

HB 1790-FN - AS INTRODUCED

2026 SESSION

26-2999

09/08

HOUSE BILL ***1790-FN***

AN ACT relative to involuntary admissions for certain individuals with a substance use disorder.

SPONSORS: Rep. Long, Hills. 26; Rep. Swanson, Hills. 5

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill includes substance use disorder in the definition of mental illness for the purpose of evaluating whether a person may be involuntary admitted.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Six

AN ACT relative to involuntary admissions for certain individuals with a substance use disorder.

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

1 1 Mental Health Services System. Amend RSA 135-C:2, XV-a to read as follows:

2 XV-a. ***"Substance use disorder" means the chronic or habitual consumption or***
3 ***ingestion of controlled substances or intentional inhalation of toxic vapors by a person to***
4 ***the extent that such use substantially injures the person's health or substantially interferes***
5 ***with the person's social or economic functioning; or the person has lost the power of self-***
6 ***control over the use of such controlled substances or toxic vapors.***

7 XV-b. "Transitional housing program services" means a residential program that provides
8 housing and support services to persons with serious and persistent mental illness through a
9 contract with the department of health and human services.

10 2 New Paragraph; Involuntary Emergency Admission. Amend RSA 135-C:27 by inserting after
11 paragraph II the following new paragraph:

12 III. Notwithstanding RSA 135-C:2, X, as used in this subdivision, "mental illness" means a
13 substantial impairment of emotional processes, or of the ability to exercise conscious control of one's
14 actions, or of the ability to perceive reality or to reason, when the impairment is manifested by
15 instances of extremely abnormal behavior or extremely faulty perceptions. It includes impairment
16 primarily caused by substance use disorder, as that term is defined in RSA 135-C:2. It does not
17 include impairment primarily caused by: epilepsy; intellectual disability; continuous or
18 noncontinuous periods of intoxication caused by alcohol; or dependence upon or addiction to alcohol.

19 3 Nonemergency Involuntary Admission. Amend RSA 135-C:34 to read as follows:

20 135-C:34 Involuntary Treatment Standard. The standard to be used by a court, physician, or
21 psychiatrist in determining whether a person should be admitted to a receiving facility for treatment
22 on an involuntary basis shall be whether the person is in such mental condition as a result of mental
23 illness as to create a potentially serious likelihood of danger to himself or to others.
24 ***Notwithstanding RSA 135-C:2, X, as used in this subdivision, "mental illness" means a***
25 ***substantial impairment of emotional processes, or of the ability to exercise conscious***
26 ***control of one's actions, or of the ability to perceive reality or to reason, when the***
27 ***impairment is manifested by instances of extremely abnormal behavior or extremely faulty***
28 ***perceptions. It includes impairment primarily caused by substance use disorder, as that***
29 ***term is defined in RSA 135-C:2. It does not include impairment primarily caused by:***

1 *epilepsy; intellectual disability; continuous or noncontinuous periods of intoxication*
2 *caused by alcohol; or dependence upon or addiction to alcohol.*

3 4 Effective Date. This act shall take effect January 1, 2027.

HB 1790-FN- FISCAL NOTE
 AS INTRODUCED

AN ACT relative to involuntary admissions for certain individuals with a substance use disorder.

FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$0	\$0	Indeterminable, but potentially \$2 million+	Indeterminable, but potentially \$2 million+
<i>Revenue Fund(s)</i>	Private pay/insurance revenue for mental health treatment			
Expenditures*	\$0	Indeterminable, but potentially \$40 million+	Indeterminable, but potentially \$30 million+	Indeterminable, but potentially \$30 million+
<i>Funding Source(s)</i>	General funds, private pay/insurance payments			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

METHODOLOGY:

This bill amends RSA 135-C to include substance use disorder (SUD) in the definition of “mental illness” for purposes of involuntary emergency admission and non-emergency involuntary admission to a receiving facility. As a result, individuals whose impairment is primarily caused by SUD could potentially be subject to involuntary admission if they meet the statutory danger criteria. The Department of Health and Human Services assumes the bill will result in increased demand for clinical evaluations, court hearings, and administrative processing for involuntary admissions involving SUD as well as need for additional psychiatric staff, legal staff, case managers, Licensed Alcohol and Drug Counselors (LADC) and recovery coaches or peer supports to handle expanded eligibility. The bill will potentially require updates to Department systems (admission tracking, reporting) to reflect new statutory criteria. Finally, the Department assumes the bill will increase the number of beds needed in order to accommodate the increase in patients.

The Department expects that the bill's fiscal impact on New Hampshire Hospital (NHH) will be significant. Specifically, the Department assumes the increased need for beds will exceed current availability, creating a need for an estimated 70-bed facility to serve approximately 287

annual patients, assuming a ninety-day stay per patient. A new facility is estimated to cost \$40 million to construct, with an annual operating cost of about \$33,302,200. With an estimated five days covered by insurance at \$1,599 per day, projected revenue would be approximately \$2,294,600 per fiscal year. Eighty-five days would remain unpaid and funded through General Funds for an estimated \$31,007,600 per year. The Department assumes that construction costs would be incurred in FY27 with operational costs beginning in FY28.

The Department further anticipates that the increase in involuntary admissions will result in additional legal proceedings associated with petitions and hearings and psychiatric evaluations required to determine eligibility and risk. These services are mandated components of the process and would scale proportionally with any increase in volume. The Department anticipates an additional cost potentially exceeding \$600,000 annually in new general fund obligations, assuming a 30 percent increase, with potential for higher costs depending on implementation and service utilization rates.

AGENCIES CONTACTED:

Department of Health and Human Services