

# **Exhibit A to Executive Order 2019-01**

## **Bylaws**

### **New Hampshire Opioid Prescribing Advisory Council**

**Effective January 10th, 2019 pursuant to Executive Order 2019-01**

**Amended May 10th, 2019**

#### **Section 1 Background**

Over the past decade and a half, federal and state agencies have struggled with an escalating opioid epidemic that has resulted in a dramatic increase in overdose deaths and in a significant economic and societal impact on the nation. The number of opioid overdoses in the United States has soared—increasing nearly five-fold just between 2002 to 2014, with significant acceleration in the later years.<sup>1</sup> The increase in opioid related deaths is due, at least in part, to a confluence of several factors. One is excessive prescribing of prescription opioids, which increases the volume of non-naïve opioid users. Statistically, some of these users will progress to using street drugs.<sup>1</sup>

In 2016, New Hampshire had 437 opioid-related overdose deaths—a rate of 35.8 deaths per 100,000 persons, the second highest in the country and nearly three times higher than the national rate of 13.3 deaths per 100,000.<sup>2</sup> By September 2018, that rate had dropped to 17.13 opioid overdose deaths per 100,000 persons, with 82 investigations pending.<sup>3</sup>

While many federal, state, and local efforts target various segments of the opioid addiction cycle, the state, working in collaboration with CMS, has considerable leverage in addressing the front end of the user lifecycle namely modifying prescribing behaviors. To that end, NH is undertaking a project focused on addressing opioid overprescribing and misuse. The goals for this effort are:

- Develop a Performance Characterization Framework to measure key prescribing and other opioids-related behaviors to enable states to monitor the impact of mitigation programs and optimize resource allocation
- Create and implement, in prototype form, novel algorithms for identifying providers who exhibit excessive, abusive, or criminal prescribing behaviors

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<sup>1</sup> CDC Wonder, Atlanta GA, Center for Disease Control and Prevention, 2015

<sup>2</sup> National Institutes of Health, National Institute on Drug Abuse, Opioid Related Overdose Deaths, 2016.

<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/new-hampshire-opioid-summary>

<sup>3</sup> August 2108 Drug Environment Report, New Hampshire Drug Monitoring Initiative, New Hampshire Information and Analysis Center, <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-august-2018.pdf>

- Package the Performance Characterization Framework, novel algorithms and analytic methods, operational insights, policy implications, partnership models, and other knowledge and artifacts produced through this project to share with other states.

To assist with these efforts, on January 10th, 2019, Governor Christopher T. Sununu issued Executive Order 2019-01 establishing the New Hampshire Opioid Prescribing Advisory Council (the “Council”).

## **Section 2 Purpose and Objectives**

### **2.1 Purpose**

The purpose of the Council is to develop key performance indicators and evaluate and provide feedback regarding the analytic results and analysis. The Council shall recommend performance measures for an overall dashboard and will identify what questions must be answered through detailed analytics, so the measures are interpreted appropriately and in a way that can guide effective action. The Council shall monitor performance indicators over time to assess progress and whether actions taken are having the desired effect. It shall also make recommendations for potential policy changes or waivers that could bolster efforts to curb opioids misuse and prescription abuse or fraud.

### **2.2 Objectives**

The Council shall:

- a) Recommend measurements for analysis.
- b) Review analytic results, and make further recommendations as needed for refinement.
- c) Recommend policy changes and waivers to state and federal policy administrators.
- d) Based on experience and findings, compile recommendations, challenges encountered, and successes as a guide for other states.

## **Section 3 Membership**

The Council shall consist of between 16 and 20 members appointed by and serving at the pleasure of the Governor. Such members shall include professionals representing the health system, legal, academic and healthcare policy communities.

## **Section 4 Council Chair**

The Governor shall designate a member of the Council to serve as Chair. The responsibilities of the Chair shall include the following:

- Collaborate with Council Members to design the Council’s meeting agendas.

- Lead monthly meetings throughout the term of the Council, ensuring that meetings function properly. This includes, but is not limited to, engaging full participation of members during meetings, promoting discussion of relevant matters, and assuring the completion of agreements and actions.
- Represent the Council in meetings with the Governor, Executive Branch department heads, legislative leadership, and other appropriate government officials and members of the public.

## **Section 5 Council Member Responsibilities**

Council members shall undertake the following responsibilities:

- a) Attend and fully participate in meetings of the Council.
- b) Dedicate the necessary time and energy to participate in and contribute to the work of the Council, including, but not limited to, reviewing pre-meeting materials and commenting on the documents and reports team during and between meetings.
- c) Provide thoughtful leadership to project activities; this includes, but is not limited to, identifying questions for the data analytics, reviewing results and recommending refinements, and recommending policy changes and waivers to state and federal policy administrators, as well as to other states as appropriate.
- d) Engage with their own agency or other stakeholder community to advance the goals of this initiative.

## **Section 6 Council Meetings**

### **6.1 Meeting Frequency**

The Council shall meet monthly after a kickoff meeting to be held in the month of January. Meetings shall be held at a location determined by the Chair and shall be led by the Chair. Meeting dates and times shall be posted as required by NH RSA 91-A.

### **6.2 Meeting Openness**

Consistent with RSA 91-A, meetings shall generally be open to the public unless otherwise exempt.

### **6.3 Conduct of Meetings**

Requirements for the conduct of meetings shall include, without limitation, the following:

- a) All Council members are expected to attend all meetings or to send a designee to act in their place. Designees shall have all privileges of Council Members, including voting privileges, during any meeting for which the designee is attending in a Council member's place. In the event that a member is unable to attend a meeting or send a designee, the

member is expected to coordinate with the Council to submit comments and/or recommendations in advance of the meeting.

- b) All meetings shall start/stop on time.
- c) All Council members shall remain engaged and complete any requested reading or learning before the next meeting.
- d) All Council members shall allow interruption-free speech during presentations and discussions and shall avoid multi-tasking. Topics or items that require further discussion shall be tabled to be addressed and/or assigned at the end of the meeting.

## **6.4 Meeting Materials**

Background materials shall be provided for meetings to include, but not be limited to:

- a) Descriptions of the analysis plan pertaining to the issue that the meeting will address
- b) Results of the key phases of opioid use and addiction
- c) Methodology for characterizing clinician prescribing behavior
- d) Other analyses performed as a result of the early work
- e) Environmental scan
- f) Performance Characterization Framework in various stages, including interim progress measures
- g) Key Performance Indicators and Derivative Measures Dashboard
- h) Policy options and possible changes in or waivers from state and federal regulations that consider the timeline for influencing the opioid problem and federal strategic performance management/agency priority goals.

## **Section 7 Council Recommendations**

The Council shall base its recommendations on consensus developed through discussion and consideration of multiple options where possible. When full consensus is not possible, the Chair shall determine if a majority vote is appropriate or if multiple opinions should be presented for consideration by the State.

## **Section 8 Amendments**

These bylaws may be amended upon a 2/3 vote of the Council members present and voting, provided that no bylaw amendment shall be effective unless and until the Governor consents to the amendment. The Governor may amend these bylaws directly through an amendment to Executive Order 2019-01.

