

Amendment to SB 239-FN

1 Amend the title of the bill by replacing it with the following:

2
3 AN ACT relative to the use of harm reduction services to treat alcohol and other substance
4 misuse.
5

6 Amend the bill by replacing all after the enacting clause with the following:

7
8 1 Governor's Commission. Amend the introductory paragraph of RSA 12-J:1 and RSA 12-J:1, I
9 to read as follows:

10 12-J:1 Commission Established; Membership; Terms. There is hereby established a commission
11 which shall serve in an advisory capacity to the governor and the general court regarding the
12 delivery of effective and coordinated alcohol and **other** drug [~~abuse~~] **misuse** prevention, **including**
13 **harm reduction**, treatment, and recovery services throughout the state. The commission shall
14 consist of the following members:

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

24 2 New Subparagraph; Members of Commission. Amend RSA 12-J:1, IV(a) by inserting after
25 subparagraph (7) the following new subparagraph:

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

27 3 Organization of Commission; Task Force. Amend RSA 12-J:2, II(a)(1) to read as follows:

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

29 4 Organization of Commission; Task Force. Amend RSA 12-J:2, II-a to read as follows:

30 II-a. The chairperson shall create a budget task force comprised of the individuals listed in
31 RSA 12-J:1, III(a) to report biannually on financial expenditures for substance [~~abuse~~] **misuse**
32 related work throughout state government as detailed in RSA 12-J:4, III and recommend budget

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1 policy priorities to the commission regarding the allocation of funding alcohol and **other** drug
2 prevention, **harm reduction**, treatment, and recovery services across state agencies and throughout
3 the state.

4 5 Commission Duties. Amend RSA 12-J:3, I and II to read as follows:

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

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

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

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

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

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

19 (f) Specify evaluation and monitoring methodology.

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

23 6 Meetings and Reports. Amend RSA 12-J:4, II to read as follows:

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

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

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

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

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

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(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, ***harm reduction***, treatment, 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, ***harm reduction***, treatment, 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.

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

(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, ***harm reduction***, treatment, 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:

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

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

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

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

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

126-A:99 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, including naloxone; supports and services to assist in long-term recovery; and peer recovery support services.

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

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

9 11 Syringe Service Programs; Activities. Amend RSA 318-B:43, II(b) to read as follows:

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

13
14 12 Syringe Service Programs; Activities. RSA 318-B:43, II by inserting after subparagraph (b)
15 the following new subparagraph:

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

18
19 13 Syringe Service Programs; Funding. Amend RSA 318-B:43, III to read as follows:

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

25 14 New Section; Controlled Drug Act; Syringe Service Programs. Amend RSA 318-B by
26 inserting after section 43 the following new section:

27 318:43-a Syringe Service Programs; Authorized Activities and Funding Sources.

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

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

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

37 IV. In this section:

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

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

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

14 (d) "Eligible activities" means:

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

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

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

21 (4) Providing drug supplies.

22 15 New Paragraph; Physicians Assistants. Amend RSA 328-D:3 by inserting after paragraph III
23 the following new paragraph:

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

27 16 Physicians and Surgeons; Continuing Medical Education Requirement. Amend RSA 329:16-g
28 to read as follows:

29 329:16-g Continuing Medical Education Requirement. As a condition of renewal of license, the
30 board shall require each licensee to show proof at least at every biennial license renewal that the
31 licensee has completed 100 hours of approved continuing medical education program within the
32 preceding 2 years. For the purposes of this section, an approved continuing medical education
33 program is a program designed to continue the education of the licensee in current developments,
34 skills, procedures, or treatment in the licensee's field of practice, which has been certified by a
35 national, state, or county medical society or college or university. ***For the first renewal, each***
36 ***licensee shall show proof of medical education on substance use disorder and harm***
37 ***reduction, including medications for substance use disorder.*** There shall be a complete audit

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1 of all continuing education credits annually by the New Hampshire Medical Society. Each licensee
2 shall submit a continuing medical education report with copies of continuing medical education
3 course certificates earned by the licensee and other documents which establish that continuing
4 medical education course requirements have been met, using a form approved by the board. The
5 complete audit shall include the collection, review, verification, and preservation of the continuing
6 medical education documentation of each licensed physician and a report which records the credits
7 awarded to each licensee during the 2-year period applicable to each licensee. The fee charged to
8 licensees for continuing medical education verification shall not exceed 125 percent of the actual cost
9 of providing the service. The New Hampshire Medical Society is prohibited from using any
10 information from this program for promotional purposes or any other purpose not necessary for
11 continuing education verification.

12 17 Effective Date. This act shall take effect July 1, 2023.