

**ASSEMBLY, No. 1852**

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**STATE OF NEW JERSEY**

**212th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2006 SESSION

**Sponsored by:**

**Assemblyman JOSEPH J. ROBERTS, JR.**

**District 5 (Camden and Gloucester)**

**Assemblyman FRANCIS J. BLEE**

**District 2 (Atlantic)**

**Assemblyman REED GUSCIORA**

**District 15 (Mercer)**

**Assemblyman WILFREDO CARABALLO**

**District 29 (Essex and Union)**

**Assemblyman PETER J. BARNES, JR.**

**District 18 (Middlesex)**

**Assemblyman ALFRED E. STEELE**

**District 35 (Bergen and Passaic)**

**Co-Sponsored by:**

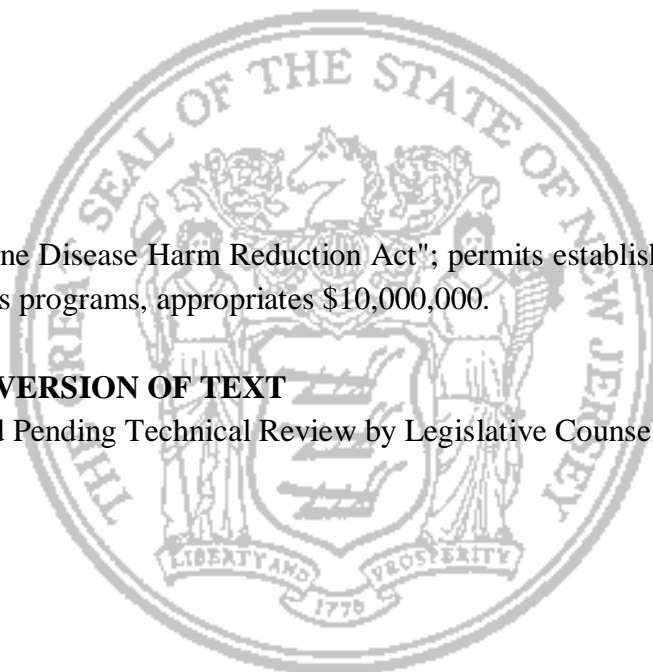
**Assemblywoman Cruz-Perez, Assemblymen Gordon, Diegnan, Giblin and Payne**

**SYNOPSIS**

"Bloodborne Disease Harm Reduction Act"; permits establishment of sterile syringe access programs, appropriates \$10,000,000.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel



**(Sponsorship Updated As Of: 10/20/2006)**

1 AN ACT providing for sterile syringe access programs,  
2 supplementing Title 26 of the Revised Statutes and Title 2C of  
3 the New Jersey Statutes and amending P.L.1989, c.34 and  
4 making an appropriation.

5

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

8

9 1. (New section) This act shall be known and may be cited as  
10 the "Bloodborne Disease Harm Reduction Act."

11

12 2. (New section) The Legislature finds and declares that:

13 a. New Jersey, in comparison with other states nationwide, has  
14 the highest rate of HIV infection among women, the third highest  
15 pediatric HIV rate, the fifth highest adult HIV rate, and a rate of  
16 injection-related HIV infection that is almost twice the national  
17 average;

18 b. About one in every three persons living with HIV or AIDS is  
19 female;

20 c. More than a million people in the United States are frequent  
21 intravenous drug users at a cost to society in health care, lost  
22 productivity, accidents and crime of more than \$50 billion annually;

23 d. Sterile syringe access programs have been proven effective in  
24 reducing the spread of HIV, hepatitis C and other bloodborne  
25 pathogens without increasing drug abuse or other adverse social  
26 impacts; yet New Jersey remains one of only two states nationwide  
27 that provide no access to sterile syringes in order to prevent the  
28 spread of disease;

29 e. Every scientific, medical and professional agency or  
30 organization that has studied this issue, including the federal  
31 Centers for Disease Control and Prevention, the American Medical  
32 Association, the American Public Health Association, the National  
33 Academy of Sciences, the National Institutes of Health Consensus  
34 Panel, the American Academy of Pediatrics, and the United States  
35 Conference of Mayors, has found sterile syringe access programs to  
36 be effective in reducing the transmission of HIV; and

37 f. Sterile syringe access programs are designed to prevent the  
38 spread of HIV, hepatitis C and other bloodborne pathogens, and to  
39 provide a bridge to drug abuse treatment and other social services  
40 for drug users; and it is in the public interest to encourage the  
41 development of such programs in this State in accordance with  
42 statutory guidelines designed to ensure the safety of consumers who  
43 use these programs, the health care workers who operate them, and  
44 the members of the general public.

**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.**

1       3. (New section) The Commissioner of Health and Senior  
2 Services shall prescribe by regulation requirements for a  
3 municipality to establish, or otherwise authorize the operation  
4 within that municipality of, a sterile syringe access program to  
5 provide for the exchange of hypodermic syringes and needles in  
6 accordance with the provisions of this act.

7       a. The commissioner shall:

8       (1) request an application, to be submitted on a form and in a  
9 manner to be prescribed by the commissioner, from any  
10 municipality that seeks to establish a sterile syringe access program,  
11 or from other entities authorized to operate a sterile syringe access  
12 program within that municipality as provided in paragraph (2) of  
13 subsection a. of section 4 of this act;

14       (2) approve those applications that meet the requirements  
15 established by regulation of the commissioner and contract with the  
16 municipalities or entities whose applications are approved to  
17 establish a sterile syringe access program as provided in paragraph  
18 (2) of subsection a. of section 4 of this act to operate a sterile  
19 syringe access program in any municipality in which the governing  
20 body has authorized the operation of sterile syringe access programs  
21 within that municipality by ordinance;

22       (3) support and facilitate, to the maximum extent practicable, the  
23 linkage of sterile syringe access programs to such health care  
24 facilities and programs as may provide appropriate health care  
25 services, including mental health and substance abuse treatment,  
26 and to housing assistance, career employment-related counseling,  
27 and education counseling, to consumers participating in any such  
28 program;

29       (4) provide for the adoption of a uniform identification card or  
30 other uniform Statewide means of identification for consumers,  
31 staff and volunteers of a sterile syringe access program pursuant to  
32 paragraph (8) of subsection b. of section 4 of this act; and

33       (5) maintain a record of the data reported to the commissioner by  
34 sterile syringe access programs pursuant to paragraph (10) of  
35 subsection b. of section 4 of this act.

36       b. The commissioner shall be authorized to accept such funding  
37 as may be made available from the private sector to effectuate the  
38 purposes of this act.

39

40       4. (New section) a. In accordance with the provisions of  
41 section 3 of P.L.     , c. (C.     ) (pending before the Legislature  
42 as this bill), a municipality may establish or authorize establishment  
43 of a sterile syringe access program that is approved by the  
44 commissioner to provide for the exchange of hypodermic syringes  
45 and needles.

46       (1) A municipality that establishes a sterile syringe access  
47 program, at a fixed location or through a mobile access component,  
48 may operate the program directly or contract with one or more of

1 the following entities to operate the program: a hospital or other  
2 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1  
3 et seq.), a federally qualified health center, a public health agency, a  
4 substance abuse treatment program, an AIDS service organization,  
5 or another nonprofit entity designated by the municipality. These  
6 entities shall also be authorized to contract directly with the  
7 commissioner in any municipality in which the governing body has  
8 authorized the operation of sterile syringe access programs by  
9 ordinance pursuant to paragraph (2) of this subsection. The  
10 municipality or entity under contract shall implement the sterile  
11 syringe access program in consultation with a federally qualified  
12 health center and the New Jersey Office on Minority and  
13 Multicultural Health in the Department of Health and Senior  
14 Services and in a culturally competent manner.

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

27 (3) Two or more municipalities may jointly establish or authorize  
28 establishment of a sterile syringe access program that operates  
29 within those municipalities pursuant to adoption of an ordinance by  
30 each participating municipality pursuant to this section.

31 b. A sterile syringe access program shall comply with the  
32 following requirements:

33 (1) Sterile syringes and needles shall be provided at no cost to  
34 consumers 18 years of age and older;

35 (2) Program staff shall be trained and regularly supervised in:  
36 harm reduction; substance abuse, medical and social service  
37 referrals; and infection control procedures, including universal  
38 precautions and needle stick injury protocol; and programs shall  
39 maintain records of staff and volunteer training and of hepatitis C  
40 and tuberculosis screening provided to volunteers and staff;

41 (3) The program shall offer information about HIV, hepatitis C  
42 and other bloodborne pathogens and prevention materials at no cost  
43 to consumers, and shall seek to educate all consumers about safe  
44 and proper disposal of needles and syringes;

45 (4) The program shall provide information and referrals to  
46 consumers, including HIV testing options, access to substance  
47 abuse treatment programs, and available health and social service  
48 options relevant to the consumer's needs, shall encourage

- 1 consumers to receive an HIV test, and shall also, when appropriate,  
2 develop an individualized substance abuse treatment plan for each  
3 participating consumer;
- 4 (5) The program shall screen out consumers under 18 years of  
5 age from access to syringes and needles, and shall refer them to  
6 substance abuse treatment and other appropriate programs for  
7 youth;
- 8 (6) The program shall develop a plan for the handling and  
9 disposal of used syringes and needles in accordance with  
10 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated  
11 medical waste disposal pursuant to the "Comprehensive Regulated  
12 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et  
13 al.), and shall also develop and maintain protocols for post-  
14 exposure treatment;
- 15 (7) The program shall maintain the confidentiality of consumers  
16 by the use of confidential identifiers, which shall consist of the first  
17 two letters of the first name of the consumer's mother and the two-  
18 digit day of birth and two-digit year of birth of the consumer, or by  
19 the use of such other uniform Statewide mechanism as may be  
20 approved by the commissioner for this purpose;
- 21 (8) The program shall provide a uniform identification card that  
22 has been approved by the commissioner to consumers and to staff  
23 and volunteers involved in transporting, exchanging or possessing  
24 syringes and needles, or shall provide for such other uniform  
25 Statewide means of identification as may be approved by the  
26 commissioner for this purpose;
- 27 (9) The program shall provide consumers at the time of  
28 enrollment with a schedule of program operation hours and  
29 locations, in addition to information about prevention and harm  
30 reduction and substance abuse treatment services; and
- 31 (10) The program shall establish and implement accurate data  
32 collection methods and procedures as required by the commissioner  
33 for the purpose of evaluating the sterile syringe access programs,  
34 including the monitoring and evaluation on a quarterly basis of:
- 35 (a) sterile syringe access program participation rates, including  
36 the number of consumers who enter substance abuse treatment  
37 programs and the status of their treatment;
- 38 (b) the effectiveness of the sterile syringe access programs in  
39 meeting its objectives, including, but not limited to, return rates of  
40 syringes and needles distributed to consumers and the impact of the  
41 sterile syringe access programs on intravenous drug use; and
- 42 (c) the number and type of referrals provided by the sterile  
43 syringe access programs and the specific actions taken by the sterile  
44 syringe access programs on behalf of each consumer.
- 45 c. A municipality may terminate a sterile syringe access  
46 program established or authorized pursuant to this act, which is  
47 operating within that municipality, if its governing body approves  
48 such an action by ordinance, in which case the municipality shall

1 notify the commissioner of its action in a manner prescribed by  
2 regulation of the commissioner.

3

4 5. (New section) a. The Commissioner of Health and Senior  
5 Services shall report to the Governor and the Legislature, no later  
6 than one year after the effective date of this act and biannually  
7 thereafter, on the status of sterile syringe access programs  
8 established pursuant to sections 3 and 4 of P.L. , c. (C. )(pending  
9 before the Legislature as this bill), and shall include in that report  
10 the data provided to the commissioner by each sterile syringe access  
11 program pursuant to paragraph (10) of subsection b. of section 4 of  
12 P.L. , c. (C. )(pending before the Legislature as this bill).

13 b. The commissioner shall report to the Governor and the  
14 Legislature no later than six months after the date that the initial  
15 sterile syringe access program, which is approved by the  
16 commissioner pursuant to section 3 of P.L. , c. (C. )(pending  
17 before the Legislature as this bill), commences its operations, and  
18 shall include in that report:

19 (1) an assessment of whether an adequate number of substance  
20 abuse treatment program slots is available to meet the treatment  
21 needs of persons who have been referred to substance abuse  
22 treatment programs by sterile syringe access programs pursuant to  
23 paragraph (4) of subsection b. of section 4 of P.L. , c.  
24 (C. ) (pending before the Legislature as this bill); and

25 (2) a recommendation for such appropriation as the  
26 commissioner determines necessary to ensure the provision of an  
27 adequate number of substance abuse treatment program slots for  
28 those persons.

29 c. The commissioner shall contract with an entity that is  
30 independent of the department to prepare a detailed analysis of the  
31 sterile syringe access programs, and to report on the results of that  
32 analysis to the Governor, the Legislature and the Governor's  
33 Advisory Council on HIV/AIDS and Related Blood-Borne  
34 Pathogens no later than 24 months after the adoption of regulations  
35 required pursuant to subsection b. of section 6 of P.L. , c. (C. )  
36 (pending before the Legislature as this bill). The analysis shall  
37 include, but not be limited to:

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

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

44 (3) the number of consumers participating in the sterile syringe  
45 access programs and an assessment of their reasons for participating  
46 in the programs;

47 (4) the number of consumers in the sterile syringe access  
48 programs who participated in substance abuse treatment programs;

1 and

2 (5) the number of consumers in the sterile syringe access  
3 programs who benefited from counseling and referrals to programs  
4 and entities that are relevant to their health, housing, social service,  
5 employment and other needs.

6  
7 6. (New section) a. The Commissioner of Health and Senior  
8 Services, in consultation with the Commissioner of Environmental  
9 Protection and pursuant to the "Administrative Procedure Act,"  
10 P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and  
11 regulations to effectuate the purposes of sections 3 and 4 of  
12 P.L. , c. (C. )(pending before the Legislature as this bill).

13 b. Notwithstanding any provision of P.L.1968, c.410 to the  
14 contrary, the commissioner shall adopt, immediately upon filing  
15 with the Office of Administrative Law and no later than the 90th  
16 day after the effective date of this act, such regulations as the  
17 commissioner deems necessary to implement the provisions of  
18 sections 3 and 4 of P.L. , c. (C. )(pending before the  
19 Legislature as this bill), which shall be effective until the adoption  
20 of rules and regulations pursuant to subsection a. of this section and  
21 may be amended, adopted or readopted by the commissioner in  
22 accordance with the requirements of P.L.1968, c.410.

23  
24 7. (New section) The possession of a hypodermic syringe or  
25 needle by a consumer who participates in, or an employee or  
26 volunteer of, a sterile syringe access program established pursuant  
27 to sections 3 and 4 of P.L. , c. (C. )(pending before the  
28 Legislature as this bill) shall not constitute an offense pursuant to  
29 N.J.S.2C:36-1 et seq. This provision shall extend to a hypodermic  
30 syringe or needle that contains a residual amount of a controlled  
31 dangerous substance or controlled substance analog.

32  
33 8. Section 3 of P.L.1989, c.34 (C.13:1E-48.3) is amended to  
34 read as follows:

35 3. As used in sections 1 through 25 of this act:

36 "Board" means the Board of Public Utilities.

37 "Collection" means the activity related to pick-up and  
38 transportation of regulated medical waste from a generator, or from  
39 an intermediate location, to a facility, or to a site outside the State,  
40 for disposal.

41 "Commissioners" means the Commissioner of Environmental  
42 Protection and the Commissioner of Health and Senior Services.

43 "Departments" means the Department of Environmental  
44 Protection and the Department of Health and Senior Services.

45 "Dispose" or "disposal" means the storage, treatment, utilization,  
46 processing, resource recovery of, or the discharge, deposit,  
47 injection, dumping, spilling, leaking, or placing of any regulated  
48 medical waste into or on any land or water so that the regulated

1 medical waste or any constituent thereof may enter the environment  
2 or be emitted into the air or discharged into any waters, including  
3 groundwaters.

4 "Facility" means a solid waste facility as defined in section 3 of  
5 P.L. 1970, c. 39 (C. 13:1E-3); or any other incinerator or  
6 commercial or noncommercial regulated medical waste disposal  
7 facility in this State that accepts regulated medical waste for  
8 disposal.

9 "Federal Act" means the "Medical Waste Tracking Act of 1988"  
10 (42 U.S.C. s. 6903 et seq.), or any rule or regulation adopted  
11 pursuant thereto.

12 "Generator" means an ambulatory surgical or care facility,  
13 community health center, medical doctor's office, dentist's office,  
14 podiatrist's office, home health care agency, health care facility,  
15 hospital, medical clinic, morgue, nursing home, urgent care center,  
16 sterile syringe access program operating pursuant to sections 3 and  
17 4 of P.L. , c. (C. )(pending before the Legislature as this bill),  
18 veterinary office or clinic, animal, biological, clinical, medical,  
19 microbiological, or pathological diagnostic or research laboratory,  
20 any of which generates regulated medical waste, or any other  
21 facility identified by the departments that generates regulated  
22 medical waste. "Generator" shall not include individual households  
23 utilizing home self-care.

24 "Regulated medical waste" means blood vials; cultures and  
25 stocks of infectious agents and associated biologicals, including  
26 cultures from medical and pathological laboratories, cultures and  
27 stocks of infectious agents from research and industrial laboratories,  
28 wastes from the production of biologicals, discarded live and  
29 attenuated vaccines, and culture dishes and devices used to transfer,  
30 inoculate, and mix cultures; pathological wastes, including tissues,  
31 organs, and body parts that are removed during surgery or autopsy;  
32 waste human blood and products of blood, including serum, plasma,  
33 and other blood components; sharps that have been used in patient  
34 care or in medical, research, or industrial laboratories engaged in  
35 medical research, testing, or analysis of diseases affecting the  
36 human body, including hypodermic needles, syringes, Pasteur  
37 pipettes, broken glass, and scalpel blades; contaminated animal  
38 carcasses, body parts, and bedding of animals that were exposed to  
39 infectious agents during research, production of biologicals, or  
40 testing of pharmaceuticals; any other substance or material related  
41 to the transmission of disease as may be deemed appropriate by the  
42 departments; and any other substance or material as may be  
43 required to be regulated by, or permitted to be exempted from, the  
44 Federal Act. The departments may adopt, by rule or regulation and  
45 pursuant to the "Administrative Procedure Act," P.L. 1968, c.  
46 410 (C. 52:14B-1 et seq.), a more specific definition of regulated  
47 medical waste upon the expiration of the demonstration program  
48 established under the Federal Act.



1 "Noncommercial facility" means a facility or on-site generator,  
2 as the case may be, which accepts regulated medical waste from  
3 other generators for on-site disposal for a cost-based fee not in  
4 excess of the costs actually incurred by the facility or on-site  
5 generator for the treatment or disposal of the regulated medical  
6 waste.

7 "Transporter" means a person engaged in the collection or  
8 transportation of regulated medical waste.

9 (cf: P.L.1989, c.34, s.3)

10

11 9. (New section) a. The board of chosen freeholders of each  
12 county and the New Jersey Meadowlands Commission, in  
13 accordance with standards adopted by the Commissioner of  
14 Environmental Protection in consultation with the Commissioner of  
15 Health and Senior Services, shall prepare and adopt a sharps  
16 disposal component as an amendment to the district solid waste  
17 management plan required pursuant to the provisions of the "Solid  
18 Waste Management Act," P.L.1970, c.39 (C.13:1E-1 et seq.) to  
19 provide for the proper and safe disposal of medical waste generated  
20 at home within the district.

21 b. The sharps disposal component of each district solid waste  
22 management plan shall be developed in consultation with a work  
23 group established by the governing body of the affected county and  
24 the New Jersey Meadowlands Commission, in the case of the  
25 Hackensack Meadowlands District, that includes persons not  
26 employed by or affiliated with the county or the commission, as the  
27 case may be, who have a demonstrated interest or expertise in the  
28 use and disposal of sharps, including, but not limited to,  
29 representatives of waste management companies, persons with  
30 diabetes and licensed health care facilities.

31 c. The Commissioner of Environment Protection shall provide  
32 such financial assistance as may be available to the commissioner  
33 for the purpose of this section to the various counties to implement  
34 the sharps disposal component of the district solid waste  
35 management plan. The commissioner shall be authorized to accept  
36 such funding as may be made available from the private sector to  
37 effectuate the purposes of this section.

38

39 10. (New section) a. The Commissioner of Environmental  
40 Protection, in consultation with the Commissioner of Health and  
41 Senior Services and pursuant to the "Administrative Procedure  
42 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and  
43 regulations to effectuate the purposes of section 9 of P.L. , c.  
44 (C. )(pending before the Legislature as this bill).

45 b. Notwithstanding any provision of P.L.1968, c.410 to the  
46 contrary, the commissioner shall adopt, immediately upon filing  
47 with the Office of Administrative Law and no later than the 90th  
48 day after the effective date of this act, such regulations as the

1 commissioner deems necessary to implement the provisions of  
2 section 9 of P.L. , c. (C. )(pending before the Legislature as  
3 this bill), which shall be effective until the adoption of rules and  
4 regulations pursuant to subsection a. of this section and may be  
5 amended, adopted or readopted by the commissioner in accordance  
6 with the requirements of P.L.1968, c.410.

7  
8 11. (New section) There is appropriated \$10,000,000 from the  
9 General Fund to the Division of Addiction Services in the  
10 Department of Human Services for inpatient or residential  
11 substance abuse treatment programs for patients with a primary  
12 diagnosis of drug problems.

13  
14 12. This act shall take effect immediately.

15  
16  
17 STATEMENT

18  
19 This bill is designated the "Bloodborne Disease Harm Reduction  
20 Act." The bill permits the establishment of municipal sterile  
21 syringe access programs to prevent the spread of HIV/AIDS,  
22 hepatitis C and other bloodborne diseases.

23 - - AUTHORIZATION OF STERILE SYRINGE ACCESS PROGRAMS. The  
24 bill directs the Commissioner of Health and Senior Services to  
25 prescribe by regulation requirements for a municipality to establish,  
26 or otherwise authorize the operation within that municipality of, a  
27 sterile syringe access program to provide for the exchange of  
28 hypodermic syringes and needles.

29 Under the bill the commissioner is to:

30 (1) request an application, to be submitted on a form and in a  
31 manner to be prescribed by the commissioner, from any  
32 municipality that seeks to establish a sterile syringe access program,  
33 or from other entities authorized to operate a sterile syringe access  
34 program within that municipality as provided in the bill;

35 (2) approve those applications that meet the requirements  
36 established by regulation of the commissioner and contract with the  
37 municipalities or entities whose applications are approved to  
38 operate a sterile syringe access program in any municipality in  
39 which the governing body has authorized the operation of sterile  
40 syringe access programs by ordinance;

41 (3) support and facilitate, to the maximum extent practicable, the  
42 linkage of sterile syringe access programs to such health care  
43 facilities and programs as may provide appropriate health care  
44 services, including mental health and substance abuse treatment,  
45 and to housing assistance, career employment-related counseling,  
46 and education counseling, to consumers participating in any such  
47 program;

48 (4) provide for the adoption of a uniform identification card or

1 other uniform Statewide means of identification for consumers,  
2 staff and volunteers of a sterile syringe access program; and

3 (5) maintain a record of the data reported to the commissioner  
4 by sterile syringe access programs pursuant to the bill.

5 The bill authorizes the commissioner to accept such funding as  
6 may be made available from the private sector to effectuate the  
7 purposes of the bill.

8 The bill authorizes the commissioner to require for a program  
9 that the number of syringes and needles provided be equal to the  
10 number returned by the participating consumer.

11 -- MUNICIPAL PROGRAM ESTABLISHMENT. The bill permits a  
12 municipality to establish, or authorize establishment of, a sterile  
13 syringe access program that is approved by the commissioner  
14 pursuant to the bill to provide for the exchange of hypodermic  
15 syringes and needles.

16 (1) A municipality that establishes a sterile syringe access  
17 program may operate the program directly or contract with one or  
18 more of the following entities to operate the program: a hospital or  
19 other licensed health care facility, a federally qualified health  
20 center, a public health agency, a substance abuse treatment  
21 program, an AIDS service organization, or another nonprofit entity  
22 designated by the municipality. The bill also authorizes these  
23 entities to contract directly with the commissioner in any  
24 municipality in which the governing body has authorized the  
25 operation of sterile syringe access programs by ordinance pursuant  
26 to the bill. The municipality or entity must implement the program  
27 in consultation with a federally qualified health center and the New  
28 Jersey Office on Minority and Multicultural Health in the  
29 Department of Health and Senior Services and in a culturally  
30 competent manner.

31 (2) The bill allows a municipality whose governing body has  
32 authorized the operation of sterile syringe access programs within  
33 the municipality to require within the authorizing ordinance that an  
34 entity as described in the bill obtain approval from the municipality,  
35 in a manner prescribed by the authorizing ordinance, to operate a  
36 sterile syringe access program prior to obtaining approval from the  
37 commissioner to operate such a program, or the bill allows a  
38 municipality to permit the entity to obtain approval to operate such  
39 a program by application directly to the commissioner without  
40 obtaining prior approval from the municipality to operate such a  
41 program.

42 (3) The bill allows two or more municipalities to jointly establish  
43 or authorize establishment of a sterile syringe access program that  
44 operates within those municipalities pursuant to adoption of an  
45 ordinance by each participating municipality.

46 -- STERILE SYRINGE ACCESS PROGRAM STANDARDS. The bill  
47 requires a sterile syringe access program to comply with the  
48 following requirements:

- 1 (1) Sterile syringes and needles are to be provided at no cost to  
2 consumers 18 years of age and older;
- 3 (2) Program staff are to be trained and regularly supervised in:  
4 harm reduction; substance abuse, medical and social service  
5 referrals; and infection control procedures, including universal  
6 precautions and needle stick injury protocol; and programs are to  
7 maintain records of staff and volunteer training and of hepatitis C  
8 and tuberculosis screening provided to volunteers and staff;
- 9 (3) The program is to offer information about HIV, hepatitis C  
10 and other bloodborne pathogens and prevention materials at no cost  
11 to consumers, and seek to educate all consumers about safe and  
12 proper disposal of needles and syringes;
- 13 (4) The program is to provide information and referrals to  
14 consumers, including HIV testing options, access to substance  
15 abuse treatment programs, and available health and social service  
16 options relevant to the consumer's needs. The program shall  
17 encourage consumers to receive an HIV test and, when appropriate,  
18 develop and individualized substance abuse treatment plan for each  
19 participating consumer;
- 20 (5) The program is to screen out consumers under 18 years of  
21 age from access to syringes and needles, and refer them to  
22 substance abuse treatment and other appropriate programs for  
23 youth;
- 24 (6) The program is to develop a plan for the handling and  
25 disposal of used syringes and needles in accordance with  
26 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated  
27 medical waste disposal pursuant to the "Comprehensive Regulated  
28 Medical Waste Management Act," and also develop and maintain  
29 protocols for post-exposure treatment;
- 30 (7) The program is to maintain the confidentiality of consumers  
31 by the use of confidential identifiers, which are to consist of the  
32 first two letters of the first name of the consumer's mother and the  
33 two-digit day of birth and two-digit year of birth of the consumer,  
34 or by the use of such other uniform Statewide mechanism as may be  
35 approved by the commissioner for this purpose;
- 36 (8) The program is to provide a uniform identification card that  
37 has been approved by the commissioner to consumers and to staff  
38 and volunteers involved in transporting, exchanging or possessing  
39 syringes and needles, or provide for such other uniform Statewide  
40 means of identification as may be approved by the commissioner  
41 for this purpose;
- 42 (9) The program is to provide consumers at the time of  
43 enrollment with a schedule of program operation hours and  
44 locations, in addition to information about prevention and harm  
45 reduction and substance abuse treatment services; and
- 46 (10) The program is to establish and implement accurate data  
47 collection methods and procedures as required by the commissioner  
48 for the purpose of evaluating the sterile syringe access programs,

1 including the monitoring and evaluation on a quarterly basis of:  
2 sterile syringe access program participation rates, including the  
3 number of consumers who enter substance abuse treatment  
4 programs and the status of their treatment;  
5 the effectiveness of the sterile syringe access programs in  
6 meeting its objectives, including, but not limited to, return  
7 rates of syringes and needles distributed to consumers and  
8 the impact of the sterile syringe access programs on  
9 intravenous drug use; and  
10 the number and type of referrals provided by the sterile syringe  
11 access programs and the specific actions taken by the sterile  
12 syringe access programs on behalf of each consumer.

13 A municipality may terminate a sterile syringe access program  
14 established or authorized pursuant to the bill, which is operating  
15 within that municipality, if its governing body approves such an  
16 action by ordinance, in which case the municipality is to notify the  
17 commissioner of its action in a manner prescribed by regulation of  
18 the commissioner.

19 -- DEPARTMENTAL REPORTS. The bill directs the Commissioner  
20 of Health and Senior Services to report to the Governor and the  
21 Legislature, no later than one year after the effective date of the bill  
22 and biannually thereafter, on the status of sterile syringe access  
23 programs established pursuant to the bill, and is to include in that  
24 report the data provided to the commissioner by each sterile syringe  
25 access program pursuant to the bill.

26 The bill further directs the commissioner to report to the  
27 Governor and the Legislature no later than six months after the date  
28 that the initial sterile syringe access program, which is approved by  
29 the commissioner pursuant to the bill, commences its operations,  
30 and is to include in that report:

31 (1) an assessment of whether an adequate number of substance  
32 abuse treatment program slots is available to meet the treatment  
33 needs of persons who have been referred to substance abuse  
34 treatment programs by sterile syringe access programs pursuant to  
35 the bill; and

36 (2) a recommendation for such appropriation as the  
37 commissioner determines necessary to ensure the provision of an  
38 adequate number of substance abuse treatment program slots for  
39 those persons.

40 The bill directs the commissioner to contract with an entity that  
41 is independent of the department to prepare a detailed analysis of  
42 the sterile syringe access programs, and to report on the results of  
43 that analysis to the Governor, the Legislature and the Governor's  
44 Advisory Council on HIV/AIDS and Related Blood-Borne  
45 Pathogens no later than 24 months after the adoption of regulations  
46 required by the bill. The analysis shall include, but not be limited  
47 to:

48 any increase or decrease in the spread of HIV, hepatitis C and

1 other blood-borne pathogens that may be transmitted by the  
2 use of contaminated syringes and needles;  
3 the number of exchanged syringes and needles and an evaluation  
4 of the disposal of syringes and needles that are not returned  
5 by consumers;  
6 the number of consumers participating in the sterile syringe  
7 access programs and an assessment of their reasons for  
8 participating in the programs;  
9 the number of consumers in the sterile syringe access programs  
10 who participated in substance abuse treatment programs; and  
11 the number of consumers in the sterile syringe access  
12 programs who benefited from counseling and referrals to  
13 programs and entities that are relevant to their health,  
14 housing, social service, employment and other needs.

15 -- EXEMPTION FROM DRUG PARAPHERNALIA LAWS. Under the  
16 bill, the possession of a hypodermic syringe or needle by a  
17 consumer who participates in, or an employee or volunteer of, a  
18 sterile syringe access program established pursuant to the bill will  
19 not constitute an offense pursuant to N.J.S.A.2C:36-1 et seq. This  
20 provision extends to a hypodermic syringe or needle that contains a  
21 residual amount of a controlled dangerous substance or controlled  
22 substance analog.

23 -- SHARPS DISPOSAL PLAN. The bill directs each county  
24 freeholder board and the New Jersey Meadowlands Commission, in  
25 accordance with standards adopted by regulation of the  
26 Commissioner of Environmental Protection in consultation with the  
27 Commissioner of Health and Senior Services, to prepare and adopt  
28 a sharps disposal component as an amendment to the district solid  
29 waste management plan required pursuant to the "Solid Waste  
30 Management Act" to provide for the proper and safe disposal of  
31 medical waste generated at home within the district.

32 (1) The bill directs that the sharps disposal component of each  
33 district solid waste management plan be developed in consultation  
34 with a work group established by the governing body of the affected  
35 county and the New Jersey Meadowlands Commission, in the case  
36 of the Hackensack Meadowlands District, that includes persons not  
37 employed by or affiliated with the county or the commission, as the  
38 case may be, who have a demonstrated interest or expertise in the  
39 use and disposal of sharps, including, but not limited to,  
40 representatives of waste management companies, persons with  
41 diabetes and licensed health care facilities.

42 (2) The bill directs the Commissioner of Environmental  
43 Protection to provide such financial assistance as may be available  
44 to the commissioner to the various counties to implement the sharps  
45 disposal component of the district solid waste management plan,  
46 and is authorized to accept such funding as may be made available  
47 from the private sector for this purpose.

48 -- REGULATIONS. The bill directs the Commissioners of Health

1 and Senior Services and Environmental Protection to adopt rules  
2 and regulations, pursuant to the "Administrative Procedure Act"  
3 (APA), to effectuate the purposes of the bill; however,  
4 notwithstanding any provision of the APA to the contrary, the  
5 commissioners are to adopt, immediately upon filing with the  
6 Office of Administrative Law and no later than the 90th day after  
7 the effective date of the bill, such regulations as they deem  
8 necessary to implement the bill, which are to be effective until the  
9 adoption of rules and regulations pursuant to the APA and may be  
10 amended, adopted or readopted by the commissioners in accordance  
11 with the APA. (It is the sponsors' intent that the Commissioner of  
12 Health and Senior Services may consult with the Public Health  
13 Council established pursuant to N.J.S.A.26:1A-4 in the adoption of  
14 rules and regulations to effectuate the purposes of the bill.)

15 -- SUBSTANCE ABUSE TREATMENT FUNDING. The bill appropriates  
16 \$10,000,000 for inpatient and residential substance abuse treatment  
17 programs for patients with a primary diagnosis of drug problems.

18 It is the opinion of the sponsors that a municipality which  
19 establishes or authorizes a sterile syringe access program pursuant  
20 to this bill and its employees would be covered by the provisions of  
21 N.J.S.A.59:6-3, which provides as follows: "Neither a public entity  
22 nor a public employee is liable for an injury resulting from the  
23 decision to perform or not to perform any act to promote the public  
24 health of the community by preventing disease or controlling the  
25 communication of disease within the community."

26 It is the position of the sponsors that the commissioner's  
27 responsibility to support and facilitate the linkage of sterile syringe  
28 access programs to other services, established pursuant to section 3  
29 of the bill, shall be accomplished in conjunction with the assistance  
30 of other relevant departments of State government.

31 It is the position of the sponsors that the consultation of the  
32 municipality or entity under contract with a federally qualified  
33 health center, as required pursuant to 4 of the bill, does not entail  
34 any type of oversight or provision of services by the federally  
35 qualified health center, and shall involve only consultation  
36 regarding ancillary, non-needle exchange, services of the federally  
37 qualified health center.