, but amended the fund's formula allocating only 1.7% of gross profits, instead of the intended 5%. The total amount appropriated to the Alcohol Fund for the biennium was \$6.6 million, instead of the \$19 million had the fund been fully funded. Passed during the 2016 legislative session, Senate Bill 533 allocated an additional \$2.5 million from the General Fund for prevention, treatment and recovery in 2017, bringing the total to \$9.1 million. The funds budgeted in the Alcohol Fund for State Fiscal Years 2016-2017 provide for substance use disorder treatment and prevention efforts and recovery supports identified as priorities by the Governor's Commission on Drug Abuse Prevention, Treatment and Recovery (Governor's Commission; see "Background" below for a description of the history, membership and duties of the Governor's Commission), including:

- Maintaining certain existing treatment service contracts with providers;
- Medication assisted treatment and withdrawal management services;
- Recovery support services and infrastructure;
- Support for a DCYF Drug and Alcohol Counselor;
- Maintaining the successful Life of an Athlete prevention program;
- Technical assistance and training services;
- Public awareness and targeted education programs;
- Juvenile Court Diversion services;
- Monadnock Regional Access Point;
- Manchester Wrap services; and,
- Support for the Governor's Advisor on Addiction and Behavioral Health.

The majority of Alcohol Fund expenditures for SFY 2016-2017 support prevention, treatment and recovery services for which there is no third party reimbursement or other payment source. Also, individuals who do not have health care coverage for substance use disorder treatment are able to access services supported through the Alcohol Fund. A fully funded Alcohol Fund would enable expansion of

those services and would continue to fill major gaps in funding for prevention, treatment and recovery services.



**Background**

In 2000, HB 1606 established the Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment (“Governor’s Commission”) with the purpose of advising the governor regarding the “delivery of effective and coordinated alcohol and drug abuse prevention, intervention, and treatment services throughout the state.”<sup>14</sup> The duties of the Commission included:

- Developing a statewide plan for the effective prevention of alcohol and drug abuse and a comprehensive system of intervention and treatment for individuals and families affected by alcohol and drug use;
- Promoting collaboration between and among agencies and communities to foster the development of effective community – based programs;
- Promoting the development of treatment services;
- Identifying unmet needs and the resources required to reduce the incidence of alcohol and drug abuse in New Hampshire; and
- Authorizing the disbursement of moneys from the alcohol abuse prevention and treatment fund, pursuant to RSA 176–A:1, III.<sup>15</sup>

Over the years, the legislature has amended the law establishing the Governor’s Commission, primarily adding membership and creating task forces. The legislature amended the law again during the 2016 legislative session, making changes in the membership, organization, duties, meetings, and reports of the commission, and establishing that the commission serves in an advisory capacity to both the governor and the general court.<sup>16</sup> The Governor’s Commission, arguably one of the most highly functioning legislatively created commissions, plays a pivotal role in determining how Alcohol Funds will be expended.

<sup>14</sup> See RSA 12-J:1

<sup>15</sup> See RSA 12-J:3

<sup>16</sup> See SB 533, [http://www.gencourt.state.nh.us/bill\\_status/billText.aspx?id=1094&txtFormat=html](http://www.gencourt.state.nh.us/bill_status/billText.aspx?id=1094&txtFormat=html)

In 2013, the Governor’s Commission released its 2013-3017 strategic plan, *Collective Action, Collective Impact, New Hampshire’s Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery*.<sup>17</sup> The year-long process for developing the plan involved interviews with hundreds of key stakeholders, consideration of state level data, and a review of federal, state and community best practice recommendations for a wide range of activity to better address the public health and safety issues facing the state and communities. The resulting plan, an update of which is currently under way, identifies core goals and key strategies for reducing substance misuse in New Hampshire and serves as a guide to the Governor’s Commission for developing Alcohol Fund funding priorities. Although the plan was developed prior to the explosion of the opioid epidemic in New Hampshire, the goals and strategies continue to represent a viable path to reducing substance misuse in our state. New Futures’ *Five Points for New Hampshire’s Future* aligns with the goals and strategies in the Governor’s Commission plan.

**Facts and Figures**

During State Fiscal Years 2014-2015, the Alcohol Fund, in combination with other state and federal funding, supported the initiatives, programs and services described in the chart below:

Area of Focus	Strategy	Progress
Population Level	NH Alcohol and Drug Treatment Locator	Over 300 sites listed
Prevention	Life of an Athlete in Middle and High Schools	3154 students served and 84 programs initiated
Court Diversion and Alternative Sentencing	Juvenile Court	16 juvenile court diversion programs
Substance Use Disorder Treatment	Treatment Programs	5,884 clients received treatment services in SFY 2015. <ul style="list-style-type: none"> <li>• 76 pregnant women received treatment services in SFY 2015;</li> <li>• 91.2% of clients abstinent from alcohol;</li> <li>• 82.8% of clients abstinent from drugs</li> <li>• 97.3% of clients had no further involvement with the criminal justice system at discharge</li> </ul>
Recovery Support Services	Facilitating Organization, Recovery Centers and reimbursement for services, reimbursement for non-peer Certified Recovery Support Workers (CRSW)	Infrastructure development currently in progress.
Source: Center for Excellence, Report Prepared for NH Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, March 2016		

<sup>17</sup> <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>



The New Hampshire Liquor Commission recently reported that alcohol sales for fiscal year 2016 are at an all-time high of \$678 million, up by 5.6 percent from the previous year.<sup>18</sup> It would take an additional \$10 million, a relatively small amount in comparison to the total amount in alcohol sales, to meet the original, mandated legislative rate of five percent for the Alcohol Fund. For a state that prides itself on promoting the sale of alcohol and deriving substantial revenue from those sales, dedicating the statutorily required proportion of that revenue to addressing problems cause by substance misuse should be a political “no-brainer.”

Granite Staters overwhelmingly support dedicating a portion of the profits from alcohol sales to addressing substance misuse in New Hampshire. A February 2015 University of New Hampshire poll asked the following question:

New Hampshire has a law that requires that a small portion of the profits from the state’s sale of alcohol be dedicated to a program for the prevention and treatment of problems associated with substance abuse. However, the Governor and the legislature have typically ignored this law and moved these dollars to other programs. Should the state fully fund this program, OR should the Governor and legislature use the dollars for other programs or don’t you know enough about this to say?

Sixty-three percent of the respondents supported fully funding the Alcohol Fund. Twenty-nine percent indicated they didn’t know enough to answer the question. Interestingly, support for the alcohol fund was overwhelmingly bipartisan.<sup>19</sup> Sixty-two percent of those who identified their party affiliation as Democrat supported fully funding the program; 64% who identified their party affiliation as Undeclared supported fully funding the program; and, 65% who identified their party affiliation as Republican supported fully funding the program.<sup>20</sup>

### **Type of Policy Change**

- Budget policy - Support a state budget that provides that five percent of gross profits of liquor sales are dedicated to the Alcohol Fund and ensure that the funds are non-lapsing and not swept from the fund for other purposes.
- Administrative policy
  - Support the role of Governor’s Commission to oversee delivery of effective and coordinated alcohol and drug abuse prevention, intervention, and treatment services throughout the state of New Hampshire.
  - Ensure gaps in services and individual health insurance coverage are filled using Alcohol Fund resources

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<sup>18</sup> *NHLC Reports State Liquor Sales Hit New Record*, Union Leader, July 20, 2016.

<http://www.unionleader.com/article/20160721/NEWS02/160729907/-1/news?platform=hootsuite>

<sup>19</sup> UNH Survey Center Poll, February 2015.

<sup>20</sup> *Id.*

## **Conclusion**

The intent behind the creation of the Alcohol Fund in 2000 – that a small portion of the very substantial revenues generated through the sale of alcohol, an addictive substance that when misused imposes a significant burden on society, should be dedicated to addressing the problems caused by alcohol and drugs – is even more valid today. An Alcohol Fund, fully funded through a small percentage of the gross profits from growing alcohol sales – an approach overwhelmingly supported by Granite Staters, would provide additional resources to support critically needed prevention, treatment and recovery services in New Hampshire.

## INITIATIVE #2 - SUPPORT PERMANENT MEDICAID EXPANSION

- ✓ Ensure low-income individuals have access to affordable substance use disorder treatment through Medicaid Expansion services.

### **Overview**

The New Hampshire Health Protection Program (NHHPP) also known as Medicaid Expansion is a program that provides affordable healthcare coverage to more than 50,000 low-income Granite Staters. This program includes one of the most robust substance use disorder benefit arrays in the country, covering prevention, treatment and recovery support services. Thousands of individuals have accessed treatment through Medicaid Expansion. Without it, New Hampshire's most vulnerable citizens would not have access to critical substance use disorder treatment.

### **Background**

Medicaid Expansion provides low-income individuals (less than 138 percent of the federal poverty level) with access to affordable health coverage. Under the Affordable Care Act, states with Medicaid Expansion programs are eligible to receive 100 percent federal match for program expenses until 2017. After 2017, the federal match begins to phase down to 90 percent, where it will remain indefinitely. When New Hampshire first expanded its Medicaid program to include low-income adults, the legislature included a sunset provision, terminating the program (known as the New Hampshire Health Protection Program or NHHPP) on December 31, 2016, when the federal match drops below 100 percent. Since its implementation, thousands of individuals sought coverage and treatment for substance use disorder through Medicaid Expansion. Recognizing the impact of the program on New Hampshire's opioid crisis, the legislature reauthorized Medicaid Expansion for another two-year period. In this legislation, New Hampshire's private insurance carriers and hospitals agreed to cover the anticipated state share (five percent) for the program beginning in 2017. Due to this compromise, New Hampshire was able to reauthorize Medicaid Expansion without any state general fund expenditures.

### **Facts and Figures**

Prior to the implementation of Medicaid Expansion, New Hampshire had one of the highest per capita rates of substance use disorder in the country, while ranking 49<sup>th</sup> in access to treatment.<sup>21</sup> In 2013, SAMSHA estimated that, of the 103,000 New Hampshire residents suffering from substance use disorder, only 6,000 were able to access treatment.<sup>22</sup> Since the implementation of Medicaid Expansion, New Hampshire has more than doubled its 2013 treatment access rate. Of the 50,000 beneficiaries currently enrolled in the program, more than 14 percent have used their coverage to access treatment for substance use disorder (7,500).<sup>23</sup>

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<sup>21</sup> SAMHSA, National Survey on Drug Use and Health, (2014). <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

<sup>22</sup> *Id.*

<sup>23</sup> NH DHHS BDAS, Data as of January 2016.

### **Type of Policy Change**

- Budget policy - Support a state budget that provides for a permanent reauthorization of Medicaid Expansion, also known as the New Hampshire Health Protection Program.
- Legislative policy - Support legislation that removes the sunset provisions for the statute authorizing Medicaid Expansion.

### **Conclusion**

Even with this significant expansion of health coverage, New Hampshire has been slow to increase its treatment capacity. This has resulted in weeklong waitlists for individuals in desperate need of treatment. When polled by the New Hampshire Alcohol and Other Drug Service Providers Association, treatment providers indicated that, while they wished to expand treatment capacity, the piecemeal approach to reauthorizing Medicaid Expansion deterred them from doing so.<sup>24</sup> For some practices, more than 80 percent of their clients are Medicaid Expansion beneficiaries. Without assurances that this program will continue beyond the next two years, practices are unable to make capital improvements necessary to expand treatment capacity and meet the needs of Granite Staters.

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<sup>24</sup> NH Provider Association Member Survey, 2015.

### INITIATIVE #3 - INVEST IN EVIDENCE INFORMED PREVENTION PROGRAMS

- ✓ Recognize that investments in early childhood wellbeing (access to healthcare, early intervention services and quality childcare, for example) result in delayed initiation and decreased use of drugs by adolescents.
- ✓ Strengthen New Hampshire's capacity to promote healthy social, emotional and physical development of infants, toddlers, other young children and their families and to provide mental health services and supports.
- ✓ Support evidenced informed prevention strategies such as student assistance programs in schools and fully funded juvenile diversion programs.
- ✓ Support evidence informed drug and alcohol screening of New Hampshire youth.
- ✓ Offer age appropriate, evidenced informed substance misuse prevention curriculum in all schools.
- ✓ Support ongoing collection of youth data through the Youth Risk Behavior Survey.

#### Overview

Substance abuse and addiction are preventable disorders. While substance use generally begins during the adolescent years, there are known biological, psychological, social, and environmental factors that contribute to the risk that begin accumulating as early as the prenatal period. This creates opportunities to intervene very early in an individual's life and thereby prevent substance use disorders—and, along with them, a range of other related behavioral problems—long before they would normally manifest themselves. According to the National Institute on Drug Abuse, various factors can contribute to risk starting as early as the prenatal period.<sup>25</sup> A growing body of research shows that providing a stable home environment, adequate nutrition, physical and cognitive stimulation, warm supportive parenting, and good classroom management in the early years of a child's life (prenatal through age 8) protects against a multitude of risks and increase the likelihood of positive developmental outcomes. Positive effects of these interventions include delayed initiation and decreased use of drugs when the child reaches adolescence.<sup>26</sup> New Hampshire must adopt and build on existing evidence informed prevention practices, programs and policies that cover the lifespan of a child's development.

#### Background

Evidence informed prevention efforts across the lifespan are critical and the most cost effective way to prevent a new generation of individuals from misusing substances. In recent years, the New Hampshire Legislature slashed state funding for community based, direct prevention services. However, thanks to a commitment from private funders, and renewed federal and state investments in prevention, New Hampshire's 13 Regional Public Health Networks are actively working with multiple stakeholders within their communities to employ evidence-informed prevention practices, programs and policies proven to curb youth substance misuse. In addition to New Hampshire's public health infrastructure, there are strong community-based coalitions across the state working to provide education and support services for youth and families to minimize risk and intervene early to prevent problems associated with substance misuse. These Regional Public Health Networks and local community-based coalitions represent New

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<sup>25</sup> Principles of Substance Abuse Prevention for Early Childhood, NIDA, March 2016.

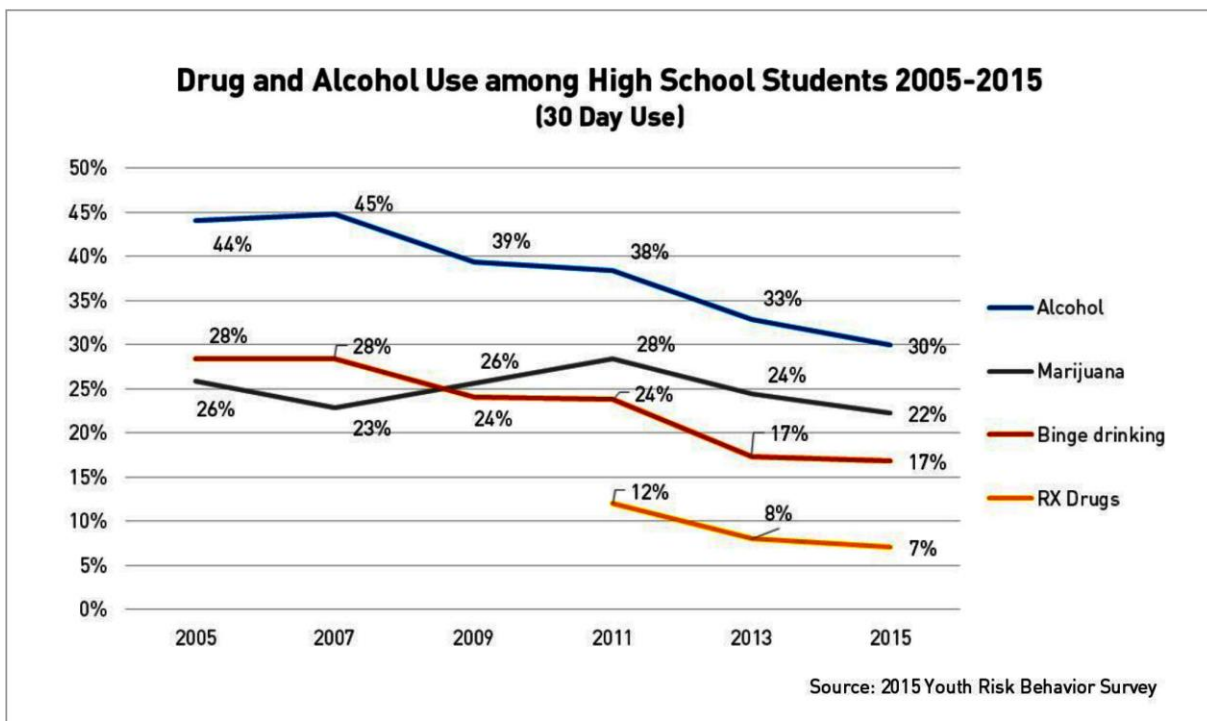
<sup>26</sup> *Id.*

Hampshire’s army of prevention professionals that need continued and expanded support and resources to continue the crucial and multi-faceted work of prevention.

**Facts and Figures**

Results of the latest Youth Risk Behavior Survey (YRBS), administered in 2015, indicate that substance misuse among youth is on the decline in New Hampshire.<sup>27</sup> The results reinforce the fact that substance misuse is preventable and that the community based prevention efforts that have been in place throughout New Hampshire are making a positive impact among Granite State youth. The survey, administered by the Centers for Disease Control and Prevention, measures attitudes and behaviors associated with substance misuse, mental health and other risk behaviors. High schools across New Hampshire participate in the YRBS survey every two years with the support of the New Hampshire Departments of Education and Health and Human Services.

As the chart below indicates, regular (past 30-day) use of alcohol and rates of binge drinking have dropped since 2005. Marijuana use is also down as is the misuse of prescription drugs since 2011. These results are promising, but more needs to be done to prevent substance misuse by New Hampshire youth and young adults. For example, while youth binge drinking has dropped since 2005, it remained level from 2013 to 2015. Additionally, while overall rates of substance misuse are down, the rates of substance misuse by youth and young adults in New Hampshire remain some of the highest in the country.<sup>28</sup>



<sup>27</sup> Youth Risk Behavior Survey, NH Department of Education, 2015

<sup>28</sup> SAMHSA, National Survey on Drug Use and Health (2014).

### **Type of Policy Change**

- Budget policy - Support funding for evidence informed substance misuse prevention strategies and programs, and early childhood supports and services.
- Administrative policy
  - Support Bureau of Drug and Alcohol Services' Screening Brief Intervention, Referral and Training (SBIRT) initiatives.
  - Monitor implementation of rules changes for the prescribing of opioids to prevent new cases of prescription drug misuse, especially among youth.
- Local policy – Offer age appropriate, evidenced informed substance misuse prevention curriculum in all schools. Support the participation and administration of the Youth Risk Behavior Survey (YRBS) in school districts.

### **Conclusion**

In order to support a new generation of healthy Granite Staters, policymakers must expand substance misuse prevention efforts by embracing policies that support data collection, evidence informed programs and practices for youth and young adults, evidence informed early childhood supports and services, and affordable health care.

## INITIATIVE #4 - ADVANCE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT

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- ✓ Remove practice barriers to professional licensure.
- ✓ Support programs to encourage students to pursue professional licensure to treat individuals with substance use disorder.
- ✓ Support incentives for existing practitioners to include substance use disorder treatment among their offered services.

### **Overview**

One of the most common barriers encountered by individuals with substance use disorder is the waitlist for treatment. A number of factors impact waitlists, the most significant being a small workforce of qualified treatment providers. New Hampshire needs to support individuals who want to become substance use disorder professionals by removing barriers to licensure and providing student loan assistance. New Hampshire also needs to incentivize qualified clinicians, currently practicing in New Hampshire but not serving individuals with substance use disorder, to expand their practices to include treatment services.

### **Background**

In late 2014, the New Hampshire Center for Excellence (the Center) set out to assess substance use disorder treatment capacity in New Hampshire. As part of this work, the Center completed a field survey of all professionals qualified to deliver treatment services in New Hampshire. The Center found a large number of licensed and qualified providers were not currently serving individuals with substance use disorder. When asked why treatment for substance use disorder is not among their offered services, many providers indicate that insurance rate structures have made the field unsustainable. Active treatment providers echo this theme. Current treatment providers overwhelmingly attribute workforce shortages to a combination of factors: young professionals lured to pursue other professional licenses, such as mental health or social work; obstacles to reciprocal licensing for out-of-state clinicians recruited to New Hampshire; and finally, insurance reimbursement disparities.

### **Facts and Figures**

The 2015 Center for Excellence Substance Use Disorder Provider Report referenced above analyzed New Hampshire's field of qualified treatment providers. This report found numerous qualified professionals are practicing around the state, but many have restricted their practice areas and are not currently providing substance use disorder treatment services. The New Hampshire Insurance Department (NHID) recently released the preliminary findings for their 2016 market conduct review on behavioral health claims administration, which lends credence to the reimbursement experiences of providers in the field. NHID found that insurance carriers have chronically underpaid substance use disorder treatment providers; resulting reimbursement rates significantly lower than Medicare rates.



### **Type of Policy Change**

- Budget policy - Support a state budget that provides increased workforce development funding.
- Legislative policy - Support the creation of a study committee to evaluate barriers to licensure and certification in New Hampshire.
- Administrative policy - Support the New Hampshire Insurance Department in their full investigation of private insurance carrier practices having the effect of prohibiting workforce development.

### **Conclusion**

Workforce shortages are a significant barrier to increasing treatment capacity in New Hampshire. New Hampshire should evaluate current barriers to licensure and reassess existing loan assistance programs for young professionals entering the addiction treatment field. Furthermore, New Hampshire must ensure that insurance carriers are not preventing expansion of treatment capacities by violating federal parity law or chronically under paying providers for substance use disorder treatment.

## INITIATIVE #5 - REMOVE BARRIERS TO INSURANCE COVERAGE

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- ✓ Support efforts to ensure health insurance carriers are compliant with federal law.
- ✓ Support coverage for recovery support services in private carrier benefit arrays.
- ✓ Support efforts to eliminate barriers to non-opioid alternative medications on tiered formularies.

### Overview

New Hampshire can do better to support individuals in recovery and should begin by looking at barriers to recovery within existing health insurance carrier practices. While New Hampshire has recently made great strides forward by guaranteeing timely access to treatment for individuals with substance use disorder, there is still more work to do. Where most health insurance carriers provide access to clinical substance use disorder treatments, few, if any, currently provide coverage for recovery support services or non-opioid alternative medications. Recovery support services are an evidence-based practice, which help to reduce the threat of relapse among individuals new to recovery. Similar to recovery supports, non-opioid alternative medications also reduce the likelihood of relapse by providing individuals in recovery with acute pain relief without triggering drug-seeking behaviors. Many individuals in recovery have reported significant difficulty obtaining insurance coverage for non-opiate alternatives due the tiered formulary designs used by health insurance carriers. In some cases, carriers will fully cover an opioid pain reliever, while only covering a fraction of the cost of a non-opioid alternative; despite the fact that the non-opioid could prevent a potential (and expensive) relapse event.

### Background

In the 2016 session, the legislature passed a number of bills aimed at improving the ability of individuals with substance use disorder to access treatment in a timely manner. The legislature removed prior authorization for the first two outpatient visits, eliminated delays for individuals requiring higher levels of inpatient care and required health insurance carriers to use ASAM treatment criteria when making medical necessity determinations. While this package of bills will have a significant impact for those in need of treatment in New Hampshire, the legislature failed to address issues related to insurance coverage for non-clinical services and access to non-opioid pharmaceuticals for individuals in recovery. Current carrier practices excluding coverage for such services may raise questions as to whether carriers comply with state and federal parity law.

### Facts and Figures

Recovery support services are evidence-based, non-clinical, support services delivered to individuals in early recovery by peers with lived experience. Recovery support services help to keep individuals in recovery and shorten the length of relapse events by connecting individuals with services in a timely manner. Similar to recovery supports, non-opioid alternatives also help individuals to remain in recovery. Many non-opioid alternatives are not included on preferred drug formularies, meaning they are only available to individuals in recovery through a denial and appeal process, or off formulary with exorbitant copays.

### **Type of Policy Change**

- Budget policy - Support a state budget that provides increased funding for peer recovery services.
- Legislative policy - Support the legislation clarifying the duties and responsibilities of insurance carriers to make non-opioid alternatives available for individuals in recovery.
- Administrative policy - Encourage and support a full investigation into health insurance carrier compliance with the federal parity law by the NH Insurance Department and the Department of Health and Human Services.

### **Conclusion**

New Hampshire must support individuals in recovery by ensuring access to services and medications that reduce the risk of relapse. Current carrier practices for covering such services must comply with federal law, requiring regulatory oversight from New Hampshire Insurance Department and the Department of Health and Human Services.

### **OVERALL CONCLUSION**

New Futures' *Five Points for New Hampshire's Future* sets forth policy initiatives that are part of a comprehensive, integrated approach intended to build upon legislative progress in addressing New Hampshire's substance misuse crisis made during the 2016 legislative session. The progress achieved should not lull policymakers into complacency. The evidence is clear – New Hampshire remains in the grips of a substance misuse epidemic.

Granite Staters expect action by lawmakers to reduce and eliminate the devastation caused by substance misuse. They can use New Futures' *Five Points for New Hampshire's Future* to hold public officials accountable for making New Hampshire's substance misuse crisis a top priority in 2017.