

[First Reprint]

SENATE, No. 3009

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED OCTOBER 8, 2020

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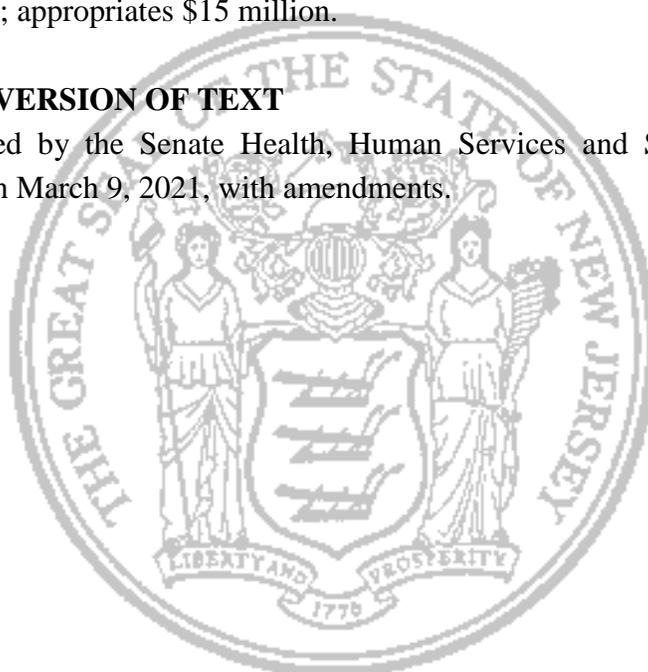
Senators Diegnan and Cunningham

SYNOPSIS

Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously; appropriates \$15 million.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on March 9, 2021, with amendments.



(Sponsorship Updated As Of: 11/8/2021)

1 AN ACT concerning harm reduction ¹**[programs and]** services,¹
2 supplementing and amending P.L.2006, c.99 ¹, and making an
3 appropriation¹ .
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

8 1. (New section) As used in P.L.2006, c.99 (C.26:5C-25 et al.):
9 “Authorized harm reduction ¹**[program]** services¹ ” means a
10 suite of¹ harm reduction ¹**[program]** services,¹ approved by the
11 ¹**[Commissioner]** Department¹ of Health ¹and provided in a manner
12 that is consistent with State and federal law, which services shall
13 include, but shall not be limited to: syringe access, syringe
14 disposal, referrals to health and social services, overdose prevention
15 counseling and supplies, and HIV and hepatitis C testing¹ .

16 “Eligible entity” means a federally qualified health center, a
17 public health agency, a substance abuse treatment program, an
18 AIDS service organization, or another entity with the capacity to
19 ¹**[implement a]** provide¹ harm reduction ¹**[program]** services¹ as
20 determined by the Department of Health.

21 ¹**[“Harm reduction program”** means a program with the primary
22 purpose of providing sterile syringe access to intravenous drug
23 users, which additionally provides services including disposing of
24 syringes and referring and linking intravenous drug users to HIV
25 and viral hepatitis prevention services, substance use disorder
26 treatment, medical and mental health care, and other health care
27 services that are essential to addressing the health and well-being of
28 individuals who use intravenous drugs in a manner that is consistent
29 with State and federal law.]¹
30

31 2. Section 2 of P.L.2006, c.99 (C.26:5C-26) is amended to read
32 as follows:

33 2. The Legislature finds and declares that:

34 a. Injection drug use is one of the most common methods of
35 transmission of HIV, hepatitis C, and other bloodborne pathogens;

36 b. ¹**[About one in every three persons living with HIV or AIDS**
37 **is female;]** (deleted by amendment, P.L. , c.) (pending before
38 the Legislature as this bill)¹

39 c. More than a million people in the United States **[are**
40 **frequent intravenous drug users]** use drugs at a cost to society in
41 health care, lost productivity, accidents, and crime of more than \$50
42 billion annually;

43 d. **[Sterile syringe access]** Harm reduction ¹**[programs]**
44 services¹ have been proven effective in reducing the spread of HIV,

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted March 9, 2021.

1 hepatitis C, and other bloodborne pathogens, and in reducing
2 overdoses and overdose deaths without increasing **1** **【drug abuse】**
3 rates of substance use¹ or causing¹ other adverse social impacts;

4 e. Every scientific, medical, and professional agency or
5 organization that has studied this issue, including the federal
6 Centers for Disease Control and Prevention, the American Medical
7 Association, the American Public Health Association, the National
8 Academy of Sciences, the National Institutes of Health Consensus
9 Panel, the American Academy of Pediatrics, and the United States
10 Conference of Mayors, has found **【sterile syringe access】** harm
11 reduction **1** **【programs】** services¹ to be effective in reducing the
12 transmission of HIV; **【and】**

13 f. **【Sterile syringe access】** Harm reduction programs are
14 designed to prevent the spread of HIV, hepatitis C, and other
15 bloodborne pathogens, prevent overdoses and overdose deaths,¹
16 and to provide a bridge to **【drug abuse】** substance use disorder
17 treatment ¹, healthcare services,¹ and ¹ **【other】** ¹ social support¹
18 services ¹ **【for drug users】** sought out by persons who use drugs
19 intravenously¹ ; and it is in the public interest to establish such
20 programs in this State in accordance with statutory guidelines
21 designed to ensure the safety of consumers who use these programs,
22 the health care workers who operate them, and the members of the
23 general public;

24 g. Despite the attention that substance use disorders and
25 overdose deaths are receiving Statewide, the number of overdose
26 deaths in New Jersey has steadily risen. There was a 40 percent
27 increase in overdose deaths in 2016. In 2018, there were roughly
28 3,000 overdose deaths in New Jersey and 70,000 overdose deaths
29 nationwide;

30 h. The COVID-19 pandemic has increased the urgency of
31 maintaining and expanding harm reduction services. Now more
32 than ever, harm reduction expansion is critical. According to the
33 federal Centers for Disease Control and Prevention's June 24-30,
34 2020 mortality and morbidity weekly report, 13 percent of U.S.
35 residents began substance use or increased substance use during the
36 pandemic. New Jersey has already started to see the consequences
37 of the intersecting opioid and COVID-19 crises. As of July 2020
38 there have been over 1,800 overdose deaths in 2020. If this trend
39 continues, New Jersey will lose 3,144 individuals to overdose in
40 2020, which would be New Jersey's highest drug-related fatality
41 count in the past decade;

42 i. The opioid epidemic is part of a syndemic and is associated
43 with increased rates of HIV and hepatitis infection, as well as other
44 social complexities;

45 j. New Jersey enacted the "Bloodborne Disease Harm
46 Reduction Act" P.L.2006, c.99 (C.26:5C-25 et al.) in 2006 to allow
47 for the establishment of sterile syringe access programs, which are

1 hereafter referred to as harm reduction programs. New Jersey now
2 has seven such programs operating throughout the State;

3 k. The federal Centers for Disease Control and Prevention
4 describe harm reduction '[programs] services' as an effective
5 component of a comprehensive and integrated approach to HIV
6 prevention. Such '[programs offer clean needles] services include
7 providing consumers with sterile syringes' , resources for critical
8 services such as HIV care, treatment, pre- and post-exposure
9 prophylaxis services, screening for other sexually transmitted
10 diseases, hepatitis C testing and treatment, hepatitis A and B
11 vaccinations, and other medical, social, and mental health services.
12 In addition to providing '[clean needles] sterile syringes' and
13 testing services, '[most]' programs 'routinely' offer other services,
14 '[such as] including' education concerning safe injection practices,
15 wound care, and overdose prevention;

16 l. The U.S. Department of Health and Human Services has
17 stated that '[“]' there is conclusive scientific evidence that '[clean
18 syringe programs] harm reduction services' , as part of a
19 comprehensive HIV prevention strategy, are an effective public
20 health intervention that reduces the transmission of HIV and does
21 not encourage the use of illegal drugs '[“]' ;

22 m. Harm reduction '[programs] services' do not promote drug
23 use and do not minimize the harm and danger associated with
24 lawful and unlawful drug use. Individuals utilizing harm reduction
25 '[programs] services' are often ill, in pain, 'and' have experienced
26 trauma '[, and are served] . Harm reduction services are offered to
27 these individuals' by professionals who '[offer services] treat the
28 individuals' with compassion and 'who provide these necessary
29 services' without judgment;

30 n. There is evidence demonstrating that crime does not increase
31 in areas '[surrounding] in which' harm reduction '[programs]
32 services locations are situated' ;

33 o. Harm reduction '[programs] services' do not interfere with
34 substance use disorder treatment efforts. The '[programs]
35 services' provide a bridge to substance use disorder treatment and
36 other social services 'for individuals with substance use disorders' ;

37 p. For individuals who inject drugs, the best way to reduce the
38 risk of acquiring and transmitting infectious disease through
39 injection drug use is to stop injecting drugs, but for individuals who
40 do not stop injecting drugs, the use of sterile injection equipment
41 can reduce the risk of acquiring and transmitting infectious diseases
42 and prevent outbreaks;

43 q. Research shows that the provision of '[clean] sterile'
44 syringes is associated with an estimated 50 percent reduction in the
45 incidence of HIV and hepatitis C, a greater likelihood that
46 individuals will seek treatment, and decreased overdose rates; and

1 r. '[Harm] Entities offering harm' reduction '[programs]
2 services' in New Jersey provide '[clean] sterile' syringes and
3 operate under a philosophy of harm reduction, which honors the
4 dignity of those who use drugs or are living with a substance use
5 disorder, reduces the negative consequences of injection drug use,
6 and provides a stigma-free environment for people who use drugs
7 by providing the care they desire and need.

8 (cf: P.L.2016, c.36, s.1)

9
10 3. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read
11 as follows:

12 3. The '[Commissioner] Department' of Health shall
13 '[establish a program to]' permit [a municipality to operate a
14 sterile syringe access program] the establishment and operation of
15 harm reduction '[programs] services' in accordance with the
16 provisions of P.L.2006, c.99 (C.26:5C-25 et '[seq.] al.') [, as
17 amended by P.L.2016, c.36] . The '[commissioner] department'
18 shall prescribe by regulation requirements for [a municipality to
19 establish, or otherwise authorize the operation within that
20 municipality of, a sterile syringe access program] the establishment
21 and operation of harm reduction '[programs] services' to provide
22 [for the exchange of] hypodermic syringes and needles in
23 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et
24 '[seq.] al.'), and consistent with the rules adopted at N.J.A.C.8:63-
25 1.1 et seq., effective April 9, 2007.

26 a. The '[commissioner] department' shall:

27 (1) request '[an application] a registration form' , to be
28 submitted '[on a form and]' in a manner '[to be]' prescribed by
29 the '[commissioner] department' , from any [municipality] entity
30 that seeks to '[establish or operate a] provide' [sterile syringe
31 access] harm reduction '[program] services in New Jersey' [, or
32 from other entities authorized to operate a sterile syringe access
33 program within that municipality as provided in paragraph (2) of
34 subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as
35 amended by P.L.2016, c.36];

36 (2) approve '[those applications] any registration request' that
37 '[meet] meets' the requirements established by regulation of the
38 '[commissioner] department' [and contract with the municipalities
39 or entities whose applications are approved to establish a sterile
40 syringe access program as provided in paragraph (2) of subsection
41 a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as amended by
42 P.L.2016, c.36, to operate a sterile syringe access program in any
43 municipality in which the governing body has authorized the
44 operation of sterile syringe access program within that municipality
45 by ordinance];

46 (3) support and facilitate, to the maximum extent practicable,
47 the linkage of [sterile syringe access] harm reduction '[programs]

1 services¹ to: (a) health care facilities and programs that may
2 provide appropriate health care services, including mental health
3 services, medication-assisted ¹**【drug】**¹ treatment services, and other
4 substance ¹**【abuse】** use disorder¹ treatment services to consumers
5 ¹**【participating in a】** receiving¹ **【sterile syringe access】** harm
6 reduction ¹**【program】** services¹ ; and (b) housing assistance
7 programs, career and employment-related counseling programs, and
8 education counseling programs that may provide appropriate
9 ancillary support services to consumers ¹**【participating in a】**
10 receiving¹ **【sterile syringe access】** harm reduction ¹**【program】**
11 services¹ ;

12 (4) provide for the adoption of a uniform **【identification】**
13 membership card or other uniform Statewide means of
14 identification for consumers, staff, and volunteers of ¹**【a】** **【sterile**
15 **syringe access】** ¹entities offering¹ harm reduction ¹**【program】**
16 services¹ pursuant to paragraph (9) of subsection b. of section 4 of
17 P.L.2006, c.99 (C.26:5C-28) **【, as amended by P.L.2016, c.36】**; and

18 (5) maintain a record of the data reported to the
19 ¹**【commissioner】** department¹ by **【sterile syringe access】** ¹entities
20 offering¹ harm reduction ¹**【programs】** services¹ pursuant to
21 paragraph (11) of subsection b. of section 4 of P.L.2006, c.99
22 (C.26:5C-28) **【, as amended by P.L.2016, c.36】**.

23 b. The ¹**【commissioner】** department¹ shall be authorized to
24 accept funding as may be made available from the private sector to
25 effectuate the purposes of P.L.2006, c.99 (C.26:5C-25 et ¹**【seq.】**
26 al.¹) **【, as amended by P.L.2016, c.36】**.
27 (cf: P.L.2016, c.36, s.2)

28
29 4. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read
30 as follows:

31 4. a. In accordance with the provisions of section 3 of
32 P.L.2006, c.99 (C.26:5C-27), an eligible entity may be approved by
33 the ¹**【Commissioner of Health】** department¹ to **【a municipality**
34 **may】** ¹**【establish】**¹ **【or authorize establishment of】** ¹**【a】** **【sterile**
35 **syringe access】** ¹provide¹ harm reduction ¹**【program】** services¹
36 **【that is approved by the commissioner to provide for the exchange**
37 **of hypodermic syringes and needles】**.

38 (1) **【A municipality that establishes a sterile syringe access**
39 **program,】** An ¹entity¹ authorized ¹to provide¹ harm reduction
40 ¹**【program】** services¹ may ¹**【operate the program】** provide the
41 services¹ at a fixed location or through a mobile access component,
42 and may operate the program directly or contract with one or more
43 of the following entities to operate the program: a hospital or other
44 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
45 et seq.), a federally qualified health center, a public health agency, a
46 substance abuse treatment program, an AIDS service organization,

1 or another nonprofit entity designated by the **【municipality】**
2 **‘【commissioner】 department’** . **【These entities shall also be**
3 **authorized to contract directly with the commissioner in any**
4 **municipality in which the governing body has authorized the**
5 **operation of sterile syringe access programs by ordinance pursuant**
6 **to paragraph (2) of this subsection. The municipality or entity**
7 **under contract shall implement the sterile syringe access program in**
8 **consultation with a federally qualified health center and the New**
9 **Jersey Office on Minority and Multicultural Health in the**
10 **Department of Health, and】** An ‘entity’ authorized ‘to provide’
11 harm reduction ‘【program】 services’ shall be managed in
12 consultation with the Division of HIV, STD, and TB Services in the
13 Department of Health in a ‘【culturally competent】’ manner ‘that is
14 consistent with national best practices for the provision of harm
15 reduction services’ .

16 (2) **【Pursuant to paragraph (2) of subsection a. of section 3 of**
17 **P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body**
18 **has authorized the operation of sterile syringe access programs**
19 **within the municipality may require within the authorizing**
20 **ordinance that an entity as described in paragraph (1) of this**
21 **subsection obtain approval from the municipality, in a manner**
22 **prescribed by the authorizing ordinance, to operate a sterile syringe**
23 **access program prior to obtaining approval from the commissioner**
24 **to operate such a program, or may permit the entity to obtain**
25 **approval to operate such a program by application directly to the**
26 **commissioner without obtaining prior approval from the**
27 **municipality.】** (deleted by amendment, P.L. , c.) (pending
28 before the Legislature as this bill)

29 (3) **【Two or more municipalities may jointly establish or**
30 **authorize establishment of a sterile syringe access program that**
31 **operates within those municipalities pursuant to adoption of an**
32 **ordinance by each participating municipality pursuant to this**
33 **section.】** (deleted by amendment, P.L. , c.) (pending before the
34 Legislature as this bill)

35 b. **‘【A】 An entity authorized to provide’** **【sterile syringe**
36 **access】** harm reduction ‘【program】 services’ shall comply with the
37 following requirements:

38 (1) Sterile syringes and needles shall be provided at no cost to
39 consumers 18 years of age and older ¹, provided that the department
40 may authorize sterile syringes and needles to be provided at no cost
41 to consumers under 18 years of age in limited circumstances, at the
42 department’s discretion¹ ;

43 (2) **【Program staff shall be trained and regularly supervised in】**
44 An ‘entity’ authorized ‘to provide’ harm reduction ‘【program】
45 services’ shall be responsible for training program staff in the
46 following subjects: harm reduction; substance use disorder【.】 ;
47 medical and social service referrals; 【and】 infection control

1 procedures, including universal precautions and needle stick injury
2 protocol; and **programs** other subjects as determined by the
3 'entity' authorized 'to provide' harm reduction 'program
4 services' and the 'Department of Health' department' .
5 'Programs' Entities authorized to provide harm reduction
6 services' shall maintain records of staff and volunteer training
7 'and of hepatitis C and tuberculosis screening provided to
8 volunteers and staff' ;

9 (3) 'The program' Entities authorized to provide harm
10 reduction services' shall offer information about HIV, hepatitis C
11 and other bloodborne pathogens and 'prevention materials
12 information concerning the safe use of drugs by intravenous
13 injection' at no cost to consumers, and shall seek to educate all
14 consumers about safe and proper disposal of needles and syringes;

15 (4) 'The program' Entities authorized to provide harm
16 reduction services' shall provide information and referrals to
17 consumers, including HIV, hepatitis C, and sexually transmitted
18 infection testing options, access to medication-assisted substance
19 use disorder treatment programs and other substance use disorder
20 treatment programs, and available health and social service options
21 relevant to the 'consumer's' needs 'of consumers' . The
22 'program' entity' shall encourage consumers to receive **an** HIV
23 **test**, and shall, when appropriate, develop an individualized
24 substance use disorder treatment plan for each participating
25 consumer **], hepatitis C, and sexually transmitted infection tests;**

26 (5) 'The program' Except as may otherwise be authorized by
27 the department pursuant to paragraph (1) of this subsection, entities
28 authorized to provide harm reduction services' shall screen out
29 consumers under 18 years of age from access to syringes and
30 needles, and shall refer them to substance use disorder treatment
31 and other appropriate programs for youth;

32 (6) 'The program' Entities authorized to provide harm
33 reduction services' shall develop a plan for the handling and
34 disposal of used syringes and needles in accordance with
35 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
36 medical waste disposal pursuant to the "Comprehensive Regulated
37 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
38 al.), and shall also develop and maintain protocols for post-
39 exposure treatment;

40 (7) (a) 'The program' Entities authorized to provide harm
41 reduction services' may obtain a standing order, pursuant to the
42 "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et 'seq.
43 al.'), authorizing 'program' staff 'of the entity' to carry and
44 dispense naloxone hydrochloride or another opioid antidote to
45 consumers and 'the' to' family members and friends 'thereof' of
46 consumers' ;

1 (b) ~~1~~**1** Entities authorized to provide harm
2 reduction services¹ shall provide overdose prevention information
3 to consumers ~~1~~**1**, ~~the~~ and to¹ family members and friends
4 ~~1~~**1** of consumers¹ , and ~~to~~¹ other persons associated
5 ~~1~~**1** with consumers and their family members and friends¹
6 , as appropriate, in accordance with the provisions of section 5 of
7 the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-5);

8 (8) ~~1~~**1** Entities authorized to provide harm
9 reduction services¹ shall maintain the confidentiality ~~1~~**1** and security¹
10 of information about¹ consumers ~~1~~**1** by the use of confidential
11 identifiers, which shall consist of the first two letters of the first
12 name of the consumer's mother and the two-digit day of birth and
13 two-digit year of birth of the consumer, or by the use of such other
14 uniform Statewide mechanism as may be approved by the
15 commissioner for this purpose ~~1~~**1** receiving harm reduction services
16 through appropriate administrative, technical, and physical controls
17 and safeguards that protect the confidentiality, integrity, and
18 availability of individually identifiable information about
19 consumers¹ ;

20 (9) ~~1~~**1** Entities authorized to provide harm
21 reduction services¹ shall provide a uniform ~~1~~**1** identification
22 membership card that has been approved by the ~~1~~**1** commissioner
23 department¹ to consumers and to staff and volunteers involved in
24 transporting, exchanging or possessing syringes and needles, or
25 shall provide for such other uniform Statewide means of
26 identification as may be approved by the ~~1~~**1** commissioner
27 department¹ for this purpose;

28 (10) ~~1~~**1** Entities authorized to provide harm
29 reduction services¹ shall provide consumers at the time of
30 enrollment with a schedule of ~~1~~**1** program the entity's¹ operation
31 hours and locations, in addition to information about prevention and
32 harm reduction and substance use disorder treatment services; and

33 (11) ~~1~~**1** Entities authorized to provide harm
34 reduction services¹ shall establish and implement accurate data
35 collection methods and procedures as required by the
36 ~~1~~**1** commissioner department¹ for the purpose of evaluating the
37 ~~1~~**1** sterile syringe access provision of¹ harm reduction ~~1~~**1** programs,
38 including the monitoring and evaluation on a quarterly basis of:
39 services.¹

40 (a) ~~1~~**1** sterile syringe access ~~1~~**1** harm reduction program
41 participation rates¹ ~~1~~**1** , including the number of consumers who
42 enter substance use disorder treatment programs and the status of
43 their treatment ~~1~~**1** and referrals made to substance use disorder
44 treatment programs; ~~1~~**1** (deleted by amendment, P.L. _____, c. _____)
45 (pending before the Legislature as this bill)¹

1 (b) ~~the effectiveness of~~ ~~the sterile syringe access~~ ~~harm~~
2 reduction programs in meeting their objectives, including, but not
3 limited to, return rates of syringes and needles distributed to
4 consumers and the impact of the ~~sterile syringe access~~ ~~harm~~
5 reduction programs on intravenous drug use; and] (deleted by
6 amendment, P.L. , c.) (pending before the Legislature as this
7 bill)¹

8 (c) ~~the number and type of referrals provided by the~~ ~~sterile~~
9 syringe access ~~harm reduction~~ programs and the specific actions
10 taken by the ~~sterile syringe access~~ ~~harm reduction~~ programs
11 on behalf of each consumer] (deleted by amendment, P.L. , c.)
12 (pending before the Legislature as this bill)¹ .

13 c. [A municipality may terminate a sterile syringe access
14 program established or authorized pursuant to this act, which is
15 operating within that municipality, if its governing body approves
16 such an action by ordinance, in which case the municipality shall
17 notify the commissioner of its action in a manner prescribed by
18 regulation of the commissioner.] The ~~commissioner~~
19 department¹ shall have sole authority to terminate ~~a~~
20 authorization for an entity to provide¹ harm reduction ~~program~~
21 authorized or established by the commissioner services that was
22 approved by the department,¹ without the need for application or
23 approval by the host municipality. Prior to ~~establishing a~~
24 authorizing an entity to provide¹ harm reduction ~~program~~
25 services¹ in a municipality, the ~~commissioner~~ department¹ shall
26 meet with the municipality's mayor and council, as appropriate, in-
27 person or through video or phone conference, and present to the
28 municipality detailed plans for the provision of¹ harm reduction
29 program services¹ , including information on the expected
30 benefits from the ~~establishment of a~~ provision of¹ harm
31 reduction ~~program~~ services in the municipality¹ . The
32 ~~commissioner~~ department¹ shall maintain direct and open
33 communication with the municipality prior to and during the
34 ~~establishment~~ process¹ of ~~a~~ initiating the provision of¹ harm
35 reduction ~~program~~ services¹ in the municipality and shall
36 promptly respond to concerns and other issues raised by the
37 municipality.

38 (cf: P.L.2017, c.131, s.104)

39
40 5. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read
41 as follows:

42 5. a. (1) The Commissioner of Health shall report to the
43 Governor and, pursuant to section 2 of P.L.1991, 164 (C.52:14-
44 19.1), the Legislature, no later than one year after the effective date
45 of P.L.2006, c.99 (C.26:5C-25 et ~~seq.~~ al.¹) and biennially
46 thereafter, on the status of ~~sterile syringe access~~ harm reduction

1 1[programs established] services provided by entities authorized to
2 provide those services¹ pursuant to sections 3 and 4 1[of] of¹
3 P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28), [as amended by
4 P.L.2016, c.36,] and shall include in that report the data provided to
5 the 1[commissioner] department¹ by each [sterile syringe access]
6 1entity authorized to provide¹ harm reduction 1[program] services¹
7 pursuant to paragraph (11) of subsection b. of section 4 of
8 P.L.2006, c.99 (C.26:5C-28) [, as amended by P.L.2016, c.36].

9 (2) For the purpose of each biennial report pursuant to
10 paragraph (1) of this subsection, the 1[commissioner] department¹
11 shall:

12 (a) 1[consult with local law enforcement authorities regarding
13 the impact of the [sterile syringe access] harm reduction programs
14 on the rate and volume of crime in the affected municipalities and
15 include that information in the report] collaborate with local
16 stakeholders, including healthcare providers, healthcare systems,
17 social services providers, and law enforcement, to provide
18 education and collect data on the value of providing harm reduction
19 services in municipalities in which the services are provided¹; and

20 (b) 1[seek to obtain data from public safety and emergency
21 medical services providers Statewide regarding] determine the type
22 of data to be reported and shared, which may include the number of
23 consumers served, the number of syringes distributed, the number
24 of referrals made to social support services and healthcare
25 providers, overall crime statistics, and¹ the incidence and
26 1[location] locations¹ of needle stick injuries 1[to their personnel
27 and include that information in the report]¹.

28 b. (Deleted by amendment, P.L.2016, c.36)

29 c. The 1[commissioner] department¹ shall prepare a detailed
30 analysis of 1[the]¹ [sterile syringe access] harm reduction
31 1[programs] services provided pursuant to P.L.2006, c.99
32 (C.26:5C-25 et al.)¹, and report on the results of that analysis to the
33 Governor, the Governor's Advisory Council on HIV/AIDS and
34 Related Blood-Borne Pathogens, and, pursuant to section 2 of
35 P.L.1991, c.164 (C.52:14-19.1), the Legislature annually. The
36 analysis shall include, but not be limited to:

37 (1) any increase or decrease in the spread of HIV, hepatitis C
38 and other bloodborne pathogens that may be transmitted by the use
39 of contaminated syringes and needles;

40 (2) the number of exchanged syringes and needles and an
41 evaluation of the disposal of syringes and needles that are not
42 returned by consumers;

43 (3) the number of consumers 1[participating in the] receiving¹
44 [sterile syringe access] harm reduction 1[programs] services¹ and
45 an assessment of their reasons for 1[participating in the programs]
46 accessing those services¹;

1 (4) the number of consumers ¹["in the] receiving ¹["sterile
 2 syringe access] harm reduction ¹["programs] services ¹ who
 3 participated in substance use disorder treatment programs; and

4 (5) the number of consumers ¹["in the] receiving ¹["sterile
 5 syringe access] harm reduction ¹["programs] services ¹ who
 6 benefited from counseling and referrals to programs and entities
 7 that are relevant to their health, housing, social service, employment
 8 and other needs.

9 d. (Deleted by amendment, P.L.2016, c.36)
 10 (cf: P.L.2017, c.131, s.105)

11

12 6. Section 7 of P.L.2006, c.99 (C.26:5C-31) is amended to read
 13 as follows:

14 7. a. ["The] Notwithstanding any provision of law to the
 15 contrary, the Commissioner of Health ["and Senior Services, in
 16 consultation with the Commissioner of Environmental Protection
 17 and], pursuant to the "Administrative Procedure Act,"
 18 P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and
 19 regulations to effectuate the purposes of ["sections 3 and 4 of]
 20 P.L.2006, c.99 [(C.26:5C-27 and C.26:5C-28)] (C.26:5C-25 et al.).

21 b. Notwithstanding any provision of P.L.1968, c.410
 22 ¹(C.52:14B-1 et seq.) ¹ to the contrary, the commissioner ["shall]
 23 ¹["may] shall ¹ adopt, immediately upon filing with the Office of
 24 Administrative Law ["and no later than the 90th day after the
 25 effective date of this act,] ¹and no later than the 90th day after the
 26 effective date of P.L.2006, c.99 (C.26:2C-25 et al.), ¹ such
 27 regulations as the commissioner deems necessary to implement the
 28 provisions of ["sections 3 and 4 of P.L.2006, c.99 (C.26:5C-27 and
 29 C.26:5C-28),] ¹["this act] sections 3 and 4 of P.L.2006, c.99
 30 (C.26:5C-27 and C.26:5C-28), ¹ which shall be effective ["until the
 31 adoption of rules and regulations pursuant to subsection a. of this
 32 section] ¹["for a period not to exceed 180 days] until the adoption
 33 of rules and regulations pursuant to subsection a. of this section ¹
 34 and ¹["thereafter] ¹ may be amended, adopted or readopted by the
 35 commissioner in accordance with the requirements of P.L.1968,
 36 c.410 ¹(C.52:14B-1 et seq.) ¹.

37 ¹c. Notwithstanding any provision of P.L.1968, c.410
 38 (C.52:14B-1 et seq.) to the contrary, the commissioner may adopt,
 39 immediately upon filing with the Office of Administrative Law,
 40 such regulations as the commissioner deems necessary to
 41 implement the provisions of P.L. , c. (C.) (pending before
 42 the Legislature as this bill), which shall be effective for a period not
 43 to exceed 180 days and thereafter may be amended, adopted or
 44 readopted by the commissioner in accordance with the requirements
 45 of P.L.1968, c.410 (C.52:14B-1 et seq.). ¹

46 (cf: P.L.2006, c.99, s.7)

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13

1 ¹7. There is appropriated from the General Fund to the
2 Department of Health the sum of \$5,000,000 for use by the
3 department in supporting harm reduction services provided pursuant
4 to this act. There is appropriated from the General Fund to the
5 Division of Mental Health and Addiction Services in the
6 Department of Human Services the sum of \$10,000,000 for
7 inpatient and outpatient substance use disorder treatment program
8 slots and outreach.¹
9
10 ¹[7.] 8.¹ This act shall take effect immediately.