

Opioid Abatement Trust Fund

Section 126-A:83

126-A:83 Opioid Abatement Trust Fund Established. –

I. There is hereby established in the state treasury the opioid abatement trust fund that shall be kept distinct and separate from all other funds. All proceeds received by the state from all consumer protection settlements or judgments against opioid manufacturers or distributors shall be deposited in accordance with RSA 7:6-f. Any amount that would have been deposited in the general fund under 7:6-f shall, instead, be placed in the trust fund. All other opioid-related settlement funds or judgments from New Hampshire counties and all political subdivisions shall, likewise, be placed in the trust fund. The state treasurer shall be the trustee of the trust fund, and shall invest the trust fund in accordance with RSA 6:8. Any earnings on trust fund moneys shall be added to the trust fund. All moneys in the trust fund shall be nonlapsing and shall be continually appropriated to the state treasury. The state treasurer shall disburse funds from the trust fund solely for the purposes and in the manner set forth in RSA 126-A:84.

II. The treasurer shall distribute 15 percent of all funds received prior to any deposit in the consumer escrow account or the opioid abatement trust fund to the counties and the political subdivisions that filed lawsuits, on or before September 1, 2019, against opioid manufacturers, distributors and other persons identified as defendants in the multidistrict opioid litigation pending in the federal district court for the northern district of Ohio. This distribution shall occur on an annual basis. The distribution of funds shall be based on the 2010 census population of each qualifying county and political subdivisions. The population of any political subdivision which receives funds under this section shall not be included in the population of the county for determining the distribution to that county.

Source. 2020, 39:55, eff. July 1, 2020.

Section 126-A:84

126-A:84 Opioid Abatement Trust Fund; Management and Distribution of Funds. –

I. The commissioner of the department of health and human services, in consultation with the opioid abatement advisory commission established in RSA 126-A:85, shall administer the opioid abatement trust fund established in RSA 126-A:83. The commissioner shall draw from the opioid abatement trust fund for qualifying opioid abatement projects under RSA 126-A:86, I(b).

II. Funds shall be distributed between the state, counties, cities and towns as follows:

(a) Fifteen percent of the funds each year shall be distributed to the counties and political subdivisions as identified in RSA 126-A:83, II.

(b) All remaining funds shall be deposited into the opioid abatement trust fund as established by RSA 126-A:83, I to be distributed by the commissioner of the department of health and human services, with approval of the opioid abatement advisory commission. Funds may be awarded to a qualifying governmental entity or program for an approved use under RSA 126-A:86, I(b).

III. The commissioner of the department of health and human services shall continue to make distributions from the trust fund under this section for as long as defendants in the opioid litigation make payments to the state or until such time that the funds in the opioid abatement trust fund are exhausted.

IV. On or before September 1, 2020, each county, city, town or program that receives funds under paragraph II shall annually provide to the department of health and human services and the opioid

abatement advisory commission a detailed account of all monies spent on approved uses, including, but limited to, an analysis and evaluation of the projects and programs it has funded.

V. The department of health and human services shall adopt rules under RSA 541-A necessary to implement this subdivision. Such rules shall include funding qualifications, application procedures, time-lines for receiving, reviewing and acting upon application requests, and reporting requirements.

VI. On or before November 1, 2020, the commissioner of the department of health and human services shall submit an annual report to the governor and fiscal committee of the general court detailing the activities of the advisory commission, the administration of the opioid abatement trust fund, the amount distributed in the past year, the amount remaining in the trust fund, a summary of how funds were used in the past year, and any recommendations for future legislation.

Source. 2020, 39:55, eff. July 1, 2020.

Section 126-A:85

126-A:85 New Hampshire Opioid Abatement Advisory Commission Established. –

I. There is hereby established the New Hampshire opioid abatement advisory commission, which shall consult with and advise the commissioner of the department of health and human services relative to the proper administration and management of the opioid abatement trust fund, as established in RSA 126-A:83, and which shall approve all qualifying grants, loans, and matching funds from that fund under RSA 126-A:86, I(b).

II. The commission shall consist of the following members:

- (a) The governor, or designee.
- (b) The attorney general, or designee.
- (c) The state treasurer, or designee.
- (d) The commissioner of the department of corrections, or designee.
- (e) The commissioner of the department of health and human services, or designee.
- (f) One member of the house of representatives, appointed by the speaker of the house of representatives.
- (g) One member of the senate, appointed by the president of the senate.
- (h) The chairperson of the governor's commission on alcohol and drug abuse, prevention, treatment and recovery, or designee.
- (i) A county attorney appointed by the governor.
- (j) A county corrections superintendent, or designee, appointed by the governor.
- (k) A county nursing home supervisor, or designee, appointed by the governor.
- (l) A New Hampshire municipal fire chief, appointed by the governor.
- (m) A New Hampshire municipal police chief, appointed by the governor.
- (n) One designee from a county with a population of 100,000 or more, appointed by the governor.
- (o) One designee from a county with a population of less than 100,000, appointed by the governor.
- (p) One designee of a city with a population over 75,000, appointed by the governor.
- (q) One designee of a city or town with a population under 75,000, appointed by the governor.
- (r) One designee representing a town with a population under 20,000, appointed by the governor.
- (s) One designee representing victims of the opioid crisis, appointed by the attorney general.
- (t) One member representing prevention, appointed by the governor's commission alcohol and drug abuse prevention, treatment, and recovery, or designee.
- (u) One member representing treatment, appointed by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery, or designee.
- (v) One member representing recovery, appointed by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery, or designee.

III. Members appointed under subparagraphs (n) through (v) shall be appointed for staggered 2-year terms. Members appointed under subparagraphs (a) through (m) shall serve a term coterminous with their term in office. The advisory commission shall elect a chairperson every year with no person serving as chairperson for more than 2 consecutive one-year terms.

IV. Each member of the advisory commission shall have one vote, with all actions being taken by an affirmative vote of the majority of present members. Eleven members shall constitute a quorum.

V. Members of the advisory commission shall receive no compensation except for legislative members who shall receive the legislative rate for mileage when attending to their duties on the commission.

VI. Meetings of the advisory commission shall be conducted in accordance with RSA 91-A and take place no less than twice per year.

VII. The department of health and human services shall provide administrative support to the advisory commission.

Source. 2020, 39:55, eff. July 1, 2020.

Section 126-A:86

126-A:86 New Hampshire Opioid Abatement Advisory Commission; Duties. –

I. The opioid abatement advisory commission shall:

(a) Consult with and advise the commissioner of the department of health and human services on the administration and management of the opioid abatement trust fund, and approve the selection of eligible fund recipients under RSA 126-A:83, II(b).

(b) Award grants, revolving loan funds, and matching funds to projects from the opioid abatement trust fund under RSA 126-A:83, I, in a manner consistent with the following criteria. All disbursements or grants shall require approval of the governor and executive council. Funds may be awarded if the project meets one of the following criteria:

(1) Reimburse the state and any political subdivision within the state for any portion of the cost related to outpatient and residential opioid use disorder (OUD) and any co-occurring substance use disorder or mental health (SUD/MH) treatment services, including, but not limited to, services provided to incarcerated individuals, Medication assisted treatment (MAT); abstinence-based treatment; treatment, recovery or other services provided by states, subdivisions, community health centers, or not-for-profit providers;

(2) Reimburse the state and any political subdivision for emergency response services related to OUD and any co-occurring SUD/MH issues provided by law enforcement and first responders;

(3) Support mobile intervention, treatment, and recovery services, offered by qualified professionals, for persons with OUD and any co-occurring SUD/MH issues or persons who have experienced an opioid overdose;

(4) Support detoxification services for persons with OUD and any co-occurring SUD/MH issues, including medical detoxification, referral to treatment or connections to other services;

(5) Reimburse the state and any political subdivision within the state for any portion of the cost of administering naloxone;

(6) Provide access to housing for people with OUD and any co-occurring SUD/MH issues, including supportive housing, recovery housing, or housing assistance programs;

(7) Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH issues;

(8) Provide employment training or educational services for persons in treatment for or in recovery from OUD and any co-occurring SUD/MH;

(9) Create or support centralizes call centers that provide information and connections to appropriate

services and supports for persons with OUD and an co-occurring SUD/MH issues;

(10) Improve oversight of opioid treatment programs (OTPs) to assure evidence-based, evidence-informed practices;

(11) Provide scholarships and supports for certified addiction counselors and other mental and behavioral health providers involved in addressing OUD and any co-occurring SUD/MH issues, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas of the state;

(12) Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed programs or strategies;

(13) Support enhancements or improvements consistent with state law to the prescription drug monitoring program; and

(14) Support the education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

II. The commission or the commissioner of the department of health and human services may identify additional responsibilities including reporting on projects and programs related to addressing the opioid epidemic, developing priorities, goals and recommendations for spending on such projects and programs, working with state agencies or outside entities to develop measures for projects and programs that address substance use disorders, making recommendations for policy changes on a state and local level, including statutory law and administrative agency regulations.

III. The commission shall create and maintain a website on which it shall publish its minutes, attendance rolls and votes, including records of all votes on funding requests, funding awards, and reports of funding by recipients.

Source. 2020, 39:55, eff. July 1, 2020.

State Health Improvement Plan

Section 126-A:87

126-A:87 State Health Improvement Plan. –

I. The commissioner of the department of health and human services shall, in consultation with the state health assessment and state health improvement plan advisory council established in RSA 126-A:82, develop a state health assessment and a state health improvement plan.

II. The state health assessment shall:

(a) Describe the status of health and well-being in New Hampshire.

(b) Utilize input from state and local level stakeholders obtained through public forums.

(c) Identify disparities in social determinants that impact health, health outcomes, and access to care.

(d) Map health care service delivery, utilization, inter-entity collaboration, and identification of gaps or redundancies.

(e) Utilize existing data for statewide and local planning.

(f) Identify priorities for the state health improvement plan.

III. The state health improvement plan shall guide the department in assessing, planning, implementing, and monitoring improvement in the health and well-being of New Hampshire's population.

IV. The state health improvement plan shall focus on strategies to:

(a) Improve health outcomes and reduce inequities; and

(b) Strengthen public health and human service delivery systems.

V. The state health improvement plan shall identify priorities and evidence-based practices, integrate