

February 10th, 2023
9:30am-11:30 am
NH State House
Executive Council Chambers

Attendance:

Stephen	Ahnen	<i>NH Hospital Association</i>	
James	Boffetti	<i>Deputy Attorney General, Department of Justice</i>	
Russ	Conte	<i>New Hampshire Suicide Prevention Council</i>	
Jennifer	Doris	<i>DOE Office of SE Wellness</i>	
Annette	Escalante	<i>Treatment Professional</i>	
Traci	Fowler	<i>New Hampshire Charitable Foundation</i>	
Katja	Fox	<i>Department of Health & Human Services</i>	
Helen	Hanks	<i>Commissioner, Department of Corrections</i>	
Keith	Howard	<i>Recovery Representative</i>	
Timothy	Lena	<i>Prevention Professional</i>	
David	Mara	<i>Governor's Advisor on Addiction and Behavioral Health</i>	
Matt	McKenney	<i>Business and Industry Association</i>	
Robert L.	Quinn	<i>Commissioner, Department of Safety</i>	
Joseph	Ribsam	<i>Director, Division for Children, Youth & Families</i>	
Seddon	Savage, MD	<i>NH Medical Society</i>	
Patrick	Tufts	<i>Governor's Commission Chairman</i>	
David	Watters	<i>New Hampshire Senator</i>	
Lori	Weaver	<i>Commissioner, Health and Human Services</i>	
Andrew	Bergeron	<i>Gates Recovery</i>	Proxy for Pastor Kathie Saari
Alex	Casale	<i>New Hampshire Courts</i>	Proxy for Honorable Tina Nadeua
Lauren	McCormick	<i>Non-Professional Public Member</i>	Proxy for Joe Jonsick
Col. Rich	Oberman	<i>NH National Guard</i>	Proxy for MG David Mikolaities
Benjamin	Williams	<i>Liquor Commission</i>	Proxy for Mark Armaganin

1. Welcome and Introductions – The Chair, Patrick Tufts called the meeting to order. The Commission went around the table with introductions of members and proxies.

2. Approval of Minutes – The Chair reviewed the December minutes with the Commission and called for a vote to approve. Steve Ahnen moved to approve the minutes and Senator Waters seconded. Motion carried.

The Chair asked the commission to look in their meeting packets for two letters of support “Continued Funding Support” and “Medicaid Expansion”. Patrick Tufts explained these letters were written and distributed to the appropriate parties.

3. Xylazine Update

NH information intelligence center to track trends: Xylazine is a problem due to its sedative effects on the body with no method of reversal currently. An EMS Bulletin went out on January 6th Narcan can help Opioid but not with Xylazines list of symptoms.

In New Hampshire our State Lab currently only tests drugs that is seized and brought to the crime lab. NH is only currently seeing Xylazine mixed with Fentanyl. The lab is tasked with find controlled substances, Xylazine is not a controlled substance so the lab normally wouldn't report on it. When Xylazine is mixed with other drugs they try to mention it on report. In 2019 the lab started to report Xylazine because it contributes to effects on the body. The lab has made an educated hypothesis that Xylazine has been present in 18% drugs seized. Cases went from ~600 – ~1200 a huge increase.

The toxicology department has to develop methods to find Xylazine. NH Medical examiner is looking for Xylazine but mostly for motor vehicle accidents.

A conversation about why Xylazine was being added to Fentanyl as it is a veterinarian tranquilizer. It was stated that they are using Xylazine to cut the Fentanyl as Xylazine is cheaper and will also create a longer high.

There is currently no point of care testing for Xylazine, but if the state had a spectrometer, it would make the task of identifying a trend in the state a lot easier and faster to identify. Xylazine is currently not scheduled as a controlled substance, to address that as an issue the AG would have to take that on to move it forward.

The care for someone who has overdosed from opioids that has been mixed with Xylazine is different than that of just opioids. Naloxone will help reverse the overdose from opioids, but will not affect the Xylazine in any way as Xylazine is a sedative and not an opioid. This means the Naloxone needs to be accompanied by rescue breaths and CPR until first responders arrive at the scene.

4. New Hampshire Overdose Update

The Chair gave the floor to Chief Mara OD Deaths brief. According to the Medical office 431 OD deaths 22 so far (not finalized 43 pending). Chief Mara shared that our neighbors, Maine, have reported ~600 OD deaths and going up all the way around the nation.

A conversation about is there a way to capture data EMS reversal of OD but can we track Unsuccessful reversals and collecting more data about Narcan out/ Narcan used/ Where its going? The Chair, Patrick Tufts asked for the Data Task Force to follow up on what data is already collected, what can be collected, and what data is available.

5. New Hampshire Department of Health and Human Services

The Chairman welcomed Acting Commissioner Lori Weaver to the commission and asked if she would share how new position is going.

Commissioner Weaver spoke about working on what is next and how to move forward. Although she is Acting commissioner right now, she is working on a road map similar to a business plan. This plan includes 4 initiatives, 14 objectives and 28 goals. The core of all this work is program quality and integrity. The departments focus will focus on how they spend their time, resources, money to manage

and stretch the reach and effectiveness towards these goals. The plan DHHS Road map can be found [HERE](#).

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/dhhs-roadmap-2023.pdf>

The Chair commended the department (DHHS) on always being available to the Governor's Commission for council and guidance.

6. Budget Recommendations

Chairman Tufts moved to Budget recommendations: The Chair noted that the budget task force was under time crunch for these recommendations and thanks them for their hard work to review the slate to ensure there was no gap in funding for this important work to continue and gave the floor to the Co-chairs of the budget task force Matt McKenney and Traci Fowler.

The co-chairs of the budget task force directed the commission to "Funding Recommendations for State Fiscal Year '24" in their meeting packet. They spoke about approving this recommendation as a slate in order to keep the work funded and to prevent any gaps in service areas.

The chair called for a vote to approve. Matt McKenney moved to approve the funding recommendation slate and Traci Fowler seconded. Moved to vote, Abstentions: Patrick Tufts, Alex Casale, Steve Ahen, Annette Escalante, Motion carried.

7. Public Comment

A public member wanted to speak towards the Xylazine being talked about as a health advisory rather than reacting to deaths or hospital, EMS care. In his experience the Xylazine laced drugs is proving to be a huge problem trying to reverse overdoses and requires hand respirators to keep the tranquilized person breathing. It takes 6-7 minutes of "rescue breathing" for the individual to come to. He went on to state that community drug checking is a strategy to become proactive instead of being reactive to deaths.

A member of the public asked for more information on Xylazine to hand out in local areas that can be updated and for the community to respond. This would be helpful for all trends in drug mixing.

8. Executive Director's Update:

The Chair moved on to Executive Director Katja Fox's update. She shared that there has been health advisory messaging and that the department has been distributing Overdose prevention kits to the public health networks that contain Narcan and face shields for rescue breathing. The distribution of Narcan mixed with Medically Assisted Treatment in the state has helped decrease the number of fatal overdoses that may have occurred otherwise.

Katja Fox wanted to thank the commission for the hard work making sure funding did not lapse due to planning and forethought. She went on to point out that the unwind of Medicaid is something that is going to have a great impact on the state.

Commissioner Weaver shared that there will be approximately 72,000 NH citizens that are up for redetermination. What this means is that when a person goes through their redetermination, they will either be in/out/ or need to use the marketplace.

Director Fox shared her thoughts about how important it is for medication coverage to continue regardless of redetermination as a continued strategy to keep deadly overdoses from rising drastically.

9. Task Force (TF) Updates:

Budget Task Force: Traci Fowler and Matt McKenney Task Force Co-Chairs

Have rounded out their roster and scheduled meetings. The first meeting was hosted on January 27th. The main points of that first meeting was to talk about the Task Force's duties and responsibilities. Also, the TF worked on getting the slate of recommendations ready for the meeting to ensure that there was no lapse of funding for the work being done.

The purpose of the Budget Task Force is to provide support to the NH Governor's Commission through the completion of the following duties:

- Report on AOD spending from Departments;
- Recommend "alcohol fund" investments to full Commission;
- Quantify and explain the anticipated "federal funding cliff"; and
- Maintain a "wish list" of investments should additional resources become available.

Coordination & Cooperation: Commissioner Helen Hanks and Steve Ahnen Task Force Co-Chairs

The Task Force has almost finalized their roster. Still awaiting their first meeting and are getting their goals and expectations in writing.

The purpose of the Coordination and Cooperation Task Force is to provide support to the full Commission through the completion of the following duties:

- Engage community voices & GC member agencies ;
- Coordinate efforts on strategies across the continuum;
- Prioritize strategies for GC work (implementation plan);
- Annual reporting on progress, emerging issues, and recommendations; and
- Regularly inform the GC on landscape and plan progress.

Data & Evaluation: Seddon Savage, MD and Steve Norton Task Force Co-Chairs

The purpose of the Data Task Force is to provide support to the full Commission through the completion of the following duties:

- Presenting plan metrics and updates;
- Identifying trends and emerging issues;
- Reviewing and vetting secondary data sources/ reports for dissemination to the Commission; and
- Providing input to update the data dashboard and report progress on metrics bi-annually.

10. Other Business

Annette Escalante wanted to bring up the fact in New Hampshire that “Medical Detox” is not available to anyone if they have Opioid Use Disorder OUD you can only access this level of care if you are dealing with Alcohol Use Disorder AUD or those who are already medically compromised that may have other substance use disorders.

Miss Escalante went on to clarify that what is reimbursable is the problem due to the American Society of Addiction Medicine (ASAM) Criteria for levels of care 3.7 and 3.5. This becomes a problem because all of the talk is that there are no open beds when in reality there are open beds at levels of care that people don't qualify for due to the ASAM levels.

Next Meeting
April 21st, 2023
NH State House
9:30-11:30

Governor Commission Contracts SFY 2023/SFY 2024
As of 4/18/2023

	SFY 2023	SFY 2024
Adjusted Authorized Budget	\$ 12,750,000.00	\$ 10,000,000.00
Balance Forward	\$ 4,967,552.76	\$ 6,518,657.76
Carryover Contract Funding*	\$ 6,710,861.65	
Total Gov Comm Budget SFY22	\$ 24,428,414.41	\$ 16,518,657.76

	SFY 2023	SFY 2024
Total currently approved Gov Comm Obligations in contract or to be contracted	\$ 11,198,895.00	\$ 13,558,051.20
Carryover Contract Funding*	\$ 6,710,861.65	\$ -
Total all Governor Commission Obligations	\$ 17,909,756.65	\$ 13,558,051.20
Possible Prior Year Liquidations	\$ -	\$ -
Total Governor Commission Funds Remaining	\$ 6,518,657.76	\$ 2,960,606.56

Contract Type Key

P = Prevention
I = Intervention & Harm Reduction
C = Crisis and Access
T = Treatment
R = Recovery
S = Systems Support

Funding in place, no changes in process at this time.

Working on implementation of or changes to funding.

Work on initiative has not begun.

*These funds are carried over from previous years and may already be obligated.

**These are the official contract names and may not fully reflect the content of the contracts

***Includes all approved funding, regardless of contracting status

	Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY22 into SFY23	SFY23 Gov Comm Contract Obligations***	SFY24 Gov Comm Contract Obligations	SFY25 Approved GC Initiatives
1	T	Substance Use Disorder Treatment and Recovery Support Services	Provide substance use disorder treatment and recovery support services to individuals who are residents of or homeless in NH and have an income that is less than 400% of the Federal Poverty Level.	Multiple (n = 11)	9/29/2023	\$ 326,331.76	\$ 1,420,000.00	\$ 1,420,000.00	\$ -
2	R	Community Housing Services for Criminal Justice Involved Individuals	Provide funding for housing for criminal justice involved individuals who have been identified as having a Substance Use Disorder.	New Hampshire Department of Corrections	6/30/2023	\$ 571,581.00	\$ 950,000.00	\$ 950,000.00	\$ -
3	C	Access and Delivery Hub for Opioid Use Disorder Services	Provide funding for the Doorways to address needs of clients with SUDs other than Opioid or Stimulant Use Disorders with an emphasis on Alcohol Use Disorders.	Multiple (n = 9)	9/29/2022	\$ -	\$ -	\$ -	\$ -

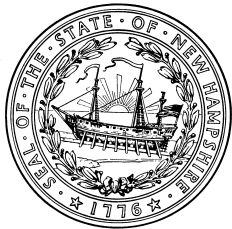
	Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY22 into SFY23	SFY23 Gov Comm Contract Obligations***	SFY24 Gov Comm Contract Obligations	SFY25 Approved GC Initiatives
4	R	Peer Recovery Support Services Facilitating Organization	Support on-going efforts to develop infrastructure, provide program support, and improve service quality to a growing number of Recovery Community Organizations (RCOs) and Recovery Centers across the state.	Harbor Homes, Inc.	12/31/2022	\$ 1,040,903.00	\$ 1,300,000.00	\$ 1,300,000.00	\$ -
5	S	Support Services	Provide administrative support to the Governor's Commission and general support to prevention services.	John Snow Insitute/Community Health Institute	6/30/2023	\$ 303,822.40	\$ 600,000.00	\$ 600,000.00	\$ -
6	P	Evidence-Based Prevention Curricula	To support NH school districts and community organizations with access to adequate training and evidence-based K-12 curricula that will assist in reducing risk factors and strengthening protective factors for individuals affected by substance use disorders.	New Hampshire Department of Education	6/30/2023	\$ 239,614.13	\$ 125,000.00	\$ 125,000.00	\$ -
7	P	Purple Star	To support substance misuse prevention activities and supports in military families in up to thirty five (35) selected Schools statewide.	New Hampshire Department of Education	6/30/2022	\$ 152,793.30	\$ -	\$ -	\$ -
8	P	Multi-Tiered System of Support-Behavioral Health (MTSS-B)	Implement the MTSS-B model to improve school climate, increase student access to mental health services, engage family and community members, and build local prevention and mental health promotion capacity and infrastructure, with public preschools and schools as implementation hubs.	New Hampshire Department of Education	6/30/2023	\$ 482,189.88	\$ 156,000.00	\$ 156,000.00	\$ -
9	I/T	Medication Assisted Services (Title is a relic of the original scope, actual work being done today is much broader)	Work with hospitals and their networked physician practices throughout the state to develop their capacity to address substance misuse, including substance use disorders in their practices.	Foundation for Healthy Communities	6/30/2023	\$ 486,645.89	\$ 404,107.00	\$ 404,107.00	\$ -

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10	P/I/R	Recovery Friendly Workplace Initiative	Provide Recovery Friendly Workplace services to businesses promoting health and wellness for employees, proactively preventing substance misuse and supporting recovery from SUDs.	Granite United Way	6/30/2023	\$ 229,572.16	\$ 400,000.00	\$ 400,000.00	\$ -
11	P	Substance Misuse Prevention Direct Services	This programs include a mix of substance misuse prevention strategies focused on youth who are at a high risk of developing a substance use disorder. It includes outdoor adventure youth empowerment and leadership, prevention education and peer to peer mentoring.	Multiple (n = 5)	6/30/2022	\$ 194,544.21	\$ 719,327.00	\$ 719,327.00	\$ -
12	P	Life of an Athlete	Prevention program for schools educating students on healthy choices & decisions and the impact of alcohol & other drug use on performance & development.	New Hampshire Interscholastic Athletic Association, Inc.	6/30/2023	\$ 246,646.47	\$ 150,000.00	\$ -	\$ -
13	R	Recovery Housing Certification and Rental Assistance	To provide Recovery Housing Certification and Rental Assistance.	New Hampshire Coalition of Recovery Residences (NHCORR)	6/30/2023	\$ 111,993.28	\$ 400,000.00	\$ 400,000.00	\$ -
14	S	Program Evaluation and Data Services for the AOD Services System	Provide evaluation, data collection, analysis, and reporting for the AOD Continuum of Care in NH.	Arkansas Foundation for Medical Care, Inc.	6/30/2024	\$ 86,145.94	\$ 303,000.00	\$ 451,633.00	\$ -
15	S	Technical Assistance for the Alcohol and Other Drug (AOD) Continuum of Care System	Provide technical assistance that promotes and expands the use of evidence-informed practices and policies, and to improve the overall operations and business practices across the AOD Continuum of Care in NH.	Growth Partners, LLC	6/30/2023	\$ 168,034.67	\$ 325,380.00	\$ -	\$ -
16	P	Mitigation and Prevention of Adverse Childhood Experiences-Home Visiting	Funding for ACES screening in a DPHS contract.	DPH Child and Maternal Health Contracts.	9/30/2022	\$ 81,109.62	\$ 108,000.00	\$ 108,000.00	\$ -

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17	I	Juvenile Court Diversion Services	Enhance and expand access to juvenile court diversion accredited programs in under-served regions within the state where accredited juvenile court diversion programs currently do not exist and support the infrastructure of the NH Juvenile Diversion Network.	New Hampshire Juvenile Court Diversion Network, Inc.	6/30/2023	\$ 97,292.04	\$ 200,000.00	\$ 200,000.00	\$ -
18	P	Adverse Childhood Experiences (ACES) within Domestic Violence Crisis Centers	The Coalition against Domestic and Sexual Violence and its member agencies provide a mix of diverse prevention programming to address the needs of children and adolescents who have been impacted by trauma.	New Hampshire Coalition Against Domestic and Sexual Violence	6/30/2023	\$ 33,266.05	\$ 260,000.00	\$ 260,000.00	\$ -
19	T/R	Family Support Coordinator Services	Provide a Family Support Coordinator to work w/ existing family & community support groups to expand services for families struggling with SUD.	Greater Seacoast Community Health	6/30/2023	\$ 18,848.75	\$ 75,000.00	\$ 110,000.00	\$ -
20	P	School Climate Transformation Grant Program	Funding supports programming within school districts that promote culture and climate change that prevents and reduces substance misuse and mental health issues for adolescents.	New Hampshire Department of Education	9/29/2023	\$ 24,373.88	\$ 23,370.00	\$ -	\$ -
21	P	Surveillance and Related Activities for Youth Access to Tobacco and Alcohol	Conduct surveillance and related activities for youth access and use of tobacco use (Synar)-MOU.	New Hampshire State Liquor Commission	6/30/2023	\$ 35,206.71	\$ 88,000.00	\$ 88,000.00	\$ -
22	P	Ask The Question (ATQ) Link Collaborate Technical Assistance Program	ATQ is a Link Collaborate Technical Assistance program that provides practices that identify, refer or treat for risk of substance misuse and Substance Use Disorder with resources to identify and refer Service members, Veterans and their Families to appropriate services available as a result of their military experience.	New Hampshire Department of Military Affairs and Veterans Services	6/30/2023	\$ 99,430.20	\$ -	\$ -	\$ -
23	S	Training for Alcohol and Other Drug (AOD) Workforce	A competency and skills-based workforce development and retention program that addresses the needs of the State's prevention, intervention, treatment, and recovery supports workforce.	New Hampshire Alcohol and Drug Abuse Counselors Association	6/30/2023	\$ 2,525.68	\$ 110,000.00	\$ -	\$ -
24	P	Alcohol and Other Drug (AOD) Continuum of Care System Supports	Funding for supporting and strengthening Families First in Division of Economic and Housing Stability contract.	NH Children's Trust	6/15/2022	\$ 1,324.24	\$ 100,000.00	\$ 100,000.00	\$ -

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25	P	Coalition Support Services	Funding supports substance misuse coalitions to implement substance misuse programming within communities to increase awareness of the risks associated with adolescent use of substances and build capacity within communities to increase prevention efforts.	City of Dover, New Hampshire	6/30/2023	\$ 4,366.02	\$ 40,000.00	\$ 40,000.00	\$ -
26	P	Workforce Development for Drug & Alcohol Prevention Providers	Prevention Specialists Mentorship Program	The Prevention Certification Board of New Hampshire	6/30/2023	\$ 7,075.00	\$ 12,000.00	\$ 12,000.00	\$ -
27	S	Governor's Office Staff	Support for SUD specific staff within the Governor's Office.	N/A	N/A	\$ -	\$ 303,463.00	\$ 307,500.00	\$ 307,500.00
28	P	Student Assistance Programs	Student Assistance Programs are a school based multicomponent substance misuse prevention program which include universal prevention activities, classroom prevention curriculum education, individual and group sessions, parent education and consultation for school staff.	Multiple (n = 18)	6/30/2022	\$ 480,928.89	\$ 1,475,000.00	\$ 1,475,000.00	\$ -
29	S	Professional Awareness Campaign for Alcohol Misuse	Conduct Professional Awareness Campaigns for alcohol misuse to expand healthcare professionals awareness by providing messaging and distribution of evidence-based materials to members of professional associations.	Multiple (n = 4)	6/30/2023	\$ 75,000.00	\$ -	\$ -	\$ -
30	R	Peer Recovery Outreach to Homeless Shelters and Encampments	Increase peer recovery outreach to homeless shelters and encampments.	Multiple (n = 4)	6/30/2023	\$ 73,320.02	\$ -	\$ 200,000.00	\$ -
31	T/R	Doula Supports	Explore state readiness, existing resources and models, and proposed approach to provide doula support to pregnant people affected by perinatal substance exposure and implement a pilot project for these services.	UMASS	12/31/2022	\$ 34,000.00	\$ 65,997.00	\$ -	\$ -

Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward from SFY22 into SFY23	SFY23 Gov Comm Contract Obligations***	SFY24 Gov Comm Contract Obligations	SFY25 Approved GC Initiatives	
32	S	Governor's Commission Staff Person at BDAS	Support for a Program Specialist IV staff person at BDAS who will be responsible for coordinating the activities BDAS carries out on behalf of the Commission, including but not limited to contracting.	N/A	N/A	\$ -	\$ 122,251.00	\$ 132,501.64	\$ 137,782.56
33	T	Transitional Living	Provide operational/room and board support for transitional living based on the current BDAS definition.	Multiple (n = 4)	6/30/2023	\$ 611,275.56	\$ 563,000.00	\$ 563,000.00	\$ -
34	P/R	Physical Fitness Facility / Equipment Access	Funding to support access to wellness programs to prevent and reduce behavioral health issues in military members and veterans.	Department of Military Affairs and and Veteran Services	6/30/2023	\$ 100,000.00	\$ 400,000.00	\$ 400,000.00	\$ -
35	P/R	Military Childcare Access Initiative	Support and enhance access to child care for active military and national guard service members who are deployed or satisfying their monthly guard duty. The intent is to reduce the stress associated with having access to quality child care for the parent and child.	Department of Military Affairs and and Veteran Services	6/30/2023	\$ 290,700.00	\$ -	\$ 290,700.00	\$ -
36	P	Substance Use Disorder Prevention Innovative Harm Reduction Programs	Evidenced-based harm reduction interventions for college students on College Campuses.	University of New Hampshire		\$ -	\$ -	\$ 400,000.00	\$ -
37	S	Training and Consultation	To provide training and/or consulting to AOD CoC professionals related to: trauma-informed best practices; harm reduction strategies; the impact of brain injury and overdose; and methamphetamine and training on mental health first aid to youth and young adult peers and law enforcement.			\$ -		\$ 650,000.00	
38	T/R	Recovery Community Organization	Open recovery center in the North Country - Berlin, NH	Facilitating Organization		\$ -		\$ 300,000.00	
39	T	Doorway Flex Funding	To fund Doorway Services that are not able to be funded under the State Opioid Response (SOR) Grant.	NH Hospital Association/Foundation for Healthy Communities	6/30/2024	\$ -		\$ 550,000.00	
Total					\$ 6,710,860.75	\$ 11,198,895.00	\$ 13,112,768.64	\$ 445,282.56	



GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

Mission: to significantly reduce alcohol and other drug problems and their behavioral, health and social consequences for the citizens of New Hampshire.

Governor Chris Sununu

Patrick Tufts, Chairman

Katja Fox, Executive Director

Stephen Ahnen, NH Hospital Association

Mark Armaganian, Liquor Commission

James Boffetti, Department of Justice

Russ Conte, Suicide Prevention Council

Comm. Frank Edelblut, Dept of Education

Representative Jess Edwards, NH House

Annette Escalante, Treatment Professional

Traci Fowler, NH Charitable Foundation

Sen. Carrie Gendreau, NH Senate

Comm. Helen Hanks, Dept of Corrections

Representative William Hatch, NH House

Keith Howard, Recovery Representative

Joseph Johnsick, Public Member

Timothy Lena, Prevention Professional

Chuck Lloyd, Community College System

Matt McKenney, Business & Industry Assoc

Maj Gen David Mikolaities, National Guard

Hon. Tina Nadeau, NH Superior Courts

Jeffrey Nelson, Public Member

Comm. Chris Nicolopoulos, Insurance Dept

Comm. Robert L. Quinn, Dept of Safety

Joseph Ribsam,

Division for Children, Youth and Families

Pastor Kathie Saari, Faith Community

Seddon Savage, MD, NH Medical Society

Kate Thomson, NH Nurses Association

Sen. David Watters, NH Senate

Interim Commissioner Lori Weaver,

Dept of Health and Human Services

April 11, 2023

To: Governor Chris Sununu

Speaker of the House: Sherman Packard

President of the Senate: Jeb Bradley

Chairpersons of the House Finance Committees:

Peter Leishman, Tracy Emerick, Jess Edwards

Chairperson of the Senate Finance Committee: James Gray

Chairperson of the House HHS Committee: Wayne MacDonald

Chairperson of the Senate HHS Committee: Regina Birdsell

Chairperson of the Fiscal Committee: Kenneth Weyler

From: Patrick Tufts, Chairman

Subject: **Mid-Year Update**

The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, popularly known as the Governor's Commission on Alcohol and Other Drugs (the Commission), presents this midyear update as required in [RSA Chapter 12-J:4](#). The Commission meets regularly. Information regarding schedules, reports and more is available on the [NH DHHS website](#).¹

To facilitate oversight of the progress on the [Strengthening Our Response Together FY23-FY25 Action Plan](#),² the Commission has created new task forces. Co- chairs were appointed in October 2022. They recruited members and the new task forces began meeting in January 2023. The three task forces, [Budget](#)³, [Coordination + Cooperation](#)⁴, and [Data](#)⁵, have informational webpages where membership, meeting schedules, and minutes for each task force are available. All meetings are in person with a virtual option, reducing barriers and encouraging members of the public from throughout the state to attend.

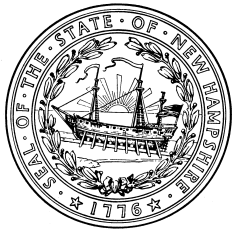
¹ <https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/governors-commission-alcohol-other-drugs>

² https://nhcenterforexcellence.org/wp-content/uploads/2022/07/Gov-Comm_2022_Final_Linked-1.pdf

³ <https://nhcenterforexcellence.org/governors-commission/budget-task-force/>

⁴ <https://nhcenterforexcellence.org/governors-commission/coordination-cooperation-task-force/>

⁵ <https://nhcenterforexcellence.org/governors-commission/data-task-force/>



GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

Mission: to significantly reduce alcohol and other drug problems and their behavioral, health and social consequences for the citizens of New Hampshire.

[NH Governor's Commission Action Plan Dashboard](#)⁶ is the online data dashboard that tracks progress on the objectives in the [Action Plan](#) and serves as the data dashboard reporting mechanism to the Governor and Legislature. The Dashboard is updated twice per year as new data becomes available, most recently in March 2023. The Data Task Force will be working on recommendations to revise and update the Data Dashboard in the coming year.

Finally, the Commission reviews their financial dashboard at each meeting, which is prepared and presented by NH DHHS BDAS⁷. BDAS is responsible for implementing and managing the Commission's strategic investments. BDAS engages in procurement, contracting and oversight of contractors activities and performance. Recommendations to continue many currently contracted initiatives through SFY2024 were approved at the February 10, 2023 meeting. Attached is the 3/14/2023 financial dashboard to be presented at the April meeting of the Commission which reflects those investments.

Sincerely,

Patrick Tufts, Chairman

Governor's Commission on Alcohol and Other Drugs

⁶ <https://nhcenterforexcellence.org/nh-gov-commission-action-plan-dashboard/>

⁷ New Hampshire Department of Health and Human Services, Division of Behavioral Health, Bureau of Drug and Alcohol Services. <https://www.dhhs.nh.gov/programs-services/alcohol-tobacco-other-substance-misuse>

State Plan and Opioid Abatement Synergies Crosswalk

Introduction

The State Plan and Opioid Abatement Commission Synergies table is presented on the following pages. This table utilizes the 50 strategies identified in the [Strengthening Our Response Together Action Plan](#)¹, the NH plan to address alcohol and drug use, the [Opioid Abatement Commission](#)'s² duties as outlined in RSA 126-A:86, and the investments that the NH Governor's Commission on Alcohol and Other Drugs voted to continue into state fiscal year 2024 at their February 2023 meeting.

This information may be used by the Opioid Abatement Commission and Commission on Alcohol and Other Drugs to identify and discuss:

- strategies and duties that align,
- opportunities for coordination and cooperation,
- synergies that may fill gaps and strengthen infrastructure, and
- the need for further information or recommendations.

Limitations

This table is intended to demonstrate potential synergies. It does not include the current progress on any of the strategies nor does it include the array of federal and state funding supporting many of the strategies. Information from NH DHHS and other sources will be required to create a more robust snapshot of the progress and funding gaps related to these strategies.

Key Takeaways

- The Opioid Abatement Commission's duties are in alignment with the state's Strengthening Our Response Together Action Plan.
- The Governor's Commission on Alcohol and Other Drugs invests ~10 million dollars per state fiscal year, through the NH DHHS/BDAS. Its funding is dependent on the state budget process.
- The Commission investment only partially funds strategies. Many may require additional investment to sustain or expand their impact.

The Center for Excellence on Addiction/JSI has compiled the following table through funding provided by the NH Governor's Commission on Alcohol and Other Drugs.

¹ https://nhcenterforexcellence.org/wp-content/uploads/2022/07/Gov-Comm_2022_Final_Linked-1.pdf

² RSA 126-A:86 New Hampshire Opioid Abatement Advisory Commission; Duties.
<https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/nh-opioid-abatement-trust-fund-advisory-commission>

State Plan and Opioid Abatement Commission Synergies Crosswalk

NH Action Plan to Address Alcohol and Other Drugs: Strategies	Opioid Abatement Commission Duties	Governor's Commission on Alcohol and other Drugs Investments
1. PREVENTION		
1.1 coordinated statewide prevention plan		
1.2 implement new and innovative programs, policies and practices		Partial funding of <ul style="list-style-type: none"> ● NH Service to Science Program (vets evidence and designates programs NH evidence-based)
1.3 public awareness and education campaigns	(12) Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed programs or strategies.	Partial funding of <ul style="list-style-type: none"> ● drugreenh.org
1.4 school-based prevention	(16) Support for public and non-public school programs and services for students with OUD and any co-occurring SUD/MH issues or who have been affected by OUD and any co-occurring SUD/MH issues within their family.	Partial funding of <ul style="list-style-type: none"> ● Evidence-Based Prevention Curricula, ● MTSS-B/NHDOE, ● Student Assistance Programs (30+)
1.5 expand prevention programming for all ages	(15) Support evidence-based prevention programs and services, including efforts to promote healthy, drug-free lifestyles, reduce isolation, build skills and confidence, and facilitate community-based prevention efforts.	Partial funding of <ul style="list-style-type: none"> ● Prevention Certification Board, ● Substance Misuse Prevention Direct Service programs (5), ● Mitigation and Prevention of Adverse Childhood Experiences - Home Visiting and within Domestic Violence Crisis Centers, ● Activities to reduce youth access to tobacco and alcohol, ● coalition support services
1.6 Support the behavioral health crisis response and service access system	(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; (9) Create or support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and an co-occurring SUD/MH issues.	Partial funding of <ul style="list-style-type: none"> ● Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and co-occurring SUD/MH issues
1.7 foster evidence-informed practices		

State Plan and Opioid Abatement Commission Synergies Crosswalk

NH Action Plan to Address Alcohol and Other Drugs: Strategies	Opioid Abatement Commission Duties	Governor’s Commission on Alcohol and other Drugs Investments
that support justice-involved individuals with substance use disorders (SUD).		
1.8 Strengthen referral and intervention systems for alternatives to incarceration.		Partial funding of <ul style="list-style-type: none"> • Juvenile Court Diversion Services (10+)
1.9 Strengthen integration of identification, referral and treatment in health care		
1.10 Increase access to communication services including interpreters		
2. HARM REDUCTION		
2.1 enhance capacity of harm reduction programs	(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.	
2.2 opioid reversal education and kits	(5) Reimburse the state and any political subdivision within the state for any portion of the cost of administering naloxone.	
2.3 access to drug checking services	(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.	
2.4 expand street outreach, drop-in centers, peer support services, critical time interventions, and clinical supports	(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.	
2.5 reduce stigma regarding harm reduction services		
2.6 harm reduction service availability in health systems		
3. CARE COORDINATION AND BEHAVIORAL HEALTH INTEGRATION		

State Plan and Opioid Abatement Commission Synergies Crosswalk

NH Action Plan to Address Alcohol and Other Drugs: Strategies	Opioid Abatement Commission Duties	Governor's Commission on Alcohol and other Drugs Investments
3.1 support 10 year mental health plan strategies		
3.2 expand integrated behavioral health services		
3.3 SBIRT across the lifespan in multiple settings		
3.4 telehealth		
3.5 care coordination best practices		Partial funding of <ul style="list-style-type: none"> ● Family Support Coordinator Services
3.6 evidence-informed care coordination		
3.7 identify opportunities related to reimbursement	(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.	
3.8 expand behavioral health services in health systems		
4. TREATMENT		
4.1 increase utilization of medications for addiction treatment (MAT)	(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; (10) Improve oversight of opioid treatment programs (OTPs) to assure evidence-based, evidence-informed practices	Partial funding of <ul style="list-style-type: none"> ● Medication Assisted Services
4.2 increase specialized treatment services		Partial funding of <ul style="list-style-type: none"> ● SUD Treatment and Recovery Support services (10+)
4.3 increase utilization of treatment for		

State Plan and Opioid Abatement Commission Synergies Crosswalk

NH Action Plan to Address Alcohol and Other Drugs: Strategies	Opioid Abatement Commission Duties	Governor's Commission on Alcohol and other Drugs Investments
stimulant use		
4.4 withdrawal management services - residential and ambulatory	(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	
4.4 withdrawal management services - residential and ambulatory	(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. RECOVERY		
5.1 expand Recovery Community Organizations (RCO) capacity	(7) Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH issues.	Partial funding of <ul style="list-style-type: none"> ● Peer Recovery Community Organizations (20+), ● Peer Recovery Outreach to Homeless Shelters and Encampments
5.2 enhance recovery housing	(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.	Partial funding of <ul style="list-style-type: none"> ● Community Housing Services for Criminal Justice Involved Individuals, ● Recovery Housing Certification and Rental Assistance, ● Peer Recovery Outreach to Homeless Shelters and Encampments
5.3 increase utilization of referral sources		
5.4 increase utilization of non-traditional supports		
5.5 support workplace initiatives		Partial funding of <ul style="list-style-type: none"> ● Recovery Friendly Workplace Initiative
5.6 increase vocational training and workforce readiness	(8) Provide employment training or educational services for persons in treatment for or in recovery from OUD and any co-occurring SUD/MH.	
5.7 routine monitoring of SUD as chronic		

State Plan and Opioid Abatement Commission Synergies Crosswalk

NH Action Plan to Address Alcohol and Other Drugs: Strategies	Opioid Abatement Commission Duties	Governor's Commission on Alcohol and other Drugs Investments
health condition		
6. FAMILY SUPPORTS AND SERVICES		
6.1 support families impacted by substance use		Partial funding of <ul style="list-style-type: none"> • Family Support Coordinator Services
6.2 support kinship caregivers		
6.3 implementation of Plans of Safe Care		
7. DATA MONITORING AND EVALUATION		
7.1 identify and collect shared performance measures across departments	(13) Support enhancements or improvements consistent with state law to the prescription drug monitoring program.	
7.2 disseminate relevant data		
7.3 support evaluation of innovative strategies		
7.4 create report identifying capacity and gaps in the treatment system		
7.5 identify disparities by race/ethnicity in the implementation of strategies		
8. WORKFORCE CAPACITY		
8.1 support Giving Care: Strategic Plan to Expand and Support NH's Health Care Workforce		
8.2 include SUD in undergraduate and graduate professional programs		
8.3 address compassion fatigue		

State Plan and Opioid Abatement Commission Synergies Crosswalk

NH Action Plan to Address Alcohol and Other Drugs: Strategies	Opioid Abatement Commission Duties	Governor's Commission on Alcohol and other Drugs Investments
8.4 increase capacity to recruit and retain staff		
8.5 identify models of staff sharing across behavioral health		
9. PROFESSIONAL DEVELOPMENT		
9.1 increase access to training and technical assistance across all sectors	(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.	
9.2 enhance trainings for all law enforcement professionals re: addiction and stigma	(14) Support the education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.	

SB 239-FN - AS AMENDED BY THE SENATE

03/16/2023 0867s

2023 SESSION

23-0971

05/04

SENATE BILL **239-FN**

AN ACT relative to the use of harm reduction services to treat alcohol and other substance misuse.

SPONSORS: Sen. Watters, Dist 4; Sen. Soucy, Dist 18; Rep. Meuse, Rock. 37

COMMITTEE: Health and Human Services

ANALYSIS

This bill defines alcohol and drug abuse prevention programs under RSA 12-J to include harm reduction services; establishes the doorways program to provide drug and alcohol abuse information, referral, and treatment services; incorporates recommendations of the governor's commission on alcohol and other drugs in the use of opioid abatement fund expenditures; expands the syringe services program; and addresses license renewal criteria for physicians and physician assistants.

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 Three

AN ACT relative to the use of harm reduction services to treat alcohol and other substance misuse.

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

1 1 Governor's Commission. Amend the introductory paragraph of RSA 12-J:1 and RSA 12-J:1, I
2 to read as follows:

3 12-J:1 Commission Established; Membership; Terms. There is hereby established a commission
4 which shall serve in an advisory capacity to the governor and the general court regarding the
5 delivery of effective and coordinated alcohol and **other** drug [~~abuse~~] **misuse** prevention, **including**
6 **harm reduction**, treatment, and recovery services throughout the state. The commission shall
7 consist of the following members:

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

17 2 New Subparagraph; Members of Commission. Amend RSA 12-J:1, IV(a) by inserting after
18 subparagraph (7) the following new subparagraph:

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

20 3 Organization of Commission; Task Force. Amend RSA 12-J:2, II(a)(1) to read as follows:

21 (1) Prevention **and harm reduction**.

22 4 Organization of Commission; Task Force. Amend RSA 12-J:2, II-a to read as follows:

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

29 5 Commission Duties. Amend RSA 12-J:3, I and II to read as follows:

1 I. Develop and revise, as necessary, a statewide plan for the effective prevention of alcohol
2 and *other* drug [abuse] *misuse, including harm reduction*, particularly among youth, and a
3 comprehensive system of treatment and recovery services for individuals and families affected by
4 alcohol and *other* drug [abuse] *misuse*. The statewide plan shall:

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

7 (b) Identify and prioritize unmet needs for prevention, *harm reduction*, treatment, and
8 recovery services.

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

11 (d) Identify and quantify public and private resources available to support alcohol and
12 *other* drug [abuse] *misuse* prevention, *harm reduction*, treatment, and recovery.

13 (e) Specify additional resources necessary to address unmet needs for prevention, *harm*
14 *reduction*, treatment, and recovery.

15 (f) Specify evaluation and monitoring methodology.

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

19 6 Meetings and Reports. Amend RSA 12-J:4, II to read as follows:

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

26 (a) Identify alcohol and *other* drug [abuse] *misuse* prevention, *harm reduction*,
27 treatment, and recovery services and programs provided by state departments and agencies or
28 funded in whole or in part by state or federal funds;

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

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

32 (d) Identify and prioritize unmet needs for prevention, *harm reduction*, treatment, and
33 recovery;

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

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

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

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

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

10 7 Meetings; Report. Amend the introductory paragraph of RSA 12-J:4, III(b) to read as follows:

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

19 8 Report. Amend RSA 12-J:5, I(a)(1) to read as follows:

20 (1) Treatment programs, ***including harm reduction***.

21 9 New Subparagraph; Opioid Abatement Advisory Commission Duties. Amend RSA 126-A:86,
22 I(b) by inserting after subparagraph (16) the following new subparagraph:

23 (17) Upon consultation with the governor's commission on alcohol and other drugs,
24 provide funding for syringe service programs as authorized in RSA 318-B:43, including harm
25 reduction supplies.

26 10 New Section; Substance Use Disorder Access Points. Amend RSA 126-A by inserting after
27 section 98 the following new section:

28 126-A:99 Substance Use Disorder Access Points Established.

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

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

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

5 11 Syringe Service Programs; Activities. Amend RSA 318-B:43, II(b) to read as follows:

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

9
10 12 Syringe Service Programs; Activities. RSA 318-B:43, II by inserting after subparagraph (b)
11 the following new subparagraph:

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

14
15 13 Syringe Service Programs; Funding. Amend RSA 318-B:43, III to read as follows:

16 III. Nothing in this section shall be construed to prohibit the department of health and
17 human services from administering and/or disbursing federal or other funds to syringe service
18 programs authorized under this section. ~~[The use of state general funds shall be prohibited unless~~
19 ~~otherwise appropriated by the general court or if deemed necessary to control a disease outbreak~~
20 ~~pursuant to RSA 141-C:3.]~~

21 14 New Section; Controlled Drug Act; Syringe Service Programs. Amend RSA 318-B by
22 inserting after section 43 the following new section:

23 318:43-a Syringe Service Programs; Authorized Activities and Funding Sources.

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

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

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

33 IV. In this section:

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

36 (b) "Drug checking equipment" means equipment, products, or materials used, designed
37 for use, or intended for use to perform drug checking, including materials and items used by the

1 person operating the equipment or products to store, measure, or process samples for analysis. Drug
2 checking equipment includes fentanyl test strips, other immunoassay drug testing strips,
3 colorimetric reagents, spectrometers such as Fourier Transform Infrared and Raman spectrometers,
4 and equipment that uses high-performance liquid chromatography, gas chromatography, mass
5 spectrometry, and nuclear magnetic resonance techniques. Drug checking equipment does not
6 include the substances being analyzed, drug packaging, or drug supplies.

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

10 (d) "Eligible activities" means:

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

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

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

17 (4) Providing drug supplies.

18 15 New Paragraph; Physicians Assistants. Amend RSA 328-D:3 by inserting after paragraph III
19 the following new paragraph:

20 IV. Each applicant for the first renewal of a license under this chapter shall show proof of
21 medical education on substance misuse disorder harm reduction including medication assisted
22 treatment.

23 16 Physicians and Surgeons; Continuing Medical Education Requirement. Amend RSA 329:16-g
24 to read as follows:

25 329:16-g Continuing Medical Education Requirement. As a condition of renewal of license, the
26 board shall require each licensee to show proof at least at every biennial license renewal that the
27 licensee has completed 100 hours of approved continuing medical education program within the
28 preceding 2 years. For the purposes of this section, an approved continuing medical education
29 program is a program designed to continue the education of the licensee in current developments,
30 skills, procedures, or treatment in the licensee's field of practice, which has been certified by a
31 national, state, or county medical society or college or university. ***For the first renewal, each
32 licensee shall show proof of medical education on substance use disorder and harm
33 reduction, including medications for substance use disorder.*** There shall be a complete audit
34 of all continuing education credits annually by the New Hampshire Medical Society. Each licensee
35 shall submit a continuing medical education report with copies of continuing medical education
36 course certificates earned by the licensee and other documents which establish that continuing
37 medical education course requirements have been met, using a form approved by the board. The

SB 239-FN - AS AMENDED BY THE SENATE

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1 complete audit shall include the collection, review, verification, and preservation of the continuing
2 medical education documentation of each licensed physician and a report which records the credits
3 awarded to each licensee during the 2-year period applicable to each licensee. The fee charged to
4 licensees for continuing medical education verification shall not exceed 125 percent of the actual cost
5 of providing the service. The New Hampshire Medical Society is prohibited from using any
6 information from this program for promotional purposes or any other purpose not necessary for
7 continuing education verification.

8 17 Effective Date. This act shall take effect July 1, 2023.

SB 239-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to the use of harm reduction services to treat alcohol and substance abuse.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2023	FY 2024	FY 2025	FY 2026
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Funding Source:	<input checked="" type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Federal funds			

METHODOLOGY:

Among a variety of other changes to state laws governing the state's alcohol and drug abuse response efforts, this bill establishes in statute the Doorways program, to be administered by the Department of Health and Human Services. The bill states that the program shall encompass the statewide points of entry for delivery of substance use services, and shall be responsible for the following: screening and evaluation referrals; medication-assisted and other forms of treatment; naloxone and other forms of prevention; and peer recovery support. The Department states that codification of the Doorways program will have an indeterminable impact on state expenditures, given the variability of federal funding through the State Opioid Response (SOR) grant. Currently, the Department receives approximately \$28 million per year through the grant. Grants are awarded every two years, and the current iteration of the grant (the state's third) runs through September 30, 2024. The Department states that, should the federal grant award decline in future years, the cost to the state of continuing the Doorways program could be as high as \$11 million per year, plus an undetermined additional amount to maintain Department positions that oversee contracts.

In addition to the changes above, the bill establishes syringe service programs under RSA 318-B, the Controlled Drug Act. The Department states that it expects to meet these responsibilities with existing resources.

AGENCIES CONTACTED:

Department of Health and Human Services

