

CHAPTER 251
HB 503 - FINAL VERSION

8Apr2021... 0678h
01/05/2022 2219s

2022 SESSION

21-0659
05/10

HOUSE BILL ***503***

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

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

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill:

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

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

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struck through.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

**CHAPTER 251
HB 503 - FINAL VERSION**

8Apr2021... 0678h
01/05/2022 2219s

21-0659
05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

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

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

1 251:1 Statement of Intent. The intent of the general court is to recommend to the executive branch to
2 sunset the council on housing stability established by the governor in Executive Order 2020-22 and to
3 have the state council on housing stability reconstituted by the legislature for the purpose of addressing
4 housing instability in New Hampshire. In addition, it is the intent of the general court that current
5 members serving on the governor's council shall continue their membership and be appointed to serve on
6 the state council on housing stability established in this act.

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

CHAPTER 4-H

STATE COUNCIL ON HOUSING STABILITY

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

14 4-H:2 Membership.

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

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

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

21 (1) Department of health and human services.

22 (2) Department of education.

23 (3) Department of safety.

24 (4) Department of transportation.

25 (5) Department of business and economic affairs.

26 (6) Department of corrections.

27 (7) Department of employment security.

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

29 (9) New Hampshire housing finance authority.

30 (10) Community development finance authority.

CHAPTER 251
HB 503 - FINAL VERSION
- Page 2 -

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER 251
HB 503 - FINAL VERSION
- Page 3 -

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER 251
HB 503 - FINAL VERSION
- Page 4 -

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER 251
HB 503 - FINAL VERSION
- Page 5 -

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER 251
HB 503 - FINAL VERSION
- Page 6 -

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

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

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

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

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

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

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

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