Senate Executive Departments and Administration Committee

Declan Donahue 271-3324

HB 751-FN, requiring licensure of outpatient substance use disorder treatment facilities and relative to complaint investigation of treatment facilities by the department of health and human services office of the ombudsman and making an appropriation therefor.

Hearing Date: January 21, 2026

Time Opened: 2:03 p.m. **Time Closed**: 2:24 p.m.

Members of the Committee Present: Senators Pearl, Gannon, Altschiller and Reardon

Members of the Committee Absent : Senator McGough

Bill Analysis: This bill establishes a committee to study licensure of outpatient substance use disorder treatment facilities.

Sponsors:

Rep. McLean	Rep. Newell	Rep. Paquette
Rep. Prudhomme-O'Brien	Sen. Long	

Who supports the bill: Sam Hawkins, Laurie Harding, Lynn Currier, Marie Kiely, and Anena Hansen

Who is neutral on the bill: Jenny O'Higgins (D.H.H.S.), Nate Greene, Jake Berry (New Futures), and Jaime Powers (GateHouse Treatment)
Summary of testimony presented in support:

Senator Tara Reardon (District 15)

- Because there were no House members present to introduce the bill, Senator Reardon introduced the bill.
- This bill establishes a committee to study licensure of outpatient substance use disorder treatment facilities.

Marie Kiely

- Ms. Kiely supports the bill, but also supports the bill as originally written.
- She supports the bill because of her son, who died from alcohol addiction.
- He had only seen help in an emergency manner, and his outpatient service providers were not offering evidence-based treatments.

- The information his providers gave him was both harmful and misleading to families.
- Many people do exactly as instructed and still die from their addiction.
- Delaying certification requirements allows the continuous spread of an epidemic.

Anena Hansen
- Ms. Hansen is in favor of establishing a committee because any action supporting research and oversight of outpatient care is a good thing.
- Women with substance use disorder are at greater risk for abuse, and requiring certification would help protect women from abuse while they're in a vulnerable state.

Neutral Information Presented:

Jake Berry (Senior Vice President, New Futures)
- Mr. Berry stated that he is neutral on the bill in its current state, and is requesting an amendment to restore its original intent.
- Residential treatment facilities for substance use disorder must be licensed, whereas outpatient treatment facilities are not.
- Outpatient treatment facilities provide services just as critical to individuals who are just as vulnerable.
- Currently, there is no authority to track in D.H.H.S. who is providing outpatient services and what they provide.
- There are 48 registered service providers with New Hampshire Medicaid: 6 contract with the state and the other 42 don't have any way for D.H.H.S. to check the type and quality of care.
- As initially proposed, this bill requires outpatient treatment providers to be licensed by the D.H.H.S.
- It got caught in the budget process, but Mr. Berry has refined the bill to decrease costs.
- Senator Pearl said that if he adds anything to the bill that costs money, it will not leave the Finance committee.
- Mr. Berry was interested in discussing ways to eliminate the fiscal note.
- Senator Pearl asked if the bill dying in finance or resulting in a study committee is more desirable.
- Mr. Berry stated there have already been study committees, and that there is not a great need or use for further study.

Jaime Powers (C.E.O., GateHouse Treatment)
- Ms. Powers is in favor of the bill as originally proposed, and not as a study committee as the House suggests.
- This bill was initially proposed 2 years ago and has been through numerous study committees.

- A certification process for outpatient substance use disorder treatment providers is both necessary and overdue.
- New Hampshire has made significant investments in a comprehensive treatment program, but a lack of certification has led to mixed and substandard results.
- There are concerns this will limit providers to a single modality of care, but certification would give space for different providers to build out into different modalities of care.
- Establishing a behavioral health specialist within the office of the ombudsman would ensure avenues for certain complaints to be heard that we do not have.
- This would promote higher quality of care and strengthen the integrity of the system overall.
- It would expand our data to include providers who won't participate in Medicare or contract with the state.
- The creation of a publicly accessible database would empower individuals and families to navigate the complex landscape of substance abuse treatment.
- This would prioritize patient safety.

Jenny O'Higgins (Legislative Liaison for Behavioral Health , D.H.H.S.)

- This could be brought under existing licensure to minimize the fiscal impact, and D.H.H.S. has already done the work to accommodate for that.
- From when the bill was in interim study, there is already a report on how other states do this.
- If this goes back to the original bill, the department would need to take a position, which would be complicated under current budget constraints.
- Senator Pearl asked why the House converted this to a study committee.
- Ms. O'Higgans stated it is due to the fiscal constrains. D.H.H.S. shares the goals of the bill in terms of additional oversight, but states it would be an entirely new licensing type.

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Date Hearing Report completed: January 23, 2026