Bill as Introduced

SB 322- AS INTRODUCED

2000 SESSION

00-2642
01/09

SENATE BILL ***322***

AN ACT extending the needle exchange pilot program.

SPONSORS: Sen. Trombly, Dist 7; Sen. Wheeler, Dist 21; Rep. Copenhaver, Graf 10; Rep. C. Kane, Rock 23; Rep. M. Fuller Clark, Rock 36; Rep. Konys, Hills 33; Rep. O'Keefe, Rock 21

COMMITTEE: Public Institutions, Health and Human Services

ANALYSIS

This bill extends the needle exchange pilot program for 4 years.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

SB 322- AS INTRODUCED

00-2642
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand

AN ACT extending the needle exchange pilot program.

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

1 Needle Exchange Pilot Program Extended. Amend 1997, 315:2, I to read as follows:

I. The commissioner of the department of health and human services shall establish guidelines for and shall monitor, with the assistance of an advisory committee, a [~~2-year~~] ***6-year*** pilot program offering the free exchange of new hypodermic needles and syringes for used hypodermic needles and syringes as a means to prevent the transmission of human immunodeficiency virus (HIV) among intravenous drug users. The pilot program may be implemented by one community in New Hampshire. Any individual who either administers or participates in the needle exchange program established under this act shall be immune from prosecution for violating RSA 318:52-c through RSA 318:52-e.

2 Effective Date. This act shall take effect upon its passage.

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # SB322 Date 4-4-00

Committee Health + Human Svcs

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Janet Monahan	7 N. State St, Concord	224-1909	NH Medical Soc	✓	
Sen. Katie Wheeler	Durham		Sen. District 21	✓	
William Kassler	Concord		DHHS	✓	
Sheila Evans	Concord		NH Women's Lobby	✓	
Claire Ebel	Concord		ACLU	✓	
Senator Rick Trombly	Bedford		Sponsor	✓	

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON SB 322

BILL TITLE: extending the needle exchange pilot program.

DATE: April 4, 2000

LOB ROOM: 205 **Time Public Hearing Called to Order:** 10:05 a.m.

Time Adjourned: 11:00 a.m.

(please circle if present)

Committee Members: Reps. Emerton, Batula, Chabot, Manning, Case, Perkins, Dawe, P. Katsakiores, Feuerstein, Pillion, Dalrymple, Wendelboe, Martel, Ruffner, Copenhaver, Kane, Haettenschwiller, Burnham, French, Donovan, Seldin and Potter.

Bill Sponsors: Sens. Trombly and Wheeler and Reps. Copenhaver, Kane, Fuller Clark, Konys and O'Keefe

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

SEN. RICK TROMBLY (Sponsor): I support this bill. The bill extends the needle exchange pilot program. No cities presently, are involved in the needle exchange program. However, one city has expressed interest in the program.

REP. JANEEN DALRYMPLE: Do you know how successful this program is?

SEN. TROMBLY: In the areas used, HIV cases have decreased, but there has been no increase in drug use. Two years are not enough to make those towns willing to take part. We need time.

REP. DALRYMPLE: Are you aware of any communities that are interested in education?

SEN. TROMBLY: Yes.

REP. THOMAS DONOVAN: The resistance in the communities is that orchestrated?

SEN. TROMBLY: Organized effort, based on ignorance.

REP. FRANCES POTTER: Are there any questions about the mechanics of passing out needles?

SEN. TROMBLY: There are agencies that would handle this.

REP. WALTER RUFFNER: Is this the education issue?

SEN. TROMBLY: Needle exchanges do not increase drug use, but are based on concerns and fears.

REP. GLORIA SELDIN: Who gives out the information about needles?

SEN. TROMBLY: ASO (Aid Services Organization) would work in conjunction with the state.

REP. MARION COPENHAVER: Law enforcement needs the education. They have "tunnel vision", wouldn't you agree?

SEN. TROMBLY: They are not here opposing this. It is blind neglect that affects indifference.

*DR. WILLIAM KASSLER (Representing DHHS as State Medical Director): I support this bill. He then submitted written testimony.

CHAIRMAN LARRY EMERTON: Will the passing of retractable needles affect this legislation?

DR. KASSLER: It's not effective in the street use because drug users will divert the retractable portion.

REP. PETER BATULA: What attracts a person to identifying himself as a drug user, in order to get needles?

DR. KASSLER: They are found by Outreach workers. They are well known in that community.

REP. BATULA: Why do we need six years? We have laws on the books we do not use.

DR. KASSLER: Over time there are incremental changes.

REP. DALRYMPLE: What are the national figures for Hepatitis B & C?

DR. KASSLER: We are at a low prevalence state.

REP. JAMES PILLIOD: How do drug users get needles?

DR. KASSLER: Illegally, shooting galleries, sharing among friends, illegal black market trade and sometimes diabetics.

REP. PILLIOD: Any thoughts on how to have a community accept the pilot program?

DR. KASSLER: Community education to get the message out.

REP. ALPHONSE HAETTENSCHWEILLER: Is there any information on programs now in affect? How do the police in those communities deal with this?

DR. KASSLER: I have anecdotal information. The crime goes down. Good relationships with the police.

REP. BARBARA FRENCH: Are we working with law enforcement?

DR. KASSLER: The department has offered funds for educational purposes in providing information and educational programs.

REP. DONOVAN: What size community does this pilot project need?

DR. KASSLER: If a community accepts, they have identified they have a drug use problem.

REP. BATULA: Why don't we sell needles over the counter?

DR. KASSLER: HB 427, this bill and all bills we support for promoting public health.

REP. MARION COPENHAVER: How many slots to treat drug users?

DR. KASSLER: I will send you that info.

REP. DONOVAN: Doesn't this bill provide for other services?

DR. KASSLER: I believe you need to have the panoply for other services in a needle exchange program.

REP. JOSEPH MANNING: Would a legitimate drug user have difficulty with the retractable needles?

DR. KASSLER: Drug users would need to disengage the use for multiple use. The retractable needles are designed for one use and one use only. They would be easily used for the one time use.

MS. SHEILA EVANS (NH Women's Lobby): I support this bill. It extends the bill really for four years because it has been in existence for two years.

REP. DALRYMPLE: Are drug abusers going to be interested in clean needles?

DR. KASSLER: Many drug users are employed and interested in remaining healthy. They are interested in maintaining their veins by not using dull needles. They will use clean needles if they are provided for them. Drug use expands socio-economic distinctions.

REP. BATULA: Funding for needles?

DR. KASSLER: The funds come from local charitable organizations. It's not a high cost intervention. There are federal funds for educational programs through the Dept. of Health and Human Services, but not for needle exchange directly. It would be a local program, but we would provide technical assistance.

Respectfully submitted,

Rep. Margaret Case, Clerk

Testimony

Department of Health and Human Services
Testimony on SB 322
April 4, 2000

Good morning. For the record my name is William Kassler. I am a practicing physician and here representing the Department of Health and Human Services as the State Medical Director. I will be speaking in favor of Senate Bill 322. As you know, this bill addresses the extension of a previous bill supporting the establishment of a pilot needle and syringe exchange program. The program would provide injection drug users with sterile needles and syringes. For clarity, I will use the term syringe to include both syringes and needles. It is important to note that in any such program, there would be a one-for-one exchange of used for clean syringes, so the program would not increase the number of syringes in circulation.

Let me present you with a few facts before I discuss the bill. First, there are an estimated 6,000 injection drug users in New Hampshire. These individuals are at high risk for infection with HIV and other blood borne infections such as Hepatitis B and Hepatitis C every time they use a syringe previously used by another injection drug user. Each time someone injects drugs, the syringe becomes contaminated with that persons blood. If another person uses the same syringe, he or she is exposed to the previous users blood.

Nationally, about one third of the 40,000 new HIV cases are linked to injection drug use. About 20% of the 300,000 new Hepatitis B cases are linked to injection drug use, and over half of the estimated 200,000 new cases of Hepatitis C are due to contaminated syringes. In New Hampshire over the past 5 years, 24 percent of new cases of HIV have occurred among injection drug users.

However, this is just the tip of the iceberg. HIV, Hepatitis B & Hepatitis C transmission that occurs through injecting drug use have a cascading effect as these infections are passed to their children and to their sexual partners who then further spread these infectious diseases in the community. Thus, reducing the risk of disease transmission among injection drug users is a legitimate medical and public health rationale for increasing access to clean syringes.

The Department supports this bill for three reasons.

- First, there is strong scientific evidence that syringe exchange programs will reduce the level of HIV infection and other blood borne diseases.
- Second, after thorough evaluation, there is **no** evidence that syringe exchange programs will increase drug use.
- Third, SB 322 respects community values by placing the voluntary pilot program within the confines of local control and would be operated without the use of **any** state funds.

The scientific evidence can best be summed up by quoting an article from the Journal of the America Medical Association: "The preponderance of research suggests that needle exchange programs lower the rates of multi-person use of needles, they offer a referral source for social services, health care and drug abuse treatment; and they also serve as a conduit to HIV counseling and testing, health education and condom distribution."

The National Research Council's review of the data concludes that syringe exchange programs constitute a vital component of a comprehensive strategy to prevent infectious disease. These programs reduce the number of contaminated syringes in circulation, which lowers a

major risk factor for infectious disease transmission. A National Academy of Sciences panel found that programs that encourage drug users to exchange used syringes for new ones greatly reduced the spread of HIV and did not boost illicit drug use. This finding echoes the previous findings by the General Accounting Office (GAO), the Office of Technology Assessment (OTA) and the University of California, San Francisco.

Closer to home, I turn next to the experience of the city of New Haven Connecticut. In 1990, the city initiated a syringe exchange program. The program was rigorously evaluated by a research team from Yale University led by Dr. Edward Kaplan, who tested returned syringes for the presence of HIV. Using a calculation that involved the return rate of syringes and the presence of HIV in the syringes, the syringe exchange program was found to reduce new HIV infections by injection drug users in the program by **one-third**.

The last issue to address is that of local control. SB 322 demonstrates respect for the New Hampshire tradition of "local control". No city or town is mandated to initiate the pilot program. Also, let me be clear that this bill will not result in the use of state dollars for syringe exchange. The Department is committed to developing the rules for such a program, which we can do within our current resources. The actual cost of the syringe exchange actives will be borne by the participating community.

In closing we urge this Committee to place its full support behind this bill because it is a common sense public health measure that leaves the power to participate in the hands of our local communities. Thank you very much for this opportunities to speak to you about this most pressing public health problem. I will be happy to answer any questions that you may have.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 322

BILL TITLE: **extending the needle exchange pilot program.**

DATE: April 11, 2000

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP), OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Cecelia Kane

Seconded by Rep. Gloria Seldin

Vote: 15-1 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Yes

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Margaret A. Case

Rep. Margaret A. Case, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 322

BILL TITLE: **extending the needle exchange pilot program.**

DATE: 4-11-00

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: (OTP), OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Kane

Seconded by Rep. Seldin

ok mdc.

Vote: 15-1 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 16-0

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Margaret A. Case, Clerk

Margaret A. Case

OFFICE OF THE HOUSE CLERK

2000 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: SB 322 Title: _____

PH Date: ___/___/___ Exec Session Date: 4/11/00

Motion: OTP Amendment #: _____

MEMBER	YEAS	NAYS
Emerton, Lawrence A, Chairman		
Batula, Peter L, V Chairman		✓
Chabot, Robert F	✓	
Manning, Joseph P	✓	
Case, Margaret A, Clerk	✓	
Perkins, Paul R		
Dawe, Eileen P		
Katsakiores, Phyllis M	✓	
Feuerstein, Martin	✓	
Pilliod, James P	✓	
Dalrymple, Janeen A	✓	
Wendelboe, Francine		
Martel, Andre A	✓	
Ruffner, Walter D	✓	
Copenhaver, Marion L		
Kane, Cecelia D	✓	
Haettenschwiller, Alphonse A	✓	
Burnham, Daniel M	✓	
French, Barbara C		
Donovan, Thomas E	✓	
Seldin, Gloria	✓	
Potter, Frances D	✓	
TOTAL VOTE:	15	1

Printed: 12/30/1999

Committee Report

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **SB 322**

TITLE: extending the needle exchange pilot program.

DATE: April 11, 2000 CONSENT CALENDAR YES ☒ NO ☐

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Extending the needle exchange pilot program for four years in one community, the Commissioner of the Department of Health and Human Services shall establish guidelines for and shall monitor with the assistance of an advisory committee. The free exchange of new syringes and hypodermic needles for used hypodermic needles, as a means to prevent the transmission of Human Immunodeficiency Virus (HIV), among intravenous drug users. Any individual who either administers or participates in the needle exchange program established under this act, shall be immune from prosecution for violating RSA 318:52. The overwhelming majority of the committee was in agreement that this program needs an extension to make this worthwhile program a success, needed by the public.

Vote 15-1.

Rep. Cecelia D. Kane
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

SB 322, extending the needle exchange pilot program. OUGHT TO PASS

Rep. Cecelia D. Kane for Health, Human Services and Elderly Affairs: Extending the needle exchange pilot program for four years in one community, the Commissioner of the Department of Health and Human Services shall establish guidelines for and shall monitor with the assistance of an advisory committee. The free exchange of new syringes and hypodermic needles for used hypodermic needles, as a means to prevent the transmission of Human Immunodeficiency Virus (HIV), among intravenous drug users. Any individual who either administers or participates in the needle exchange program established under this act, shall be immune from prosecution for violating RSA 318:52. The overwhelming majority of the committee was in agreement that this program needs an extension to make this worthwhile program a success, needed by the public.

Vote 15-1.

COMMITTEE REPORT

COMMITTEE: HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

BILL NUMBER:

TITLE: SB 322

DATE: 4-11-00 CONSENT CALENDAR YES ☒ NO ~~☒~~

☒ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote) 15-1

~~11-0~~

Extending the needle exchange pilot program for 4 years in one community. The Commissioner of Department of Health & Human Services shall establish guidelines for and shall monitor with the assistance of an advisory committee. The free exchange of new needles syringes & hypodermic needles for used hypodermic needles as a means to prevent

Vote 15-1

Rep. Cecelia D Kane
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

The transmission of human immunodeficiency virus (HIV) among intravenous drug users.

Any individual who either administers or participates in the needle exchange program established under this act shall be immune from prosecution for violating

RSA 318:52

The overwhelming majority of the Committee was in agreement that this program needs an extension to make this worthwhile program a success, needed by the public.