CHAPTER 41
HB 73 - FINAL VERSION

6Mar2025... 0219h
1May2025... 1912EBA

2025 SESSION

25-0078
05/08

HOUSE BILL ***73***

AN ACT relative to harm reduction, substance misuse, and the governor's commission on alcohol and drug abuse prevention, treatment, and recovery.

SPONSORS: Rep. Nagel, Belk. 6; Rep. Mandelbaum, Rock. 21; Rep. Edwards, Rock. 31; Sen. Watters, Dist 4

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill defines harm reduction and drug misuse for purposes of alcohol and drug misuse treatment and prevention and establishes a substance use disorder access point program.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

CHAPTER 41
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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT relative to harm reduction, substance misuse, and the governor's commission on alcohol and drug abuse prevention, treatment, and recovery.

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

41:1 Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery. Amend RSA 12-J:1 through RSA 12-J:4 to read as follows:

12-J:1 Commission Established; Membership; Terms.

There is hereby established a commission which shall serve in an advisory capacity to the governor and the general court regarding ***the importance of prevention as well as*** the delivery of effective and coordinated alcohol and ***other*** drug [~~abuse~~] ***misuse programs of*** prevention, treatment ***using a public health informed approach to address addiction***, and recovery services throughout the state. The commission shall consist of the following members:

I. Seven public members, 2 of whom shall be professionals knowledgeable about alcohol and ***other*** drug [~~abuse~~] ***misuse*** prevention, one of whom shall be appointed by the governor and one of whom shall be appointed by the senate president; 2 of whom shall be professionals knowledgeable about alcohol and ***other*** drug [~~abuse~~] ***misuse*** treatment ***including reduction of societal and individual harm***, one of whom shall be appointed by the governor and one of whom shall be appointed by the speaker of the house of representatives; 2 of whom shall be public members who are not professionals within the alcohol and drug [~~addiction~~] ***misuse*** prevention and treatment system, one of whom shall be appointed by the senate president and one of whom shall be appointed by the speaker of the house of representatives; and one member in long-term recovery, appointed by the governor.

II. Two members of the house of representatives, appointed by the speaker of the house of representatives, and 2 members of the senate, appointed by the president of the senate. The term of the legislative members of the commission shall be for the biennium and shall be coterminous with membership in the general court. Legislative members shall receive mileage at the legislative rate when attending to the duties of the commission.

III.(a)(1) The attorney general, or designee.

(2) The adjutant general, or designee.

(3) The administrative judge of the circuit court, or designee.

(4) The chairperson of the liquor commission, or designee.

(5) The commissioner of the department of health and human services, or designee.

(6) The director of juvenile justice services, department of health and human services, or designee.

(7) The commissioner of the department of education, or designee.

(8) The commissioner of the department of corrections, or designee.

(9) The commissioner of the department of safety, or designee.

(10) The director of the office of alcohol and drug policy, department of health and human services, or designee.

(11) The commissioner of the department of insurance, or designee.

(b) The members under this paragraph shall serve terms coterminous with their terms in office.

IV.(a)(1) A representative of the Business and Industry Association of New Hampshire, appointed by the association.

(2) A representative of the New Hampshire Medical Society, appointed by the society.

(3) The chancellor of the community college system of New Hampshire, or designee.

(4) The chairman of the New Hampshire Suicide Prevention Council.

(5) A representative of the New Hampshire Nurses' Association, appointed by the association.

(6) A representative of the New Hampshire Charitable Foundation, appointed by the foundation.

(7) A representative of the New Hampshire Hospital Association, appointed by the association.

(8) The president of the New Hampshire Association of Chiefs of Police, or designee.

(b) A representative of the state's faith-based community, who shall be a nonvoting member, appointed by the governor.

(c) The members under this paragraph shall serve 3-year terms.

12-J:2 Organization of Commission; Task Forces; Staffing.

I. The commission shall elect one of its members to serve as chairperson. The executive director of the commission shall be the director of the appropriate division responsible for alcohol and drug [~~abuse~~] *misuse* prevention and recovery, who shall serve without additional compensation. Twelve members of the commission shall constitute a quorum.

II.(a) To assist the commission in the performance of its duties, the chairperson shall create task forces. The chairperson shall initially create task forces to address the following issues:

(1) Prevention.

(2) Treatment *and reduction of societal and individual harm*.

(3) Recovery.

(4) Program monitoring and evaluation.

(b) To assist the commission in the performance of its duties, the chairperson may create additional task forces.

(c) The commission chairperson shall appoint at least one commission member to serve on each task force as chairperson.

(d) Based upon recommendations from each task force, the commission chairperson may appoint non-commission members to serve as adjunct members of each task force for a term of one year.

In appointing adjunct members, the chairperson shall ensure that youth have the opportunity to participate directly in the work of appropriate task forces.

(e) Each task force shall:

(1) Develop a mission statement, including its goals and objectives.

(2) Report to the commission on a regular basis concerning available programs, funding, and unmet needs.

(3) Identify program areas where improved coordination is needed.

II-a. The chairperson shall create a budget task force comprised of the individuals listed in RSA 12-J:1, III(a) to report biannually on financial expenditures for substance [~~abuse~~] ***misuse*** related work throughout state government as detailed in RSA 12-J:4, III and recommend budget policy priorities to the commission regarding the allocation of funding alcohol and ***other*** drug prevention, treatment ***including reduction of societal and individual harm***, and recovery services across state agencies and throughout the state.

III. All executive branch departments shall provide administrative support to the commission. The executive director of the commission shall direct and coordinate the administrative support to the commission.

IV. All executive branch departments shall respond promptly to written requests from the commission for information concerning the alcohol and drug abuse prevention, treatment, and recovery programs and services provided by them and the costs and funding sources for such programs and services.

12-J:2-a Definition of Harm Reduction.

I. For the purposes of this chapter, RSA 126-A, RSA 318-B:43, RSA 328-D:3, and RSA 329:16-g, "harm reduction" is an approach that emphasizes engaging directly with people who use alcohol and other drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social function of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services. Harm reduction shall be balanced by the imperative to protect society from the ravages of alcohol or drug misuse.

II. This approach shall be limited to the following:

(a) Connecting individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.

(b) Distributing opioid overdose reversal medications, such as naloxone to individuals at risk of overdose, or to those who might respond to an overdose, and provide training in overdose reversal and prevention.

(c) Making available substance test kits, including fentanyl test strips.

(d) Lessening harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections; via referrals, syringe service programs, sharps disposal and medication disposal kits, wound care supplies, medication lock boxes, education, testing, and prophylactic measures.

(e) Reducing infectious disease transmission among people who use drugs, including those who inject drugs by equipping them with accurate information and facilitating referral to resources.

(f) Reducing overdose deaths, promoting linkages to care, and facilitating appropriate co-location of services as part of a comprehensive, integrated approach.

(g) Providing education and public awareness programs to reduce stigma associated with substance use and co-occurring disorders.

(h) Promoting a philosophy of hope and healing by utilizing those with lived experience of recovery in the management of harm reduction services, and connecting those who have expressed interest to treatment, peer support workers and other recovery support services.

(i) Promoting a healthy society by mitigating the harmful effects of individual misuse of alcohol and other drugs.

12-J:3 Duties.

The duties of the commission shall be to:

I. Develop and revise, as necessary, a statewide plan for the effective prevention of alcohol and *other* drug [~~abuse~~] *misuse*, particularly among youth, and a comprehensive system of treatment *including reduction of societal and individual harm* and recovery services for individuals and families affected by alcohol and *other* drug [~~abuse~~] *misuse*. *Nothing in RSA 12-J should be construed to limit care of chronic pain and hospice and palliative care patients, including use of the term "misuse" which shall be utilized, as intended, to broaden the scope of work across the substance use continuum of care.* The statewide plan shall:

(a) Identify the causes, the nature and scope, and the impact of alcohol and *other* drug [~~abuse~~] *misuse* in New Hampshire.

(b) Identify and prioritize unmet needs for prevention *as a leading state initiative*, treatment *including reduction of societal and individual harm*, and recovery services.

(c) Recommend initiatives and policy considerations to the general court to reduce the incidence of alcohol and *other* drug [~~abuse~~] *misuse* in New Hampshire.

(d) Identify and quantify public and private resources available to support alcohol and drug [~~abuse~~] *misuse* prevention, treatment *including reduction of societal and individual harm*, and recovery.

(e) Specify additional resources necessary to address unmet needs for prevention, treatment *including reduction of societal and individual harm*, and recovery.

(f) Specify evaluation and monitoring methodology.

II. Advise the governor and general court on and promote the development of effective community-based alcohol and *other* drug [~~abuse~~] *misuse* prevention strategies.

III. Advise the governor and the general court on and promote the development of treatment services*, including reduction of societal and individual harm,* to meet the needs of *society and* citizens addicted to alcohol or other drugs.

III-a. Advise the governor and the general court on and promote the development of recovery services to meet the needs of citizens in recovery from alcohol and other drug misuse.

IV. Identify unmet needs and the resources required to reduce the incidence of alcohol and drug [~~abuse~~] ***misuse*** in New Hampshire and to make recommendations to the governor and general court regarding legislation and funding to address such needs.

V. Authorize the disbursement of moneys from the alcohol abuse prevention and treatment fund, pursuant to RSA 176-A:1, III.

VI. Make presentations at least once each legislative session to the house and senate finance committees, the senate health and human services committee, the house health, human services and elderly affairs committee, and the fiscal committee of the general court.

VII. Develop a handout which shall describe the risks of opioid use and how to mitigate them for the purposes of RSA 318-B:16-a.

12-J:4 Meetings and Reports.

I. The commission shall meet at least 4 times each year and may convene public hearings as necessary to promote the goals of the commission.

II. The commission shall submit an annual report to the governor, speaker of the house of representatives, president of the senate, chairpersons of the house and senate finance committees, chairperson of the house health, human services and elderly affairs committee, the chairperson of the senate health and human services committee, and the chairperson of the fiscal committee of the general court by October 1 of each year regarding the activities of the commission. The annual report shall:

(a) Identify alcohol and ***other*** drug [~~abuse~~] ***misuse*** prevention ***as a leading state initiative***, treatment ***including reduction of societal and individual harm***, and recovery services and programs provided by state departments and agencies or funded in whole or in part by state or federal funds;

(b) Indicate the progress made during the prior year toward the implementation of the statewide plan developed by the commission pursuant to RSA 12-J:3, I;

(c) Recommend any revisions to the statewide plan developed pursuant to RSA 12-J:3, I;

(d) Identify and prioritize unmet needs for prevention, treatment ***including reduction of societal and individual harm***, and recovery;

(e) Indicate the progress, or lack thereof, in addressing the unmet needs;

(f) Recommend initiatives and/or policy considerations to the governor and the general court to address the unmet needs;

(g) Specify the resources and any legislation necessary to support existing programs for prevention, treatment ***including reduction of societal and individual harm***, and recovery and to develop, implement, support, and evaluate the initiatives recommended by the commission;

(h) In even-numbered years the report may include specific recommendations for funds to be included in the next state biennial budget to support alcohol and ***other*** drug [~~abuse~~] ***misuse*** prevention, treatment ***including reduction of societal and individual harm***, and recovery services and programs; and

(i) Incorporate the findings and recommendations of the report required under paragraph II-a and make specific findings and recommendations regarding public awareness, education, and legislation to address the dangers of synthetic drugs.

II-a. The commission shall prepare a report, including recommendations for policies to be implemented for coordinating public awareness of and education in the *importance of prevention and health promotion, as well as the* dangers of synthetic drugs and other emerging or designer synthetic drug substances. The report shall include substantive input from the commission's member agencies, including the department of health and human services, bureau of drug and alcohol services, the attorney general, the department of safety, and the department of education. The commission shall submit its initial report, including recommendations, to the senate president, the speaker of the house of representatives, and the governor no later than 3 months after the effective date of this paragraph. The commission shall submit subsequent reports, including recommendations, to the senate president, the speaker of the house of representatives, and the governor annually thereafter.

III.(a) To assist the commission in the timely completion of its annual report, each commission member representing an executive branch department or entity shall provide the information specified in paragraph II for its department or entity to the commission on or before August 1 of each year.

(b) The commission shall submit a mid-year report to the governor, speaker of the house of representatives, president of the senate, chairpersons of the house and senate finance committees, chairperson of the house health, human services and elderly affairs committee, chairperson of the senate health and human services committee, and chairperson of the fiscal committee of the general court by March 1 of each year regarding the current state of drug [~~abuse~~] *misuse*, prevention, treatment *including reduction of societal and individual harm*, and recovery. The commission shall include a dashboard of the following, both in the interim and the annual report as required in RSA 12-J:4, II, that includes but is not limited to:

(1) *A summary of known prevention programs to include the general type and approaches being followed.*

(1-a) The number of known drug overdoses, broken out by drug involved.

(2) The number of deaths attributable to overdoses, as reported by the chief medical examiner, broken out by drug involved.

(3) The number of people known to be in treatment or recovery programs supported by commission funding.

(4) The accessibility and availability of treatment programs, including waitlists.

(5) The number of individuals in drug court programs, as reported by the judicial branch.

(6) The number of individuals in diversion programs, as reported by the judicial branch.

(7) The number of convictions for drug related offenses, as reported by the judicial branch.

(8) The number of persons incarcerated for drug related offenses as reported by the department of corrections.

(9) Funds expended and balances remaining, programs and strategies created or sustained by the funds, and an estimate of the number of individuals served by these funds.

(10) Barriers to data access and availability, with proposed strategies to develop or enhance data capacity.

(11) Performance outcomes pursuant to National Outcomes Measurement Standards (NOMS) as required with federal funding sources.

(12) Any other information requested by the governor or general court.

(c) All data required in subparagraph (b) shall be presented in the aggregate to protect the privacy of the individual. The commission shall delete any data required in those paragraphs that enables the personal identification of an individual.

IV. In the reports submitted by the commission to the governor, speaker of the house of representatives, president of the senate, chairpersons of the house and senate finance committees, chairperson of the house health, human services and elderly affairs committee, chairperson of the senate health and human services committee, and chairperson of the fiscal committee of the general court, the report shall include outcome data and/or research citations about the efficacy of funded programs based upon evidence of program results.

41:2 Report on Cost-Effectiveness and Outcomes of Programs Required. Amend RSA 12-J:5, I(a)(2) to read as follows:

(2) Prevention programs*, including reduction of societal and individual harm*.

41:3 New Subdivision; Substance Use Disorder Access Points. Amend RSA 126-A by inserting after section 105 the following new subdivision:

Substance Use Disorder Access Points

126-A:106 Substance Use Disorder Access Points Established.

I. With the availability of sufficient federal funding, the department of health and human services shall establish and administer statewide access points for delivery of substance use services and supports. The access points shall provide information and referrals for screening and evaluation; treatment, including medications for substance use disorders; prevention, and treatment including naloxone; supports and services to assist in long-term recovery; and peer recovery support services.

II. The commissioner of the department of health and human services shall include the administration and operation of the access points in the department's report to the governor's commission on alcohol and other drug misuse prevention, treatment, and recovery under RSA 12-J:4, III.

III. The program shall be funded through the state opioid response grant from the Substance Abuse and Mental Health Services Administration. In addition, the department may accept funds from any source, including state appropriations, federal funds, and private gifts, grants, or donations to operate and sustain the access points.

41:4 Syringe Service Programs; Activities. Amend RSA 318-B:43, II(b) to read as follows:

(b) Coordinate and collaborate with other local agencies, *including law enforcement agencies,* organizations, and providers involved in comprehensive prevention programs for people who inject drugs to minimize duplication of effort.

41:5 New Subparagraph; Syringe Service Programs; Activities. Amend RSA 318-B:43, II by inserting after subparagraph (b) the following new subparagraph:

(b-1) Consult and inform municipal law enforcement agencies concerning syringe service program and harm reduction activities.

41:6 New Section; Controlled Drug Act; Syringe Service Programs. Amend RSA 318-B by inserting after section 43 the following new section:

318:43-a Syringe Service Programs; Authorized Activities and Funding Sources.

I. Notwithstanding any other law to the contrary, any person authorized under RSA 318-B:43 to operate a syringe service program may engage in eligible activities, as defined in paragraph IV.

II. State funds including, but not limited to, funds received by the state in the New Hampshire opioid litigation settlement may be used to support the activities of syringe service programs as permitted under this section and RSA 318-B:43.

III. No person shall be prohibited from using federal funds for eligible activities and syringe service programs as authorized in RSA 318-B:43, so long as the use of the federal funds is consistent with federal law and any rules governing use of the funds.

IV. In this section:

(a) “Drug checking” means the process of identifying, analyzing, or detecting the composition of a drug or the presence or composition of an unexpected substance within the drug.

(b) "Drug checking equipment” means equipment, products, or materials used, designed for use, or intended for use to perform drug checking, including materials and items used by the person operating the equipment or products to store, measure, or process samples for analysis. Drug checking equipment includes fentanyl test strips, other immunoassay drug testing strips, colorimetric reagents, spectrometers such as Fourier Transform Infrared and Raman spectrometers, and equipment that uses high-performance liquid chromatography, gas chromatography, mass spectrometry, and nuclear magnetic resonance techniques. Drug checking equipment does not include the substances being analyzed, drug packaging, or drug supplies.

(c) “Drug supplies” means hypodermic needles, syringes, preparation containers, cotton, filters, alcohol wipes, water, saline, tourniquets, disposal containers, wound care items, pipes, bubbles, snorting straws, pipe covers, and other items used in the consumption of drugs;

(d) “Eligible activities” means:

(1) Purchasing, obtaining, providing, transporting, distributing, using, or evaluating the use of drug checking equipment;

(2) Training, both initial and ongoing, about drug checking equipment, the process of drug checking, and the purpose of drug checking;

(3) Technical assistance concerning drug checking equipment, the process of drug checking, and the purpose of drug checking; and

(4) Providing drug supplies.

41:7 New Paragraph; Controlled Drug Act; Definition of Drug Misuse Added. Amend RSA 318-B:1 by inserting after paragraph X-b the following new paragraph:

X-c. "Drug misuse" means the use of a substance for a purpose that is not consistent with legal or medical guidelines.

41:8 Effective Date. This act shall take effect 30 days after its passage.

Approved: May 29, 2025
Effective Date: June 28, 2025