

LEGISLATIVE COMMITTEE MINUTES

SB279

Bill as Introduced

SB 279 - AS INTRODUCED

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

ANALYSIS

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

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 INTRODUCED

- 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 first-named house
18 member. The first meeting of the committee shall be held within 45 days of the effective date of this
19 section. Three 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.

SB 279 - AS AMENDED BY THE SENATE

02/03/2022 0084s

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CHAPTER 90
SB 279 - FINAL VERSION

02/03/2022 0084s

2022 SESSION

22-2869
05/11

SENATE BILL

279

AN ACT

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CHAPTER 90
SB 279 - FINAL VERSION
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1 90:3 Membership and Compensation.

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12 90:5 Chairperson; Quorum. The members of the study committee shall elect a chairperson from
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15 members of the committee shall constitute a quorum.

16 90:6 Report. The committee shall report its findings and any recommendations for proposed
17 legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the
18 senate clerk, the governor, and the state library on or before November 1, 2022.

 90:7 Effective Date. This act shall take effect upon its passage.

Approved: May 20, 2022
Effective Date: May 20, 2022

Amendments

Health and Human Services
January 12, 2022
2022-0084s
05/11

Amendment to SB 279

1 Amend the bill by replacing section 5 with the following:

2

3 5 Chairperson; Quorum. The members of the study committee shall elect a chairperson from
4 among the members. The first meeting of the committee shall be called by the senate member. The
5 first meeting of the committee shall be held within 45 days of the effective date of this section. Three
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Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Jeb Bradley, Chair
Sen James Gray, Vice Chair
Sen Kevin Avar, Member
Sen Tom Sherman, Member
Sen Rebecca Whitley, Member

Date: December 17, 2021

HEARINGS

Wednesday	01/12/2022
(Day)	(Date)
Health and Human Services	Legislative Office Building 101 9:00 a.m.
(Name of Committee)	(Place) (Time)
9:00 a.m. SB 279	establishing a study committee on harm reduction and overdose prevention programs.
9:15 a.m. SB 280	relative to meetings of the state health assessment and health improvement plan advisory council and the therapeutic cannabis medical oversight board.
9:30 a.m. SB 281	relative to nursing home policies regarding notice of vacancy.
9:45 a.m. SB 282	relative to advertising oneself as a doctor of acupuncture.
10:00 a.m. SB 283	relative to membership of the council on autism spectrum disorders and the developmental services quality council.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 279

Sen. Watters
Sen. Birdsell
Rep. Marsh

Sen. Sherman
Sen. Whitley
Rep. M. Pearson

Sen. Bradley
Sen. Perkins Kwoka
Rep. Knirk

Sen. Rosenwald
Sen. Carson
Rep. Woods

SB 280

Sen. Sherman
Sen. Prentiss
Rep. Woods

Sen. Rosenwald
Sen. Cavanaugh
Rep. Marsh

Sen. Hennessey
Sen. Kahn
Rep. M. Pearson

Sen. Watters
Rep. Knirk

SB 281

Sen. Gannon
Sen. Sherman
Rep. Cushing

Sen. Rosenwald
Sen. Cavanaugh
Rep. Welch

Sen. Watters
Sen. Prentiss
Rep. Weyler

Sen. Avard
Rep. Simpson
Rep. Piemonte

SB 282

Sen. Reagan
Sen. Carson
Rep. McGuire

Sen. Avard
Sen. Watters

Sen. French
Sen. Giuda

Sen. Gannon
Rep. Spillane

SB 283

Sen. Avard
Sen. Soucy

Sen. Watters
Sen. Gannon

Sen. Carson
Sen. Prentiss

Sen. Rosenwald
Rep. Edwards

Cameron Lapine 271-2104

Jeb Bradley
Chairman

Senate Health and Human Services Committee
Cameron Lapine 271-2104

SB 279, establishing a study committee on harm reduction and overdose prevention programs.

Hearing Date: January 12, 2022

Time Opened: 9:03 a.m.

Time Closed: 9:10 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and Whitley

Members of the Committee Absent : None

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

Sponsors:

Sen. Watters

Sen. Sherman

Sen. Bradley

Sen. Rosenwald

Sen. Birdsell

Sen. Whitley

Sen. Perkins Kwoka

Sen. Carson

Rep. Marsh

Rep. M. Pearson

Rep. Knirk

Rep. Woods

Who supports the bill: Senator David Watters (Senate District 4), Holly Stevens (NAMI-NH), Senator Jeb Bradley (Senate District 3), Senator Rebecca Perkins Kwoka (Senate District 21), Senator Regina Birdsell (Senate District 19), Senator Sharon Carson (Senate District 14), Senator Cindy Rosenwald (Senate District 13), Senator Tom Sherman (Senate District 24), Marsha Feder, Laura Hegfield, Representative Gary Woods (Merrimack County District 23), Representative William Marsh (Carroll County District 8), Asma Elhuni (Right and Democracy), Timothy McMahan King, Joe Hannon (New Hampshire Harm Reduction Coalition), Frank Knaack (ACLU of New Hampshire), and Carol Kaplan.

Who opposes the bill: None.

Who is neutral on the bill: Paula Mattis (NH Department of Corrections),

Summary of testimony presented in support:

Senator David Watters

Senate District 4

- Senator Watters said that SB 279 establishes a study committee on harm reduction and overdose prevention programs. He said it is a simple bill, which begins by stating some

facts regarding the value of harm reduction programs towards addressing the overdose death epidemic.

- Senator Watters said that SB 279 appoints one member of the Senate and three members of the House of Representatives to serve on the committee with a reporting date of November 1, 2022.
- Senator Watters said that SB 279's language appeared in a previous omnibus bill that got held up over concerns over how some harm reduction programs function.
- Senator Watters said that there are harm reduction programs currently in operation in New York and Rhode Island, as well as in the cities of Philadelphia, Boston, and Seattle, among others.
- Senator Watters said that there are other issues involved with substance use disorder, including HIV, hepatitis, and general emotional and physical well being.
- Senator Gray noted that, on Page 2, Line 17, the first meeting should be called by the first-named House member.
 - Senator Watters responded that he was happy to proceed with SB 279 as written.

Summary of testimony presented in opposition: None.

Neutral Information Presented: None.

cml
Date Hearing Report completed: January 13, 2022

Speakers

Senate Remote Testify

Health and Human Services Committee Testify List for Bill SB279 on 2022-01-

Support: 15 Oppose: 0

<u>Name</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>
Bradley, Jeb	An Elected Official	SD3	Support
Perkins Kwoka, Senator Rebecca	An Elected Official	Myself	Support
Carson, Senator Sharon	An Elected Official	Myself	Support
Birdsell, Senator Regina	An Elected Official	Senate District 19	Support
Rosenwald, Cindy	An Elected Official	SD 13	Support
Sherman, Senator	An Elected Official	SD24	Support
Feder, Marsha	A Member of the Public	Myself	Support
Hegfield, Laura	A Member of the Public	Myself	Support
WOODS, GARY	An Elected Official	Myself	Support
Marsh, William	An Elected Official	Carroll 8	Support
Elhuni, Asma	A Lobbyist	Rights and Democracy	Support
McMahan King, Timothy	A Member of the Public	Myself	Support
Hannon, Joe	A Member of the Public	New Hampshire Harm Reduction Coalition	Support
knaack, frank	A Lobbyist	ACLU of New Hampshire	Support
Kaplan, Carol	A Member of the Public	Myself	Support
Mattis, Paula	State Agency Staff	NH Department of Corrections	Neutral

Testimony



THE
NH PROVIDERS
ASSOCIATION

Representing
Alcohol & Other Drug Service Providers
in New Hampshire

Sen. Jeb Bradley, Chair
Senate Health & Human Services Committee
Room 101, Legislative Office Building
North State Street
Concord NH 03301

[Via email Jeb.Bradley@leg.state.nh.us](mailto:Jeb.Bradley@leg.state.nh.us)
James.Gray@leg.state.nh.us
Kevin.Avard@leg.state.nh.us
Tom.Sherman@leg.state.nh.us
Becky.Whitley@leg.state.nh.us
cameron.lapine@leg.state.nh.us

January 11, 2022

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

Dear Senator Bradley 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 on Wednesday, January 12th. 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 when questions were raised in the Senate. We believe that a study committee will help answer those questions and pave the way for a program.

OPPs 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.

In the past three years, nine U.S. states have considered legislation to legally authorize OPCs and nine major cities are considering OPC models to help address the overdose crisis at the local level. The NH Union Leader reported in March 2021 that Manchester officials are "launching a new harm reduction strategy in Manchester, the first of its kind in New Hampshire, designed to connect people struggling with addiction to available treatment and recovery options while removing the stigma that often

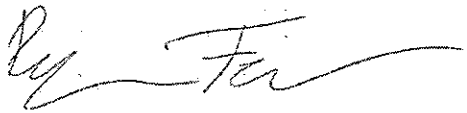
accompanies these issues. Funded by the Governor's Office for Emergency Relief & Recovery, the public health nonprofit Makin' It Happen (MIH) worked with city officials to develop the strategy."¹

There are also tax savings for municipalities from the harm reduction model. 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,



Ryan Fowler, Policy Chair

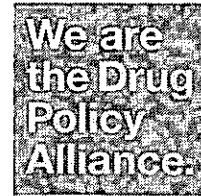


Kerran Vigroux, Executive Director

¹ https://www.unionleader.com/news/human_interest/manchester-officials-makin-it-happen-launch-harm-reduction-strategy/article_7b1b5021-0cf5-5919-88f7-3b47f40843d2.html

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.¹

Benefits of Overdose Prevention Centers Are Great

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

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.^{vii} 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."^{viii}

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.^{ix} A similar study focused on Baltimore estimated an annual net savings of \$7.8 million.^x

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^{xi} and a tenth is poised to do so in 2020.^{xii} 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.^{xiii} Seattle also allocated \$1.4 million in its 2018 budget for Overdose Prevention Centers, to which King County added \$500,000.^{xiv} In 2018, the Denver City Council passed an ordinance permitting an Overdose Prevention Center within city limits^{xv}, and Burlington, Vermont, passed a resolution supporting exploration of an Overdose Prevention Center.^{xvi}

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 Myrickl Somerville, MA, Mayor Joseph Curtatone; Cambridge, MA, Mayor Sumbul Siddiqui; and Boston Mayor Martin Walsh.^{xvii}

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."^{xviii}

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."^{xix} 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.

¹ 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."

² 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.

³ 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.

⁴ 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.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ 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.

¹⁰ 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.

¹¹ 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).

¹² Utah State Legislature Website, 2020 General Session Legislation – By Representative (Dailey-Provost, J.), <https://le.utah.gov/asp/billsintro/RepResults.asp?Listbox3=DAILEYJ>

¹³ 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."

¹⁴ 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).

¹⁵ 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."

¹⁶ 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".

¹⁷ 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-bqxkqmy22nau3bbwpa1qrud2u4-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.bostonglobe.com/metro/2019/08/13/council-revisits-safe-injection-sites-amid-tensions-over-south-end-sweep/Nrs2694FwTEu14M2yrus1/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).

¹⁸ 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).

¹⁹ Felice Freyer, "Walsh 'absolutely 100 percent' supports safe injection sites", *Boston Globe*, April 25, 2019, <https://www.bostonglobe.com/metro/2019/04/25/walsh-absolutely-percent-supports-safe-injection-sites/xZjWq6iRbXtLlUjpbQJLK/story.html> (last visited Jan. 20, 2020).

²⁰ EJ Dickson, "Philadelphia May Become the First City to Open Safe Injection Sites" *Rolling Stone*, Sept. 5, 2019, <https://www.rollingstone.com/culture/culture-news/philadelphia-safe-injection-sites-880346/> (last visited Jan. 10, 2020).

²¹ *Id.*

²² *Id.* at 2, 3.

Cameron Lapine

From: Timothy McMahan King <timothymichael.king@gmail.com>
Sent: Wednesday, January 12, 2022 8:48 AM
To: Cameron Lapine
Subject: Support for SB 279

To the Health and Human Services Committee:

My name is Timothy McMahan King and I am the author of *Addiction Nation: What the Opioid Crisis Reveals about Us*. I have written about addiction and recovery issues for publications like the Wall Street Journal and CNN.

My wife and I bought our first home a few years back in downtown Manchester. When we first moved in, I would go out several times a week with protective gloves and a sharps container to pick up used syringes and other drug paraphernalia.

Then, in the Fall of 2019, the needles became less frequent and today it is rare for me to see a needle on the ground or in the alley behind our home. I soon learned that this change occurred when just a few blocks away the Queen City Exchange began to operate.

For the first time, there was an incentive for people to take pick up and save their used syringes or, for others to pick up syringes they found on the ground. Each syringe meant they could go to the Queen City Exchange and get more new syringes for themselves.

This has been my experience and well documented. Syringe exchanges don't tend to increase the amount of syringes found on the ground, they reduce the spread of a variety of diseases and increase the likelihood of people entering into recovery.

It is critical that this basic harm reduction measure is studied further so that the public can better understand the benefits. Handing out clean syringes might seem counterintuitive to some people but makes perfect sense when we understand substance use disorders as a public health issue.

We need to keep people alive and healthy as we can. This kind of support does more to help people move into lives of stability than creating barriers or punitive consequences does.

I hope eventually New Hampshire will follow the lead of the many countries and cities across the world that have successfully established overdose prevention centers also known as supervised consumption sites.

I still see people injecting drugs around our house, in our parking spots and in our back alley on a regular basis. I carry naloxone and am always ready to call 911. It would be much better for our neighborhood and our first responders if we had a site where people could use drugs in safer conditions and receive the help they need.

As a Christian, I have also written about why harm reduction measures are consistent with my faith and I hope any committee members who share that faith will agree.

Timothy McMahan King

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # SB 279

Hearing Date: 1/12/22

Executive Session Date: 1/12/22

Motion: Committee Amendment Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: OTPA Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: Consent Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: _____ Vote: _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Sherman

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, January 13, 2022

THE COMMITTEE ON Health and Human Services

to which was referred **SB 279**

AN ACT

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

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 0084s

Senator Tom Sherman
For the Committee

SB 279 establishes a committee to study harm reduction and overdose prevention programs. Harm reduction programs are currently in place in states such as New York and Rhode Island as well as cities such as Boston, Seattle, and Philadelphia. Harm reduction programs have been demonstrated to decrease complications of substance use as well as promote successful transition to treatment and recovery. SB 279 will enable the General Court to look at those programs, analyze them, and see what could work in New Hampshire to help address the ongoing epidemic of substance use disorder overdose deaths. The Committee Amendment clarifies that this is a Senate-led study committee.

Cameron Lapine 271-2104

FOR THE CONSENT CALENDAR

HEALTH AND HUMAN SERVICES

SB 279, establishing a study committee on harm reduction and overdose prevention programs.

Ought to Pass with Amendment, Vote 5-0.

Senator Tom Sherman for the committee.

SB 279 establishes a committee to study harm reduction and overdose prevention programs. Harm reduction programs are currently in place in states such as New York and Rhode Island as well as cities such as Boston, Seattle, and Philadelphia. Harm reduction programs have been demonstrated to decrease complications of substance use as well as promote successful transition to treatment and recovery. SB 279 will enable the General Court to look at those programs, analyze them, and see what could work in New Hampshire to help address the ongoing epidemic of substance use disorder overdose deaths. The Committee Amendment clarifies that this is a Senate-led study committee.

Docket of SB279

Docket Abbreviations

Bill Title: establishing a study committee on harm reduction and overdose prevention programs.*Official Docket of SB279.:*

Date	Body	Description
12/14/2021	S	To Be Introduced 01/05/2022 and Referred to Health and Human Services; SJ 1
12/17/2021	S	Hearing: 01/12/2022, Room 101, LOB, 09:00 am; SC 50
1/26/2022	S	Committee Report: Ought to Pass with Amendment #2022-0084s , 02/03/2022; Vote 5-0; CC; SC 5
2/3/2022	S	Committee Amendment #2022-0084s , AA, VV; 02/03/2022; SJ 2
2/3/2022	S	Ought to Pass with Amendment 2022-0084s, MA, VV; \OT3rdg; 02/03/2022; SJ 2
3/23/2022	H	Introduced 03/17/2022 and referred to Health, Human Services and Elderly Affairs
3/29/2022	H	Public Hearing: 04/05/2022 02:45 pm LOB 205-207
4/8/2022	H	Executive Session: 04/05/2022 10:00 am LOB 205-207
4/11/2022	H	Committee Report: Ought to Pass (Vote 19-1; CC) HC 15 P. 10
4/21/2022	H	Ought to Pass: MA VV 04/21/2022 HJ 10
5/13/2022	H	Enrolled (in recess of) 05/12/2022
5/13/2022	S	Enrolled Adopted, VV, (In recess 05/12/2022); SJ 13
5/24/2022	S	Signed by the Governor on 05/20/2022; Chapter 0090; Effective 05/20/2022

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 279

Senate Committee: HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: (Legislative Aides)

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: (Legislative Aides)

All amendments considered in committee (including those not adopted):

- amendment # 0084 - amendment # _____

- amendment # _____ - amendment # _____

Executive Session Sheet

Committee Report

Floor Action Documents: (Clerk's Office)

All floor amendments considered by the body during session (only if they are offered to the senate):

- amendment # _____ - amendment # _____

- amendment # _____ - amendment # _____

Post Floor Action: (if applicable) (Clerk's Office)

Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

Enrolled Bill Amendment(s)

Governor's Veto Message

All available versions of the bill: (Clerk's Office)

as amended by the senate as amended by the house

final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Cameron M. Zepine
Committee Aide

6-23-22
Date

Senate Clerk's Office AK