

**CONSENT CALENDAR**

**April 5, 2022**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on Health, Human Services and Elderly  
Affairs to which was referred SB 279,**

**AN ACT establishing a study committee on harm  
reduction and overdose prevention programs. Having  
considered the same, report the same with the  
recommendation that the bill OUGHT TO PASS.**

**Rep. Frances Nutter-Upham**

**FOR THE COMMITTEE**

## **COMMITTEE REPORT**

Committee:	<b>Health, Human Services and Elderly Affairs</b>
Bill Number:	<b>SB 279</b>
Title:	<b>establishing a study committee on harm reduction and overdose prevention programs.</b>
Date:	<b>April 5, 2022</b>
Consent Calendar:	<b>CONSENT</b>
Recommendation:	<b>OUGHT TO PASS</b>

### **STATEMENT OF INTENT**

Harm reduction and overdose prevention programs (OPPs) are evidence-based programs that exist in ten countries around the world. Research has demonstrated that these programs decrease the use of emergency medical services, reduce public drug use, and reduce overdose deaths. These programs also help reduce the spread of HIV and hepatitis C. The report of this committee will be due on or before November 1, 2022.

Vote 19-1.

Rep. Frances Nutter-Upham  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File

## CONSENT CALENDAR

Health, Human Services and Elderly Affairs

**SB 279**, establishing a study committee on harm reduction and overdose prevention programs.  
**OUGHT TO PASS.**

Rep. Frances Nutter-Upham for Health, Human Services and Elderly Affairs. Harm reduction and overdose prevention programs (OPPs) are evidence-based programs that exist in ten countries around the world. Research has demonstrated that these programs decrease the use of emergency medical services, reduce public drug use, and reduce overdose deaths. These programs also help reduce the spread of HIV and hepatitis C. The report of this committee will be due on or before November 1, 2022. **Vote 19-1.**

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # SB279

**TITLE:** AN ACT establishing a study committee on harm reduction and overdose prevention programs.

**DATE:** 4/5/2022

**LOB ROOM:** 205-7

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**MOTION:**

OTP

Moved by Rep. Nutter Upham                      Seconded by Rep. Salloway                      Vote: 19-1

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**CONSENT CALENDAR:**     YES                       NO

**Minority Report?**     Yes     No    If yes, author, Rep: \_\_\_\_\_ Motion \_\_\_\_\_

Respectfully submitted:                      baf  
\_\_\_\_\_

Rep. Beth Folsom, Clerk

STATE OF NEW HAMPSHIRE  
OFFICE OF THE HOUSE CLERK



9/28/2021 11:15:01 AM  
Roll Call Committee Registers  
Report

2022 SESSION

**Health, Human Services and Elderly Affairs**

Bill #: SB279      Motion: OTP      AM #: \_\_\_\_\_      Exec Session Date: 4/5/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	X		
Layon, Erica J. Vice Chairman	X		
McMahon, Charles E.	X		
Acton, Dennis F.	X		
Gay, Betty I.			X
Cushman, Leah P.		X	
Folsom, Beth A. Clerk	X		
Kelsey, Niki	X		
King, Bill C.	X		
Kofalt, Jim	X		
DeLemus, Susan	X		
Weber, Lucy M.	X		
MacKay, James R.	X		
Snow, Kendall A.	X		
Knirk, Jerry L.	X		
Salloway, Jeffrey C.	X		
Cannon, Gerri D.	X		
Nutter-Upham, Frances E.	X		
Schapiro, Joe	X		
Woods, Gary L.	X		
Merchant, Gary	X		
<b>TOTAL VOTE:</b>	19	1	1

**HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS**

**PUBLIC HEARING on Bill # SB279**

**BILL TITLE:** AN ACT establishing a study committee on harm reduction and overdose prevention programs.

**DATE:** 4/5/2022

**ROOM:** LOB 205-207

**Time Public Hearing Called to Order: 2:45pm**

**Time Adjourned: 3:15pm**

**TESTIMONY**

**Sen. Watters - introduced the bill -**

It establishes a committee to study harm reduction and overdose prevention programs. NH has a lot of overdose deaths and we need to work on prevention.

65 different overdose harm reduction programs offered in different countries.

Committee will allow our state to study what is happening in different states with their programs and examine what might be done in NH and the best way to gather data.

**Ryan Fowler, NH Provider's Association - Supports**

Harm reduction programs are meeting people where they are at with addiction, preventing higher health care costs and death. Support them rather than punish. Drug use is a health issue. What can we do better? Hopefully this committee would help our state determine what and where the need is.

**Hon. Joe Hannon - Supports**

Harm reduction syringe exchange programs are helpful in saving lives, prevent infection, and offer greater access to rehab programs. This is a great start in the process of tackling the opioid crisis and provide info on how Narcan can save lives.

Respectfully submitted,

Rep. Beth Folsom, Clerk



# House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill SB279 on 2022-04-05

Support: 9 Oppose: 1 Neutral: 0 Total to Testify: 0

[Export to Excel](#)

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Carson, Senator Sharon	SD 14, NH sharon.carson@leg.state.nh.us	An Elected Official	Myself	Support	No	No	3/29/2022 12:23 PM
Perkins Kwoka, Senator Rebecca	Dover, NH Rebecca.PerkinsKwoka@leg.state.nh.us	An Elected Official	Myself	Support	No	No	3/30/2022 3:02 PM
Rosenwald, Cindy	Nashua, NH cindy.rosenwald@leg.state.nh.us	An Elected Official	SD 13	Support	No	No	4/1/2022 11:53 AM
Northam, Kayla	Lebanon, MA kayla.a.northam@hitchcock.org	A Member of the Public	Myself	Support	No	No	4/1/2022 1:55 PM
Lucas, Janet	Campton, NH janluca1953@gmail.com	A Member of the Public	Myself	Support	No	No	4/4/2022 7:53 AM
Paschell, Susan	Bow, NH spaschell@dupontgroup.com	A Lobbyist	NH Providers Association	Support	No	No	4/4/2022 11:48 AM
Vigroux, Kerran	Concord, NH Kerran@NHProviders.org	A Member of the Public	NH Providers Association	Support	No	No	4/4/2022 3:19 PM
Hallock, Linda	Cornish, NH LINDASH@MAIL.COM	A Member of the Public	Myself	Oppose	No	No	4/4/2022 6:38 PM
Bradley, Jeb	SD3, NH jeb.bradley@leg.state.nh.us	An Elected Official	SD3	Support	No	No	4/5/2022 9:26 AM
Sherman, Senator	SD 24, NH jennifer.horgan@leg.state.nh.us	An Elected Official	SD24	Support	No	No	4/5/2022 10:08 AM





THE  
NH PROVIDERS  
ASSOCIATION

*Representing  
Alcohol & Other Drug Service Providers  
in New Hampshire*

Rep. Mark Pearson, Chair  
House Health, Human Services and Elderly Affairs Committee  
Room 205, Legislative Office Building  
North State Street  
Concord NH 03301

Via email: [HHSEA@leg.state.nh.us](mailto:HHSEA@leg.state.nh.us) [HHSEA@leg.state.nh.us](mailto:HHSEA@leg.state.nh.us)

April 4, 2022

Dear Chairman Pearson and members of the Committee:

The New Hampshire Providers Association (NHPA), representing alcohol and other drug service providers, is writing to urge you to support SB 279, being heard by your committee tomorrow, April 5<sup>th</sup>. Last year's SB 149, an omnibus bill, included the proposal for establishment of an OPP (harm reduction and overdose prevention program) at DHHS, but that section of the bill was removed. We believe that a study committee will help answer questions that were raised in 2021 and pave the way for a program.

OPPs – also referred to as OPCs (overdose prevention centers) - are safe locations where drug users can use pre-obtained substances under medical supervision. If an overdose occurs, staff are present to provide first aid, administer naloxone, and often oxygen. More than 120 of these facilities operate in 10 countries (many have been in operation for several decades). There has never been an overdose death recorded in such a facility.

Studying the establishment and impact of harm reduction and overdose prevention programs on the state and local levels in New Hampshire is a critical first step to help reduce overdose deaths in New Hampshire. In the past three years, nine U.S. states have considered legislation to legally authorize OPPs and nine major cities are considering OPP models to help address the overdose crisis at the local level. There are also tax savings for municipalities from the harm reduction model. In addition to OPPs, harm reduction strategies include: access to naloxone; evidence-based SUD treatment options; access to medicine and providers through telemedicine; housing-first models; criminal justice reform; drug policy reform; and syringe services programs.

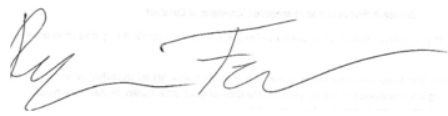
OPPs save local governments millions of dollars in healthcare costs, based on averted overdose deaths, infectious disease transmission, reduced skin and soft tissue infections, and in increased medication-assisted treatment uptake. They also reduce crime. A study focused on San Francisco found that one Overdose Prevention Center in that city would result in a net savings of \$3.5 million per year. A similar

study focused on Baltimore estimated an annual net savings of \$7.8 million. We are losing at least 80,000 Americans every 12 months to drug poisoning: 80,000 people whose needs were not met. These deaths would have been preventable with a comprehensive harm reduction approach.

We are attaching a 3-page fact sheet on OPPs from the Drug Policy Alliance for your reference. There are numerous scientific studies available on this topic that we would be glad to provide you with. Please let us know if you need any additional information. Studying the establishment of harm reduction and overdose prevention programs on the state and local levels in New Hampshire is a critical first step to help reduce overdose deaths in New Hampshire.

We respectfully request that you support passage of SB 279.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Fowler". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Ryan Fowler, Policy Chair

A handwritten signature in black ink, appearing to read "Kerran Vigroux". The signature is cursive and somewhat stylized, with a prominent loop at the end.

Kerran Vigroux, Executive Director

# Overdose Prevention Centers

## An Evidence-based Public Health Response to Substance Use



February 2020

### What are Overdose Prevention Centers?

Overdose Prevention Centers, also known as Supervised Consumption Sites, are a harm reduction intervention proven to reduce the risk of drug overdose death and the spread of infectious disease that may accompany drug use by providing a hygienic space for people to consume their own drugs under the supervision of trained staff. Participants also receive health care, counseling, and referrals to health and social services, including drug treatment.

### Overdose Prevention Centers Are Widespread

There are over 120 legally sanctioned Overdose Prevention Centers in ten countries, including Canada, France, Germany, and Australia, and in sixty-six cities worldwide.<sup>i</sup>

### Benefits of Overdose Prevention Centers Are Great

Evaluations demonstrate consistently positive individual and public health benefits of Overdose Prevention Centers, including reducing fatal overdoses,<sup>ii</sup> reducing sharing of syringes,<sup>iii</sup> and increasing linkages to addiction treatment.<sup>iv</sup> Overdose Prevention Centers also benefit the communities where they exist by reducing public drug use and syringe debris<sup>v</sup> and do not result in an increase in drug-related crime<sup>vi</sup>.

*InSite*, the first of many Overdose Prevention Centers in Canada, has been the most extensively studied center in the world, with over 60 published peer-reviewed articles examining its effects on a range of variables, from retention to treatment referrals to cost-effectiveness.<sup>vii</sup> In examining the evidence in a court case asserting the right to operate Canadian Overdose Prevention Centers (which was won), the Canadian Supreme Court concluded: "InSite saves lives. Its benefits have been proven. There has been no

discernable negative impact on the public safety and health objectives of Canada during its eight years of operation."<sup>viii</sup>

And, Overdose Prevention Centers are cost-saving. Cost-benefit analyses demonstrate that such centers have the potential to save local governments millions of dollars in healthcare costs, based on averted overdose deaths, infectious disease transmission, reduced skin and soft tissue infections, and in increased medication-assisted treatment uptake. A study focused on San Francisco found that one Overdose Prevention Center in that city would result in a net savings of \$3.5 million per year.<sup>ix</sup> A similar study focused on Baltimore estimated an annual net savings of \$7.8 million.<sup>x</sup>

### There Is Significant Domestic Support for Overdose Prevention Centers

States and localities want to adopt this proven method of reducing overdose and the harm of public and unsupervised drug use. In the past three years, nine U.S. states have considered legislation to legally authorize Overdose Prevention Centers<sup>xi</sup> and a tenth is poised to do so in 2020.<sup>xii</sup> Nine major cities also are considering Overdose Prevention Center models to help address their local opioid and other drug crises. Philadelphia, Ithaca, Seattle and San Francisco have convened task forces that have recommended further exploration, support for, or pilot projects of Overdose Prevention Centers in their jurisdictions.<sup>xiii</sup> Seattle also allocated \$1.4 million in its 2018 budget for Overdose Prevention Centers, to which King County added \$500,000.<sup>xiv</sup> In 2018, the Denver City Council passed an ordinance permitting an Overdose Prevention Center within city limits<sup>xv</sup>, and Burlington, Vermont, passed a resolution supporting exploration of an Overdose Prevention Center.<sup>xvi</sup>

Prominent local government officials have publicly endorsed Overdose Prevention Centers as sound policy to address the opioid and overdose crisis in their cities, including San Francisco Mayor London Breed; Seattle Mayor Jenny Durkan; Philadelphia Mayor Jim Kenney; Ithaca Mayor Svante Myrick; Somerville, MA, Mayor Joseph Curtatone; Cambridge, MA, Mayor Sumbul Siddiqui; and Boston Mayor Martin Walsh.<sup>xvii</sup>

### **Fear of Federal Prosecution Thwarts Access to U.S. Overdose Prevention Centers**

Despite widespread interest in implementing Overdose Prevention Centers in jurisdictions nationwide, fear of potential Department of Justice (DOJ) prosecution remains the primary barrier. There are two sections of the federal Controlled Substances Act at issue, including the prohibition against possession of a controlled substance and the prohibition against maintaining a space where drugs are being consumed (colloquially known as the “Crack House” statute). DOJ might enforce these provisions criminally, civilly, or via civil asset forfeiture of real property. DOJ indicated its intention to prosecute Overdose Prevention Centers in an Opinion Editorial by then Deputy Attorney General Rod Rosenstein published in the New York Times in August 2018

Around this time, a Philadelphia-based non-profit organization called Safehouse began planning to open an Overdose Prevention Center to respond to its local overdose epidemic. The board of Safehouse includes former Governor of Pennsylvania Ed Rendell. In February 2019, although Safehouse was still in its planning phases (securing a location, funding, etc.), the U.S. Attorney for the Eastern District of Pennsylvania filed an action in federal court seeking a declaratory judgment that Safehouse’s “establishment and operation of any Consumption Room, or similar sites made available for the unlawful use of controlled substances, will violate 21 U.S.C. 856(a)(2).”

DOJ made a motion for judgement on the pleadings—seeking a decision without a trial based on the agreed-to facts contained in the briefings—and *lost*. The court sided with Safehouse and its ability to open.

The federal court explained that Safehouse plans to make a place available for the purposes of reducing the harm of drug use, administering medical care, encouraging drug treatment, and connecting participants with social services and that none of these purposes can be understood as a purpose to facilitate drug use. The court concluded that “[t]he ultimate goal

of Safehouse’s proposed operation is to reduce drug use, not facilitate it, and accordingly, § 856(a) does not prohibit Safehouse’s proposed conduct.”<sup>xviii</sup>

In reaching its decision, the court examined the intent of Congress and found that “no credible argument can be made that facilities such as safe injection sites were within the contemplation of Congress,” because Overdose Prevention Centers were not part of the public discourse at the time of the statute’s enactment or amendment. The Court accordingly concluded that “[a] responsible use of judicial power . . . is to decline to expand the scope of criminal liability under the statute and allow Congress to address the issue.”<sup>xix</sup> Given the court’s ruling, Safehouse filed a Motion for Final Judgement on January 6, 2020.

Though the ruling sets a very important legal precedent in a case of first impression, the decision in *Safehouse* is controlling precedent *only* in the Eastern District of Pennsylvania, and the government has indicated its intent to appeal the decision to the Third Circuit as soon as there is a final judgement. Also, days after the decision in *Safehouse*, the U.S. Attorney for the Eastern District of Pennsylvania sent a letter to Safehouse noting that the ruling was limited to interpretation of the Crack House statute and threatened enforcement on other grounds, including individual criminal drug possession laws and civil asset forfeiture if Safehouse opened.

Though local health departments and officials, policymakers, and community-based organizations are ready to implement Overdose Prevention Centers in jurisdictions across the nation, the specter of federal prosecution is preventing the full implementation of this critical public health measure at a time when approximately 70,000 people per year die of drug overdose, and over 770,000 individuals have died of overdose over the past 20 years.

### **Congressional Intervention Is Needed Now**

Congress must indicate its intent that 1) Overdose Prevention Centers are allowable to prevent drug overdose and provide other critical services, and 2) that DOJ may not use its resources to prosecute state and local jurisdictions or providers and recipients of Overdose Prevention Center services. Such Congressional clarification would address the fear that states and local jurisdictions and providers have of DOJ prosecution. It also would encourage individuals at risk for drug overdose to engage with these life-saving services.

<sup>i</sup> Davidson PJ, Lopez AM, Kral AH. Using drugs in un/safe spaces: Impact of perceived illegality on an underground supervised injecting facility in the United States. *Int J Drug Policy*. 2018;53:37–44. "Ten countries currently have specific legislation or regulation authorizing the operation of SIFs (Switzerland, Germany, France, the Netherlands, Norway, Luxembourg, Spain, Denmark, Australia, and Canada), with over 100 facilities operating in 66 cities."

<sup>ii</sup> Marshall BD, Milloy MJ, Wood E, et al: Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet* 2011; 377:1429–1437. Kerr T, Tyndall MW, Lai C, et al: Drug-related overdoses within a medically supervised safer injection facility. *Int J Drug Policy* 2006; 17:436–441.

<sup>iii</sup> Stoltz JA, Wood E, Small W, et al: Changes in injecting practices associated with the use of a medically supervised safer injection facility. *J Public Health* 2007; 29:35–39; Kerr T, Tyndall M, Li K, et al: Safer injection facility use and syringe sharing in injection drug users. *Lancet* 2005; 366:316–318.

<sup>iv</sup> Wood E, Tyndall MW, Zhang R, et al: Attendance at supervised injecting facilities and use of detoxification services. *N Engl J Med* 2006; 354:2512–2514; DeBeck K, Kerr T, Bird L, et al: Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug Alcohol Depend* 2011; 113:172–176.

<sup>v</sup> Wood E, Kerr T, Small W, et al: Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *CMAJ* 2004; 171:731–734.

<sup>vi</sup> Wood E, Tyndall MW, Lai C, et al: Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Subst Abuse Treat Prev Policy* 2006; 1:13.

<sup>vii</sup> T Kerr et al., "Findings from the Evaluation of Vancouver's Pilot Medically Supervised Safer Injection Facility—Insite," (Vancouver, BC: Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, 2009) [http://uhri.cfenet.ubc.ca/images/Documents/insite\\_report-eng.pdf](http://uhri.cfenet.ubc.ca/images/Documents/insite_report-eng.pdf).

<sup>viii</sup> Brandon DL Marshall et al., "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study," *The Lancet* 377, no. 9775 (2011): 1429-37.

<sup>ix</sup> Irwin A, Jozaghi E, Bluthenthal RN, et al: A cost-benefit analysis of a potential supervised injection facility in San Francisco, California, USA. *J Drug Issues* 2017; 47:164–184.

<sup>x</sup> Irwin A, Jozaghi E, Weir BW, et al: Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility. *Harm Reduct J* 2017; 14:29.

<sup>xi</sup> Assembly Bill 186 (CA 2018); Senate Bill 18-040 (CO 2018); LD 949 (HP 704) (ME 2019); House Bill 1712 (MA 2017); House Bill 519 (MD 2017); House Bill 2367 (MO 2018); Assembly Bill 4638 (NJ 2018) and Senate Bill 3293 (NJ 2019); Assembly Bill 60 (NY 2019); Senate 107 (VT 2017).

<sup>xii</sup> Utah State Legislature Website, 2020 General Session Legislation – By Representative (Dailey-Provost, J.), <https://le.utah.gov/asp/billsintro/RepResults.asp?Listbox3=DAILEYJ>

<sup>xiii</sup> The Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia, Final Report & Recommendations (2017, p. 23): "Further explore comprehensive user engagement site(s)" including "medically supervised drug consumption, and access to sterile injection equipment and naloxone in a walk-in setting.;" The Ithaca Plan: A Public Health and Safety Approach to Drugs and Drug Policy (2016, p. 7.42):

"Explore the operation of a supervised injection site staffed with medical personnel as a means to: prevent fatal and non-fatal overdose, infectious disease, and bacterial infections; reduce public drug use and discarded needles; and provide primary care and referrals to basic services, housing, and substance use services and treatment, including the integration a basic healthcare provider at harm reduction sites.;" Seattle-King County Heroin and Prescription Opiate Addiction Task Force Final Report and Recommendations (2016, p. 26): "Establish, on a pilot program basis, at least two Community Health Engagement Locations" (CHEL sites) where supervised consumption occurs for adults with substance use disorders in the Seattle and King County region. One site should be located outside of Seattle, reflecting the geographic distribution of drug use in other King County areas. The CHEL pilot program should have a provisional time limit of three years. Continuation of the program beyond that time should be based on evidence of positive outcomes.;" San Francisco Safe Injection Services Task Force, Final Report (2017, p. 9): "The Task Force's overarching recommendation is to support the operation of safe injection services in San Francisco."

<sup>xiv</sup> News Staff, Work toward Seattle's safe injection site slows as court case continues, Q13 Fox News, March 12, 2019, <https://q13fox.com/2019/03/12/work-toward-seattles-safe-injection-site-slows-as-court-case-continues/> (last visited Jan. 8, 2020).

<sup>xv</sup> Denver Code of Ordinances Sec. 24-159, 24-160, 24-160.1: enabling "one (1) supervised use site in the city . . . operated by a nonprofit or governmental organization that serves people who inject drugs . . ." to "[p]rovide syringe access, fentanyl testing strips, overdose prevention, and referrals to substance use disorder treatment, medical services, mental health services, and social services."

<sup>xvi</sup> Burlington, VT, July 16, 2018 "Resolution: In Support of Overdose Prevention Sites, Low Barrier Distribution of Buprenorphine, and Other Evidence-based Practices to Reduce Opioid Overdoses and Provide Treatment and Recovery Options for People Struggling with Opioid Addiction".

<sup>xvii</sup> Meredith Cohn, "Supporters push safe injection sites to stem overdose deaths in Maryland, but legal questions unresolved", *Baltimore Sun*, Sept. 25, 2019, <https://www.baltimoresun.com/health/bs-hs-supporters-push-safe-injection-sites-20190925-bqkqmy22nau3bbwpaqrud2u4-story.html> (last visited Jan. 8, 2020); Milton Valencia, "Boston Council revisits safe injection sites amid tensions over South End sweep", *Boston Globe*, Aug. 13, 2019, <https://www.bostonlobe.com/metro/2019/08/13/council-revisits-safe-injection-sites-amid-tensions-over-south-end-sweep/Nrs2694FwTEu114M2ynusl/story.html> (last visited Jan. 9, 2020); William Neuman, "De Blasio Moves to Bring Safe Injection Sites to New York City", *New York Times*, May 3, 2018, <https://www.nytimes.com/2018/05/03/nyregion/nyc-safe-injection-sites-heroin.html> (last visited Jan. 8, 2020). Sarah Anne Luoma, "Somerville Mayor To Move Forward With Safe Injection Site Plans Despite Threats of Federal Prosecution", *Up to Boston*, Aug. 16, 2019, <https://www.uptoboston.com/somerville-mayor-to-move-forward-with-safe-injection-site-plans-despite-threats-of-federal-prosecution/> (last visited Jan. 10, 2020). Felice Freyer, "Walsh 'absolutely 100 percent' supports safe injections sites", *Boston Globe*, April 25, 2019, <https://www.bostonlobe.com/metro/2019/04/25/walsh-absolutely-percent-supports-safe-injection-sites/xZiIWq6iR0BxtLUjpbQJLK/story.html> (last visited Jan. 20, 2020). EJ Dickson, "Philadelphia May Become the First City to Open Safe Injections Sites" *Rolling Stone*, Sept. 5, 2019, <https://www.rollingstone.com/culture/culture-news/philadelphia-safe-injection-sites-880346/> (last visited Jan. 10, 2020).

<sup>xviii</sup> *Id.*

<sup>xix</sup> *Id.* at 2, 3.

**Archived:** Friday, April 22, 2022 9:19:09 AM

**From:** Susan Paschell

**Sent:** Monday, April 4, 2022 1:25:47 PM

**To:** ~House Health Human Services and Elderly Affairs

**Cc:** Christina Dyer; Lindsay Oestreich; Kerran Vigroux; Ryan Fowler (Rfowler@h2rc.org)

**Subject:** Testimony on SB 279 - establishing a study committee on harm reduction and overdose prevention programs.

**Importance:** Normal

**Attachments:**

4.5.22 NHPA letter SB279.docx ;DPA OPC Hill Fact Sheet feb 2020.docx ;

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Good afternoon Chairman Pearson and members of the Committee,  
Attached please find a letter from the NH Providers Association's Kerran Vigroux, Executive Director, and Ryan Fowler, Policy Chair, **in support of SB 279**, which you are scheduled to hear tomorrow.

Feel free to contact me if you have questions or need additional information.

Thank you for your consideration,

Susan Paschell

Susan Paschell, Senior Associate

The Dupont Group

29 School Street, Suite 200

Concord NH 03301

603-228-3322 ext. 107



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SB 279 - AS AMENDED BY THE SENATE

02/03/2022 0084s

2022 SESSION

22-2869

05/11

SENATE BILL **279**

AN ACT establishing a study committee on harm reduction and overdose prevention programs.

SPONSORS: Sen. Watters, Dist 4; Sen. Sherman, Dist 24; Sen. Bradley, Dist 3; Sen. Rosenwald, Dist 13; Sen. Birdsell, Dist 19; Sen. Whitley, Dist 15; Sen. Perkins Kwoka, Dist 21; Sen. Carson, Dist 14; Rep. Marsh, Carr. 8; Rep. M. Pearson, Rock. 34; Rep. Knirk, Carr. 3; Rep. Woods, Merr. 23

COMMITTEE: Health and Human Services

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ANALYSIS

This bill establishes a committee to study harm reduction and overdose prevention programs.

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Explanation: Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears [~~in brackets and struckthrough.~~]  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty Two*

AN ACT establishing a study committee on harm reduction and overdose prevention programs.

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

1 1 Findings. The legislature finds and declares all of the following:

2 I. Overdose deaths in New Hampshire are an urgent public health crisis. For many years,  
3 overdose has been the leading cause of accidental death in the United States and in New Hampshire.

4 II. Harm reduction and overdose prevention programs (OPPs) are an evidence-based harm  
5 reduction strategy that allow individuals to consume drugs in a hygienic environment under the  
6 supervision of trained staff, who are able to intervene if the patient overdoses. OPPs also provide  
7 sterile consumption equipment and offer general medical advice and referrals to drug treatment and  
8 other community social services.

9 III. There are approximately 165 overdose prevention programs operating in 10 countries  
10 around the world, and numerous peer-reviewed studies have confirmed that those programs are  
11 effective in reducing overdose deaths and HIV transmission, and in increasing access to counseling,  
12 treatment, and other risk reduction services. Research has also demonstrated that those programs  
13 decrease use of emergency medical services, reduce public drug use, reduce syringe debris, and do  
14 not increase crime or drug use.

15 IV. As demands for reform of the criminal legal system reverberate around the country,  
16 OPPs offer an alternative framework for addressing both drug use as well as the enforcement of drug  
17 laws. OPPs bring people inside to a safe and therapeutic space, instead of leaving them vulnerable  
18 to police intervention, arrest, and incarceration.

19 V. It is the intent of the legislature to promote the health and safety of communities by  
20 evaluating the health impacts of OPPs. It is the intent of the legislature to prevent fatal and  
21 nonfatal drug overdoses, reduce drug use by providing a pathway to drug treatment, as well as  
22 medical and social services for high-risk drug users, many of whom are homeless or uninsured or  
23 very low income, prevent the transmission of HIV and hepatitis C, reduce nuisance and public safety  
24 problems related to public use of controlled substances, reduce emergency room use and hospital  
25 utilization related to drug use, reserving precious space, including intensive care beds, for treatment  
26 of COVID-19, and other life-threatening conditions.

27 VI. Further, it is the intent of the legislature that OPPs should be evaluated in New  
28 Hampshire municipalities that authorize them, as OPPs show great promise to save lives, enhance  
29 public safety, improve access to drug treatment, medical care, and related services, reduce



**SB 279 - AS AMENDED BY THE SENATE**

**- Page 2 -**

1 emergency department and hospital utilization related to drug overdose, and reduce the human,  
2 social, and financial costs of epidemics of drug misuse, homelessness, and COVID-19.

3 2 Committee Established. There is established a committee to study harm reduction and  
4 overdose prevention programs.

5 3 Membership and Compensation.

6 I. The members of the committee shall be as follows:

7 (a) Three members of the house of representatives, appointed by the speaker of the  
8 house of representatives.

9 (b) One member of the senate, appointed by the president of the senate.

10 II. Members of the committee shall receive mileage at the legislative rate when attending to  
11 the duties of the committee.

12 4 Duties. The committee shall study the establishment of harm reduction and overdose  
13 prevention programs on the state and local levels in New Hampshire, working with the department  
14 of health and human services, other state and local agencies, and stakeholders, to develop specific  
15 recommendations for legislation to authorize such programs.

16 5 Chairperson; Quorum. The members of the study committee shall elect a chairperson from  
17 among the members. The first meeting of the committee shall be called by the senate member. The  
18 first meeting of the committee shall be held within 45 days of the effective date of this section. Three  
19 members of the committee shall constitute a quorum.

20 6 Report. The committee shall report its findings and any recommendations for proposed  
21 legislation to the speaker of the house of representatives, the president of the senate, the house  
22 clerk, the senate clerk, the governor, and the state library on or before November 1, 2022.

23 7 Effective Date. This act shall take effect upon its passage.