

# NH Coalition to End Homelessness

Senator David Rochefort, Chair  
Senate Health and Human Services Committee  
State House, Room 100  
Concord, NH 03301

January 20, 2026

Dear Chairman Rochefort and Honorable Members of the Senate Health and Human Services Committee:

My name is Jennifer Chisholm, and I am the Executive Director of the NH Coalition to End Homelessness (NHCEH). On behalf of NHCEH, I present this testimony regarding SB 441, requiring a municipality that intends to transport a person needing substance use disorder (SUD) treatment and other support services to have a memorandum of understanding with the receiving municipality prior to transport. NHCEH is in opposition to this bill.

This bill would not apply to “voluntary relocation by an individual without the assistance, arrangement, or sponsorship of a municipality.” NHCEH’s primary concern related to SB 441 is that the bill creates additional stigma and barriers to accessing life-saving treatment for individuals that do not have the resources to arrange their own ride to a treatment provider that others are not faced with when connecting with recovery care. HB 441 also allows receiving municipalities to place “limits on the number of individuals to be transferred,” meaning that individuals who need transportation assistance can be denied access to treatment by municipal leaders, who are not qualified to determine whether the program in their town or city is actually the most clinically appropriate care for an individual. There are many, many different treatment modalities offered in programs throughout the Granite State. Placement in a program that best meets the individual’s treatment needs – even if they are someone who requires assistance with transportation to the program – should take priority over what town or city it is located in, and how many others have previously gone there from their town of origin.

As someone who has been clinically licensed as an MLADC since 2012 and has worked extensively with people seeking treatment for SUD, it is also concerning that SB 441 could delay access to a treatment bed for someone who is actively seeking help, as, according to the bill, transport to care cannot happen without an MOU in place between the sending and receiving municipalities. Best practice in supporting individuals who are seeking SUD care is to strike while the proverbial iron is hot. However, if an MOU cannot be negotiated on the day that a resident asks to be connected with help, the window of opportunity to get that person into treatment is likely to be lost, whether due to the bed being filled before the MOU can be signed, or because of a change in the person’s motivation to seek treatment.

NHCEH also has concerns about the required assessment detailed in the bill. SB 441 applies specifically to “homeless individual[s] or other person[s] showing symptoms of addiction or incapacitation from substance use.” This requirement places municipal employees in the role of assessing applicants’ presentations to determine if they are experiencing signs and symptoms of a substance use disorder, and, if incapacitated, whether it is due to substances or a medical condition. For example, alcohol intoxication and stroke symptoms can present similarly, with slurred speech, unsteady gait, and confusion.

NHCEH has questions about the “reporting requirements” mentioned in SB 441, and what information the requirements would have municipalities collecting and reporting. Not only would this data management and reporting pose a significant administrative burden on municipal employees, but there are potential complications

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with how municipalities would be able to track, monitor, and report on individuals' treatment outcomes and costs, as substance use disorder treatment providers operate under a complex and strict federal confidentiality statute, 42CFR Part 2. If municipal staff are not already familiar with this statute and its requirements for handling confidential information related to SUD treatment, extensive staff training and the development of systems to protect this sensitive health information in accordance with the federal statute would be an additional lift (and expense) that may be required when preparing to implement the tracking and reporting of individual's SUD treatment data.

**NHCEH believes that the unintended consequences of SB 441 would increase barriers to treatment for vulnerable NH residents seeking recovery from substance use disorder while also increasing demands and administrative burden on municipal employees. We hope you join us in opposing SB 441.**

Thank you for your consideration of this testimony. NHCEH's mission is to be a statewide partner in reversing the trends NH is experiencing in its homelessness rates and making safe, stable housing accessible to everyone. If you have any questions or would like any additional information, please do not hesitate to contact me at [jchisholm@nhceh.org](mailto:jchisholm@nhceh.org).

Respectfully,



Jennifer Chisholm, LICSW, MLADC  
Executive Director  
NH Coalition to End Homelessness