



Lori A. Weaver
Interim Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9445 1-800-852-3345 Ext. 9445
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

February 23, 2026

HB1772-FN, Relative to the states participation in a multistate consortium to conduct clinical trials using ibogaine as an investigational new drug for the treatment of substance use disorder and other neurological or mental health conditions, and making an appropriation therefor.

HOUSE HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS COMMITTEE

Chairman MacDonald and Members of the Committee:

Thank you for the opportunity to provide information on HB1772, which proposes authorizing the Department of Health and Human Services to establish and administer a grant program for participation in a multistate consortium conducting FDA-certified clinical trials on the use of ibogaine for treating substance use disorder and other neurological or mental health conditions.

The bill would create two non-lapsing, continually appropriated funds:

1. Ibogaine Clinical Research Trial Fund, to receive state, federal, and private funds for grants and administration.
2. Ibogaine Intellectual Property Fund, to hold revenues from intellectual property or commercial rights arising from trials. The principal would remain intact, while earnings would be distributed to programs serving veterans and at-risk populations.

The bill also requires:

- Quarterly reports from grantees and an annual DHHS report to the Legislature.
- Conditions for grant eligibility, including matching funds, submission of an Investigational New Drug (IND) application, and a breakthrough therapy request.
- Provisions for physician administration if ibogaine becomes FDA-approved.
- Authority for DHHS to seek federal waivers prior to implementation.

If enacted, DHHS would need to design and manage the grant program, oversee compliance, and administer two new funds. This includes the program design and grant management, financial oversight and reporting and the legal and policy support for federal coordination and intellectual property issues.

Staffing needs may include a Program Manager, Clinical Trials Oversight Lead, Grants/Contracts Specialist, Data Analyst, and partial support for finance, regulatory, and legal functions.

The bill makes a nominal \$1 General Fund appropriation in FY 2027, which is symbolic and insufficient for program start-up. Actual administrative costs are indeterminable but expected to exceed this amount significantly.

Estimated personnel costs for FY 2027–2029 range from approximately \$450,000 in FY 2027 to \$583,250 in FY 2029. Additional grant disbursements would depend on external matching funds and available appropriations.

While the bill authorizes DHHS to accept federal funds, gifts, and donations, the Department is not currently aware of any guaranteed funding sources for this purpose.

Key DHHS concerns include:

- The symbolic appropriation of \$1 does not provide sufficient resources for program implementation.
- Clarification may be needed on the process for distributing earnings from the Intellectual Property Fund to veteran and at-risk programs.
- Ibogaine is currently classified as a Schedule I controlled substance.

DHHS supports efforts to explore innovative treatments for substance use disorder and mental health conditions. However, successful implementation of HB1772 will require adequate funding and clear guidance on program administration and fund distribution.

Thank you for your time and consideration. Department staff are available for Committee member's questions on this proposed legislation.

Respectfully submitted,



Jenny O'Higgins
Senior Policy Analyst, Division for Behavioral Health
NH Department of Health and Human Services
P: 603.406.4178
E: jennifer.ohiggins@dhhs.nh.gov