

# SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

## STATEMENT TO **SENATE, No. 3009**

with committee amendments

# STATE OF NEW JERSEY

DATED: MARCH 9, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3009.

As amended by the committee, this bill authorizes expanded access to harm reduction services, which describes a range of services provided to persons who use drugs intravenously, including providing those individuals with sterile syringes, testing those individuals for bloodborne pathogens such as HIV and hepatitis C, and providing those individuals with additional support services. Currently, these services are provided through programs known as “syringe access programs.”

Current law provides that municipalities may establish a harm reduction program, subject to certain requirements, including a requirement that harm reduction programs work with certain entities to provide a broad range of support services to consumers, including: health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted treatment, and other substance use disorder treatment services; housing assistance programs; career and employment-related counseling programs; and education counseling programs. Programs are to additionally provide for the adoption of a uniform identification card or other uniform Statewide means of identification for consumers, staff, and volunteers of a harm reduction program and maintain, records related to program activity, and report certain data to the Commissioner of Health to assist in evaluating the impact of the programs.

This bill revises the current law to allow any entity to provide a harm reduction services upon registration with the Department of Health (DOH), subject to the same general operational requirements as currently apply, including certain training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, infection control procedures, including universal precautions and needle stick injury protocols, and other subjects as determined by the entity providing harm reduction services and the

DOH. Entities providing harm reduction services are to maintain records of staff and volunteer training. Other requirements include age restrictions for participation, which are subject to exceptions as may be approved by the DOH, requirements related to the security and confidentiality of individually identifiable information related to consumers, and data collection requirements.

The DOH will have the sole authority to terminate an authorization to provide harm reduction services under the bill.

The bill provides that harm reduction services are to be managed in consultation with the Division of HIV, STD, and TB Services in the DOH.

Prior to authorizing an entity to provide harm reduction services in a municipality, the DOH is to meet with the municipality's mayor and council, as appropriate, in person or through video or phone conference, and present to the municipality detailed plans for the provision of harm reduction services, including information on the expected benefits from the provision of harm reduction services in the municipality. The DOH will be required to maintain direct and open communication with the municipality prior to and during the initiation of harm reduction services in the municipality, and promptly respond to concerns and other issues raised by the municipality.

As amended, the bill appropriates \$5 million from the General Fund to the DOH to support harm reduction services, and \$10 million from the General Fund to the Division of Mental Health and Addiction Services in the Department of Human Services for inpatient and outpatient substance use disorder treatment program slots and outreach.

#### COMMITTEE AMENDMENTS:

The committee amendments revise the bill to change references to "harm reduction programs" to "entities providing harm reduction services."

The committee amendments revise the findings and declarations section of the original 2006 "Bloodborne Disease Prevention Act" to reflect more current data and the revised terminology used in the bill.

The committee amendments replace references to the Commissioner of Health that concern establishing requirements for entities providing harm reduction services under the bill, to instead read the Department of Health.

The committee amendments remove a requirement that harm reduction services be provided in a culturally competent manner, and instead provide that the services are to be provided in a manner consistent with national best practices for the provision of harm reduction services.

The committee amendments revise a provision of current law that prohibits persons under 18 years of age from participating in a harm

reduction program, to allow the DOH to waive the age restriction in limited circumstances, at the DOH's discretion.

The committee amendments remove language requiring staff at entities authorized to provide harm reduction services to be screened for hepatitis C and tuberculosis.

The committee amendments provide that, in lieu of "prevention materials," consumers receiving harm reduction services are to be provided information concerning the safe administration of drugs by intravenous injection.

The committee amendments revise the current statutory requirements related to the confidentiality of consumer information to provide that individually identifiable information is to be protected through appropriate controls and safeguards, which requirements replace existing language specifying the method for developing individual identifiers for consumers.

The committee amendments revise the reporting requirements under existing law to provide the DOH with greater discretion in mandating the data to be reported, and the manner in which reported data will be made public.

The committee amendments revise the rulemaking authority in the bill to provide that the DOH will have the authority to adopt emergency rules to implement the bill, subject to the standard requirements for adopting final rules and regulations.

The committee amendments add an appropriation of \$15 million, with \$5 million going to the DOH and \$10 million going to the DMHAS.

The committee amendments revise the title and synopsis of the bill to reflect the amendments.

The committee amendments make a number of technical changes to correct certain statutory citations and to make corrections involving syntax.