

# Senate Health and Human Services Committee

*Sophie Walsh 271-3469*

**SB 549-FN**, prohibiting the state or local government from distributing or funding organizations that distribute drug paraphernalia.

**Hearing Date:** February 4, 2026

**Time Opened:** 10:06 a.m.

**Time Closed:** 11:26 a.m.

**Members of the Committee Present:** Senators Rochefort, Birdsell, Prentiss and Long

**Members of the Committee Absent:** Senator Avard

**Bill Analysis:** This bill prohibits the state or local governments from distributing or funding organizations that distribute drug paraphernalia.

---

**Sponsors:**

Sen. Murphy

Sen. Pearl

Sen. Ward

Sen. Lang

Sen. Avard

Sen. Gannon

Sen. Sullivan

Sen. McGough

Sen. Innis

Sen. Birdsell

---

**Who supports the bill:** 6 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

**Who opposes the bill:** 163 people signed in opposition to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

**Who is neutral on the bill:** 3 people signed in neutral on the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

**Summary of testimony presented:**

Senator Keith Murphy, Senate District 16

- Senator Murphy distributed photos to the Committee, including a photo he took of a needle he found in a local park, a photo from a constituent took of a needle her daughter found behind their house, and a photo he took of needles and a spoon used for drug use on Elm Street in Manchester.

- He told stories about a constituent who found needles in their car after it was left unlocked overnight and about a constituent who found thousands of needles in a temporarily vacant retail property of theirs.
- Senator Murphy emphasized that this is both hazardous and dangerous.
- He explained that a number of organizations and non-profits distribute these needles and noted that they are funded with grant money from corporate donors and tax dollars. He described the belief that distributing clean needles saves people from blood transmitted diseases as well intended but misguided.
- Senator Murphy distributed a print-out of the 2024 Report of the Harm Reduction Coalition. He explained that while they disposed of 428,000 needles in 2024, they distributed 986,631 according to the 2023 Report. This represents an average of 2,700 syringes being distributed daily.
- Senator Murphy noted that the fiscal note is \$1.7 million. He believes putting that money towards actual treatment would be a great use for it. He emphasized that any good done by these programs is being outweighed by the dangers posed to the community.
- Senator Prentiss asked if drug paraphernalia is exclusively referring to needles and syringes and expressed concern about Narcan potentially falling into this category.
- Senator Murphy said he does not believe Narcan would be included according to the definition of drug paraphernalia in the referenced RSA.
- Senator Long referenced Manchester's 1-for-1 exchange program and expressed concern about the possibility of not giving out any needles. He asked if Senator Murphy is concerned about the possible spread of diseases like HIV.
- Senator Murphy explained his understanding of the 1-for-1 program is that people will not get turned away if they do not come with needles to exchange. He hopes that there will not be more blood borne diseases and emphasized that if used needles are dangerous to share, then they are dangerous for people coming across them in the community.
- Senator Murphy noted that while he does not believe this is a good use of money, it would be safer for the community to open drug use sites if we are going to continue distributing needles.

Dr. Jonathan Ballard and Jenny O'Higgins, Department of Health and Human Services

- Ms. O'Higgins explained that current law already prohibits using state or federal funds for purchasing syringes. This bill would extend that restriction to organizations that distribute syringes and would not allow them to receive funding regardless of whether the funds are used to purchase syringes.
- Ms. O'Higgins noted that there is some confusion with conflicting language in the bill. She explained that lines 2-4 and 7-9 conflict with each other, and will

lead to technical and legal challenges if not corrected. She also noted that lines 10-16 of the bill applies to the pharmacy statute, which also creates some confusion.

- Ms. O'Higgins referenced the fiscal note and explained that there are current funding resources for syringe service programs, including federal grants for Overdose Data to Action, Governor's Commission funds, and Opioid Abatement funds.
- New Hampshire has seen a positive trend in overdose prevention. We are outpacing all national declines in overdose rates.
- While there is an estimated \$1.7 million expenditure reduction, the true number is undeterminable because costs would shift to emergency medical services, hospitalizations, and increased infectious disease. Ms. O'Higgins emphasized that these are all more expensive compared to prevention services.
- If this bill were to be implemented as is, it would impact recovery community organizations and HIV programs as well.
- Dr. Ballard explained that he has assessed research and referenced a report on syringe service programs in Kentucky. Their law requires that each town and county approve and have oversight of syringe service programs. From 2016-2019, these programs were operating in 66 counties and in 80 sites. Compared to those without these programs, these counties saw approximately 50% less costs in the Medicaid program for specific conditions like HIV, Hepatitis B and C, infective endocarditis, abscesses, and spinal abscesses.
- Applying this data to New Hampshire, Dr. Ballard estimates that there will be a \$3.5 million increase for taxpayers for Medicaid.
- Ms. O'Higgins emphasized that while the fiscal note may show short term savings, the Department predicts long term public health and financial impacts.
- Ms. O'Higgins addressed Senator Prentiss' earlier question and explained that while naloxone would not be considered drug paraphernalia, there are additional pieces in the definition that include drug testing. This makes it unclear how other organizations that do testing would be impacted.
- Senator Birdsell expressed concern about the number of syringes being distributed and other people being put in harm's way. She asked how many syringes were distributed in Kentucky and whether these programs were distributing large amounts of needles at once.
- Dr. Ballard explained that Kentucky's system required the towns and counties to approve and collaborate with the police and fire departments. Some localities adopted the 1-for-1 programs. Dr. Ballard noted that there may be ways to improve the statute.
- Ms. O'Higgins emphasized that the Department is concerned with the risk of infectious disease spread and overdose fatalities. They are aware of the risk

posed by needles improperly disposed of in the community, but they believe there are more effective strategies than eliminating syringe services.

- Senator Birdsell emphasized her concerns about parents finding needles with their children and said the program needs to be refined because the additional disposal sites are not having an impact.
- Senator Rochefort asked for clarification on the bill's conflicting language.
- Ms. O'Higgins explained that lines 2-4 state nothing shall be construed to prohibit the Department of Health and Human Services from administering and/or distributing funds to syringe service programs under the section. Yet, another section of the bill stated that agencies of the state are prohibited from those same things that lines 2-4 were referring to.
- Dr. Ballard noted that the Department and agencies involved with funding syringe services programs are not governed by the pharmacy statute referenced in lines 10-16 of the bill.
- Ms. O'Higgins noted that the language "or other" being struck out on line 3 may include the Governor's Commission and Opioid Abatement funds.
- Senator Birdsell said that she reads the conflicting language differently, as she does not think the Department is considered one of the agencies of the state being mentioned. She noted that a different definition of agency could be utilized, and Ms. O'Higgins agreed that it could use some clean up.
- Senator Long asked if the New Hampshire Harm Reduction Coalition is one of the organizations distributing syringes in Manchester.
- Ms. O'Higgins confirmed they do through the Queen City Exchange.
- Senator Long asked if this is a federal pass-through to the state, and Ms. O'Higgins said the funding sources are the Governor's Commission, Overdose Data to Action, and the Opioid Abatement Fund.
- Senator Long asked if federal funds are considered state funds once they come through to the state and ultimately go to these organizations.
- Ms. O'Higgins explained that they are still considered federal funds, even if they are running through the state budget. The Overdose Data to Action grant is considered federal funding, while the Governor's Commission and Opioid Abatement funds are considered general or other funds.

Lauren Byrne, HIV/HCV Resource Center

- Ms. Byrne stated that she is speaking in opposition to the bill.
- While this bill is framed as focusing on drug paraphernalia, in reality it would defund essential, evidence-based public health services.
- This bill would defund the HIV Resource Center's entire case management program, as well as the Hepatitis C and HIV testing programs. It would also defund the overdose prevention, education, and naloxone distribution programs.

These programs are a key reason for fatal overdose numbers decreasing in New Hampshire.

- Harm reduction programs allow the HIV Resource Center to maintain non-judgmental contact with clients, which opens up pathways to treatment and recovery. These pathways will disappear if these programs are defunded.
- Harm reduction is a proven system of care for people otherwise disconnected from the health care system.
- If passed, there will be more overdoses and preventable deaths, higher rates of infectious disease, higher health care costs, and loss of trusted relationships with vulnerable individuals.
- Ms. Byrne referenced disposal of needles and explained that Barre, Vermont conducted a pilot program of constructing needle disposal boxes and saw a reduced amount of improperly disposed of needles.

John Burns, SOS Recovery Community Organization

- Mr. Burns stated that he is speaking in opposition to the bill.
- All of the SOS Recovery centers serve as recovery community organizations, as well as syringe service and harm reduction programs.
- This bill will put their organization at a cross roads, forcing them to choose between shutting down their harm reduction programs or losing approximately 60% of their funding.
- Harm reduction programs have allowed the SOS Recovery Community Organization to distribute 3,476 doses of Narcan in 2025. 417 reversed overdoses have been reported between the 3 communities they serve.
- Mr. Burns emphasized the importance connections that are made by doing this.
- Public health experts have long attributed naloxone as one of the most important reasons for decreasing overdose deaths.
- Research shows that syringe service programs help decrease improperly disposed of syringes. Without these programs, people will still find a way to obtain syringes and likely improperly dispose them.
- Mr. Burns noted that he does not believe the data presented by Senator Murphy is entirely accurate, as it looked at the syringes distributed by New Hampshire Harm Reduction Coalition and does not look at the subcontracts and numbers collected in Manchester versus statewide.

Cheryle Pacapelli

- Ms. Pacapelli stated that she is speaking in opposition to the bill as someone with perspective grounded in lived experience and decades of recovery advocacy experience. She has seen the consequences of public health systems withdrawing support.

- Syringe services and other harm reduction programs are evidence-based public health interventions. They reduce the transmission of infectious disease, prevent fatal overdoses, and serve as points of engagement for individuals disconnected from the health care system.
- Ms. Pacapelli emphasized that the people who do not have the ability to utilize these programs often do not survive.
- The hospital in Laconia saw a reduction in blood infections from 6 per month to 1 every 3 months as a direct result of their syringe service programs.
- Ms. Pacapelli agrees that needles should not be littered in parks and emphasized that ending syringe service programs is not the answer to solving this problem.
- Senator Rochefort asked how Ms. Pacapelli would address the issue of improperly disposed of syringes.
- Ms. Pacapelli explained that people will use disposal sites when implemented correctly and noted that this has been done in Connecticut. She emphasized that New Hampshire has made large strides in the last 12 years, but it will take only 2 years to reverse this progress.

Eve Freeman Toth, Community Action Program Belknap-Merrimack Counties, Inc.

- Ms. Toth stated that street outreach and harm reduction programs are applied in unstable, unpredictable environments involving people with trauma, mental health conditions, housing insecurity, and limited access to health care.
- Several practical considerations need to be made when proposing changes to harm reduction frameworks to avoid unintended consequences.
- Outreach and harm reduction relies almost entirely on voluntary engagement. Small policy changes can cause trust to be lost and uncertainty to be felt, pushing participants away.
- Lack of participation in harm reduction programs can lead to less contact with health care, resulting in more disease. Furthermore, it will lead to less opportunities to prevent overdose and increased isolation, raising the mortality risk.
- When harm reduction access is restricted or altered, substance use does not stop. It relocates, resulting in increased use of unsafe locations, reduced bystander presence during overdose, and greater strain on emergency services.
- While policy changes often assume that agencies can adapt, outreach workers absorb downstream impacts because agencies operate with strict compliance requirements and limited funding and staff.
- Ms. Toth explained that she lives in Manchester and has seen a reduction in the amount of needles in her neighborhood park.

- Ms. Toth told a personal story about losing a loved one to one of these infections. Their death could have been prevented if they lived in an area with more access to these types of programs.

Todd Schillinger, Keene Serenity Center

- Mr. Schillinger stated that he is speaking in opposition to this bill as Director of the Keene Serenity Center and as someone in long-term recovery.
- For 3 months of last year, Keene Serenity Center took in more needles than they gave out.
- They have worked with the City of Keene and Keene Police Department to address the issue of syringe litter. They also have worked with Keene Public Library and the playgrounds and basketball courts to maintain containers where needles have been found in the past.
- Mr. Schillinger empathized with Senator Murphy's thoughts and emphasized that he has the education to know that harm reduction is effective.

Jessica Carter and Casey Larcomb, Revive

- Ms. Carter explained that Revive provides recovery-focused programming through multiple centers. Their syringe pick up service is a collaborative effort to ensure that no syringes are left unattended. They have a 100% return rate because partners in the community can call them to have syringes picked up.
- This bill would force Revive to either face shutting down their harm reduction programming or ceasing all programs entirely.
- This will immediately destabilize the entire continuum of care in southern New Hampshire.
- Revive welcomes all regardless of recovery status upon engagement. There are documented, measurable outcomes that they are providing for people.
- Revive distributed over 260,000 syringes in 2025, but they took in more than they gave out.
- Ms. Carter emphasized that this will cause overdose deaths to rise, the spread of infectious disease to increase, hospitals to face larger costs, and syringe litter in public spaces to increase. People who rely on these services will lose all connection to care, and emergency services will shoulder the burden.
- Ms. Carter stated that this bill will not eliminate the need for these services, as it will only eliminate the programs that currently manage risks and prevent the worst outcomes.
- She emphasized that people are not being encouraged to use drugs when they receive naloxone, wound care, or sterile supplies.
- Ms. Larcomb stated that she is testifying as an employee of Revive and as someone who is in recovery and has accessed harm reduction services.

- The ability to access these services was multi-beneficial for Ms. Larcomb and served as a pathway to recovery.
- She has witnessed, both personally and professionally, the difference this makes for the safety of our community and the vulnerable population.
- Senator Long noted that he does not think this is enabling and asked if there is data on the amount of people that find their way out and recover.
- Ms. Carter explained that they do not collect specific data on harm reduction programming because they are providing those services to prevent the spread of disease, not necessarily to get people into recovery. They do provide referrals and collect some anecdotal data, but they do not always know if people actually utilize those referrals because they are an anonymous program. There were around 150 people who sought treatment from the Syringe Service Alliance of the Nashua Area (SSANA) program last year, but there is no confirmation if they went or completed treatment.

Representative Jodi Newell, Cheshire – District 4

- Representative Newell explained that Keene has done a good job in addressing the issue of syringe litter by connecting with local recovery community organizations.
- This indicates that it would be better to increase funding for these organizations, rather than defunding, as they will be able to remediate these issues more effectively with more capacity.
- This is a key part of an evidenced-based, holistic approach to reducing overdose deaths and saving lives.
- Representative Newell shared a personal story about losing her children's father to an overdose 17 years ago. Her kids will never get their father back because these tools were not accessible at the time.
- Representative Newell explained that these tools keep people alive and safe until they are ready for recovery. When we risk death, there is an increased risk of impacting the entire community.

Dr. Kerry Nolte

- Dr. Nolte stated that she is speaking in opposition to the bill.
- 82% of the people getting these services have health insurance and have been connected to health care services by these programs. ¾ of them have been tested for HIV and Hepatitis C. Many have transitioned away from injecting drugs through these programs.
- Harm reduction supplies these people with relationships, supportive care, wound care kits, and naloxone access.
- Among survey participants, the leading cause of poor connections with health care is previously being treated poorly because of substance use.

- Dr. Nolte has been collaborating with many community agencies in assessing the impact of emergency service calls for found syringes. Over the past 2 years since the implementation of this program, those calls have decreased by 40%.
- Senator Rochefort referenced the documents submitted by Senator Murphy and asked if boofing kits are widely used.
- Dr. Nolte explained that they are not widely used. They are one of many strategies used to decrease injection drug use by utilizing other routes.

Rachel Potter, ACLU of New Hampshire

- The ACLU is deeply concerned about this bill, particularly the restriction on the use of state and local funds and the liberty implications that flow from those restrictions.
- At its core, this is about limiting how the government can respond to a public health crisis in ways that respects individual dignity, bodily autonomy, and equal access to lifesaving services.
- This is a sweeping limitation inserting the legislature into the day-to-day public health decisions that these organizations are making.
- This concern is compounded by how New Hampshire defines drug paraphernalia. The broad definition can capture harm reduction supplies and cause a chilling effect on these services.
- Rather than promoting recovery and safety, limiting access to publicly supported harm reduction services can deepen health inequities and reinforce stigma.
- The ACLU's concern is that when the government withdraws support for preventative care, it narrows some peoples' practical access to health-preserving resources while others retain full access.
- Denying or restricting funding for these services will not eliminate substance use, but rather increase the likelihood of disease, death, and higher downstream costs.

Cathy Stratton, New Hampshire Medical Society

- Ms. Stratton stated that she is speaking in opposition to the bill with concern about public health resources and their value. These resources are part of a comprehensive effort to reduce addiction and overdose deaths.
- Ms. Stratton shares the concerns raised about improperly disposed of needles and the public health crisis they create.
- The National Institute on Drug Abuse has studied programs like these for over 30 years, finding that syringe service programs do not promote, encourage, or increase intravenous drug use.

- Physicians have learned that when we fail to meet people where they are, we can expect increased rates of transmission, delayed treatment, increased costs, increased duration of addiction, and increased overdoses.

#### Jake Berry, New Futures

- Needle exchange is a practice based on more than 30 years of public health research and evidence.
- Mr. Berry said he believes no one deserves more credit than harm reduction and needle exchange programs for the falling overdose rates in New Hampshire.
- This bill would gut everything that these programs do and undermine the work done to build a public health system capable of overcoming the addiction crisis. Mr. Berry emphasized that this would cost many lives.
- As a lifelong Manchester resident, Mr. Berry feels much safer raising his children in a city that has programs like these available. He noted that needles are few and far between in his experience.

#### Lauren McGinley, New Hampshire Harm Reduction Coalition

- Ms. McGinley explained that while harm reduction is relatively new in New Hampshire, the CDC has been proving the efficacy of syringe service programs in reducing fatal and nonfatal overdoses, syringe litter, and infections of blood born pathogens, as well as reducing costs in the hospital and medical systems.
- In New Hampshire, syringes are legal to sell, so they will be here whether or not these programs are. New Hampshire Harm Reduction Coalition is the only organization in the state that provides free access to biohazard disposal for syringes.
- Ms. McGinley explained that not all of the needles accepted by the Harm Reduction Coalition are from drug use, noting there has been increases in the past year of people using syringes for things like GLP-1 drugs.
- Ms. McGinley emphasized that there is a syringe litter issue in different areas of the state, and expressed caution about the assumption that this would improve if syringe service programs are ceased.
- Ms. McGinley offered to provide the Committee with the 2024 Annual Report, noting that she does not think it was distributed in full earlier.