

[First Reprint]

ASSEMBLY, No. 4847

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED OCTOBER 19, 2020

Sponsored by:

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District 37 (Bergen)

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District 20 (Union)

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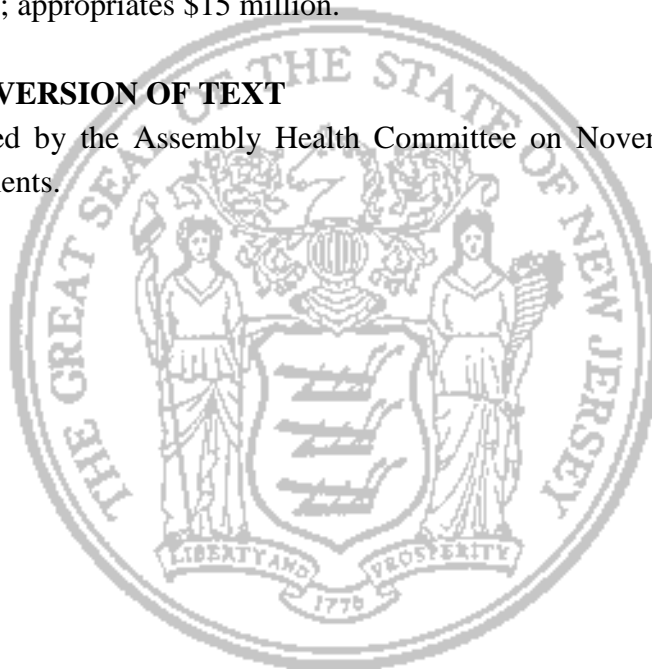
Assemblywomen Jasey, Downey, Assemblymen Armato and Stanley

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 Assembly Health Committee on November 15, 2021, with amendments.



(Sponsorship Updated As Of: 11/15/2021)

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
 9 al.):

10 “Authorized harm reduction ¹**[program]** services¹ ” means a
 11 suite of¹ harm reduction ¹**[program]** services,¹ approved by the
 12 **[Commissioner]** Department¹ of Health and provided in a manner
 13 that is consistent with State and federal law, which services shall
 14 include, but shall not be limited to: syringe access, syringe
 15 disposal, referrals to health and social services, overdose prevention
 16 counseling and supplies, and HIV and hepatitis C testing¹ .

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

22 ¹**[“Harm reduction program”** means a program with the primary
 23 purpose of providing sterile syringe access to intravenous drug
 24 users, which additionally provides services including disposing of
 25 syringes and referring and linking intravenous drug users to HIV
 26 and viral hepatitis prevention services, substance use disorder
 27 treatment, medical and mental health care, and other health care
 28 services that are essential to addressing the health and well-being of
 29 individuals who use intravenous drugs in a manner that is consistent
 30 with State and federal law.]¹
 31

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

34 2. The Legislature finds and declares that:

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

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

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

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:

¹Assembly AHE committee amendments adopted November 15, 2021.

- 1 d. **【Sterile syringe access】** Harm reduction **1【programs】**
2 services¹ have been proven effective in reducing the spread of HIV,
3 hepatitis C, and other bloodborne pathogens, and in reducing
4 overdoses and overdose deaths without increasing **1【drug abuse】**
5 rates of substance use¹ or causing¹ other adverse social impacts;
- 6 e. Every scientific, medical, and professional agency or
7 organization that has studied this issue, including the federal
8 Centers for Disease Control and Prevention, the American Medical
9 Association, the American Public Health Association, the National
10 Academy of Sciences, the National Institutes of Health Consensus
11 Panel, the American Academy of Pediatrics, and the United States
12 Conference of Mayors, has found **【sterile syringe access】** harm
13 reduction **1【programs】** services¹ to be effective in reducing the
14 transmission of HIV; **【and】**
- 15 f. **【Sterile syringe access】** Harm reduction programs are
16 designed to prevent the spread of HIV, hepatitis C, and other
17 bloodborne pathogens, prevent overdoses and overdose deaths,¹
18 and to provide a bridge to **【drug abuse】** substance use disorder
19 treatment , healthcare services,¹ and **1【other】**¹ social support¹
20 services **1【for drug users】** sought out by persons who use drugs
21 intravenously¹ ; and it is in the public interest to establish such
22 programs in this State in accordance with statutory guidelines
23 designed to ensure the safety of consumers who use these programs,
24 the health care workers who operate them, and the members of the
25 general public;
- 26 g. Despite the attention that substance use disorders and
27 overdose deaths are receiving Statewide, the number of overdose
28 deaths in New Jersey has steadily risen. There was a 40 percent
29 increase in overdose deaths in 2016. In 2018, there were roughly
30 3,000 overdose deaths in New Jersey and 70,000 overdose deaths
31 nationwide;
- 32 h. The COVID-19 pandemic has increased the urgency of
33 maintaining and expanding harm reduction services. Now more
34 than ever, harm reduction expansion is critical. According to the
35 federal Centers for Disease Control and Prevention’s June 24-30,
36 2020 mortality and morbidity weekly report, 13 percent of U.S.
37 residents began substance use or increased substance use during the
38 pandemic. New Jersey has already started to see the consequences
39 of the intersecting opioid and COVID-19 crises. As of July 2020
40 there have been over 1,800 overdose deaths in 2020. If this trend
41 continues, New Jersey will lose 3,144 individuals to overdose in
42 2020, which would be New Jersey’s highest drug-related fatality
43 count in the past decade;
- 44 i. The opioid epidemic is part of a syndemic and is associated
45 with increased rates of HIV and hepatitis infection, as well as other
46 social complexities;

- 1 j. New Jersey enacted the "Bloodborne Disease Harm
2 Reduction Act" P.L.2006, c.99 (C.26:5C-25 et al.) in 2006 to allow
3 for the establishment of sterile syringe access programs, which are
4 hereafter referred to as harm reduction programs. New Jersey now
5 has seven such programs operating throughout the State;
- 6 k. The federal Centers for Disease Control and Prevention
7 describe harm reduction **'[programs] services'** as an effective
8 component of a comprehensive and integrated approach to HIV
9 prevention. Such **'[programs offer clean needles] services include**
10 providing consumers with sterile syringes¹ , resources for critical
11 services such as HIV care, treatment, pre- and post-exposure
12 prophylaxis services, screening for other sexually transmitted
13 diseases, hepatitis C testing and treatment, hepatitis A and B
14 vaccinations, and other medical, social, and mental health services.
15 In addition to providing **'[clean needles] sterile syringes¹** and
16 testing services, **'[most]'** programs **'routinely'** offer other services,
17 **'[such as] including'** education concerning safe injection practices,
18 wound care, and overdose prevention;
- 19 l. The U.S. Department of Health and Human Services has
20 stated that **'["]'** there is conclusive scientific evidence that **'[clean**
21 syringe programs] harm reduction services¹ , as part of a
22 comprehensive HIV prevention strategy, are an effective public
23 health intervention that reduces the transmission of HIV and does
24 not encourage the use of illegal drugs **'["]'** ;
- 25 m. Harm reduction **'[programs] services'** do not promote drug
26 use and do not minimize the harm and danger associated with
27 lawful and unlawful drug use. Individuals utilizing harm reduction
28 **'[programs] services'** are often ill, in pain, ¹and¹ have experienced
29 trauma **'[, and are served]'** . Harm reduction services are offered to
30 these individuals¹ by professionals who **'[offer services]'** treat the
31 individuals¹ with compassion and ¹who provide these necessary
32 services¹ without judgment;
- 33 n. There is evidence demonstrating that crime does not increase
34 in areas **'[surrounding] in which'** harm reduction **'[programs]**
35 services locations are situated¹ ;
- 36 o. Harm reduction **'[programs] services'** do not interfere with
37 substance use disorder treatment efforts. The **'[programs]**
38 services¹ provide a bridge to substance use disorder treatment and
39 other social services ¹for individuals with substance use disorders¹ ;
- 40 p. For individuals who inject drugs, the best way to reduce the
41 risk of acquiring and transmitting infectious disease through
42 injection drug use is to stop injecting drugs, but for individuals who
43 do not stop injecting drugs, the use of sterile injection equipment
44 can reduce the risk of acquiring and transmitting infectious diseases
45 and prevent outbreaks;
- 46 q. Research shows that the provision of **'[clean] sterile'**
47 syringes is associated with an estimated 50 percent reduction in the

1 incidence of HIV and hepatitis C, a greater likelihood that
 2 individuals will seek treatment, and decreased overdose rates; and
 3 r. **1** **[Harm]** **Entities offering harm**¹ **reduction** **1** **[programs]**
 4 **services**¹ **in New Jersey provide** **1** **[clean]** **sterile**¹ **syringes and**
 5 **operate under a philosophy of harm reduction, which honors the**
 6 **dignity of those who use drugs or are living with a substance use**
 7 **disorder, reduces the negative consequences of injection drug use,**
 8 **and provides a stigma-free environment for people who use drugs**
 9 **by providing the care they desire and need.**
 10 (cf: P.L.2016, c.36, s.1)

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

14 3. The **1** **[Commissioner]** **Department**¹ of Health shall
 15 **1** **[establish a program to]**¹ permit **[a municipality to operate a**
 16 **sterile syringe access program]** the establishment and operation of
 17 harm reduction **1** **[programs]** **services**¹ in accordance with the
 18 provisions of P.L.2006, c.99 (C.26:5C-25 et **1** **[seq.] al.**¹) **[,** as
 19 amended by P.L.2016, c.36] . The **1** **[commissioner]** **department**¹
 20 shall prescribe by regulation requirements for **[a municipality to**
 21 **establish, or otherwise authorize the operation within that**
 22 **municipality of, a sterile syringe access program]** the establishment
 23 and operation of harm reduction **1** **[programs]** **services**¹ to provide
 24 **[for the exchange of]** hypodermic syringes and needles in
 25 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et
 26 **1** **[seq.] al.**¹), and consistent with the rules adopted at N.J.A.C.8:63-
 27 1.1 et seq., effective April 9, 2007.

28 a. The **1** **[commissioner]** **department**¹ shall:

29 (1) request **1** **[an application]** a registration form¹ , to be
 30 submitted **1** **[on a form and]**¹ in a manner **1** **[to be]**¹ prescribed by
 31 the **1** **[commissioner]** **department**¹ , from any **[municipality]** **entity**
 32 that seeks to **1** **[establish or operate a]** **provide**¹ **[sterile syringe**
 33 **access]** harm reduction **1** **[program]** **services in New Jersey**¹ **[,** or
 34 from other entities authorized to operate a sterile syringe access
 35 program within that municipality as provided in paragraph (2) of
 36 subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as
 37 amended by P.L.2016, c.36];

38 (2) approve **1** **[those applications]** any registration request¹ that
 39 **1** **[meet]** meets¹ the requirements established by regulation of the
 40 **1** **[commissioner]** **department**¹ **[and contract with the municipalities**
 41 **or entities whose applications are approved to establish a sterile**
 42 **syringe access program as provided in paragraph (2) of subsection**
 43 **a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as amended by**
 44 **P.L.2016, c.36, to operate a sterile syringe access program in any**
 45 **municipality in which the governing body has authorized the**

1 operation of sterile syringe access program within that municipality
2 by ordinance];

3 (3) support and facilitate, to the maximum extent practicable,
4 the linkage of sterile syringe access harm reduction programs
5 services¹ to: (a) health care facilities and programs that may
6 provide appropriate health care services, including mental health
7 services, medication-assisted drug¹ treatment services, and other
8 substance abuse use disorder¹ treatment services to consumers
9 participating in a receiving¹ sterile syringe access harm
10 reduction program services¹ ; and (b) housing assistance
11 programs, career and employment-related counseling programs, and
12 education counseling programs that may provide appropriate
13 ancillary support services to consumers participating in a
14 receiving¹ sterile syringe access harm reduction program
15 services¹ ;

16 (4) provide for the adoption of a uniform identification
17 membership card or other uniform Statewide means of
18 identification for consumers, staff, and volunteers of a¹ sterile
19 syringe access entities offering¹ harm reduction program
20 services¹ pursuant to paragraph (9) of subsection b. of section 4 of
21 P.L.2006, c.99 (C.26:5C-28) as amended by P.L.2016, c.36; and

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

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

31 (cf: P.L.2016, c.36, s.2)

32

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

35 4. a. In accordance with the provisions of section 3 of
36 P.L.2006, c.99 (C.26:5C-27), an eligible entity may be approved by
37 the Commissioner of Health department¹ to a municipality
38 may establish¹ or authorize establishment of a¹ sterile
39 syringe access provide¹ harm reduction program services¹
40 that is approved by the commissioner to provide for the exchange
41 of hypodermic syringes and needles.

42 (1) A municipality that establishes a sterile syringe access
43 program, An entity¹ authorized to provide¹ harm reduction
44 program services¹ may operate the program provide the
45 services¹ at a fixed location or through a mobile access component,
46 and may operate the program directly or contract with one or more

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

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

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

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

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

1 (2) **Program staff shall be trained and regularly supervised in**
2 An 'entity' authorized 'to provide' harm reduction '[program]
3 services' shall be responsible for training program staff in the
4 following subjects: harm reduction; substance use disorder~~[,]~~ ;
5 medical and social service referrals; ~~and~~ infection control
6 procedures, including universal precautions and needle stick injury
7 protocol; and ~~programs~~ other subjects as determined by the
8 'entity' authorized 'to provide' harm reduction '[program]
9 services' and the '[Department of Health] department' .
10 '[Programs] Entities authorized to provide harm reduction
11 services' shall maintain records of staff and volunteer training
12 '[and of hepatitis C and tuberculosis screening provided to
13 volunteers and staff]' ;

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

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

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

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

45 (7) (a) **The program** Entities authorized to provide harm
46 reduction services' may obtain a standing order, pursuant to the

1 "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et ¹~~seq.~~
2 al.¹), authorizing ¹~~program~~¹ staff ¹of the entity¹ to carry and
3 dispense naloxone hydrochloride or another opioid antidote to
4 consumers and ¹~~the~~¹ to¹ family members and friends ¹~~thereof~~¹ of
5 consumers¹ ;

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

13 (8) ¹~~The program~~¹ Entities authorized to provide harm
14 reduction services¹ shall maintain the confidentiality ¹and security¹
15 of information about¹ consumers ¹~~by the use of confidential~~¹
16 identifiers, which shall consist of the first two letters of the first
17 name of the consumer's mother and the two-digit day of birth and
18 two-digit year of birth of the consumer, or by the use of such other
19 uniform Statewide mechanism as may be approved by the
20 commissioner for this purpose¹ receiving harm reduction services
21 through appropriate administrative, technical, and physical controls
22 and safeguards that protect the confidentiality, integrity, and
23 availability of individually identifiable information about
24 consumers¹ ;

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

33 (10) ¹~~The program~~¹ Entities authorized to provide harm
34 reduction services¹ shall provide consumers at the time of
35 enrollment with a schedule of ¹~~program~~¹ the entity's¹ operation
36 hours and locations, in addition to information about prevention and
37 harm reduction and substance use disorder treatment services; and

38 (11) ¹~~The program~~¹ Entities authorized to provide harm
39 reduction services¹ shall establish and implement accurate data
40 collection methods and procedures as required by the
41 ¹~~commissioner~~¹ department¹ for the purpose of evaluating the
42 ~~sterile syringe access~~¹ provision of¹ harm reduction¹ ~~programs,~~
43 including the monitoring and evaluation on a quarterly basis of:
44 services.¹

45 (a) ~~sterile syringe access~~¹ harm reduction program
46 participation rates¹ ~~,~~ including the number of consumers who

1 enter substance use disorder treatment programs and the status of
 2 their treatment] ¹ ~~and referrals made to substance use disorder~~
 3 ~~treatment programs;~~ (deleted by amendment, P.L. , c.)
 4 (pending before the Legislature as this bill)¹

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

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

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

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

43
 44 5. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read
 45 as follows:

1 5. a. (1) The Commissioner of Health shall report to the
2 Governor and, pursuant to section 2 of P.L.1991, 164 (C.52:14-
3 19.1), the Legislature, no later than one year after the effective date
4 of P.L.2006, c.99 (C.26:5C-25 et ¹~~seq.~~ al.¹) and biennially
5 thereafter, on the status of ~~sterile syringe access~~ harm reduction
6 ¹~~programs established~~ services provided by entities authorized to
7 provide those services¹ pursuant to sections 3 and 4 ¹~~of~~ of¹
8 P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28), ~~as amended by~~
9 P.L.2016, c.36,~~]~~ and shall include in that report the data provided to
10 the ¹~~commissioner~~ department¹ by each ~~sterile syringe access~~
11 entity authorized to provide¹ harm reduction ¹~~program~~ services¹
12 pursuant to paragraph (11) of subsection b. of section 4 of
13 P.L.2006, c.99 (C.26:5C-28) ~~as amended by P.L.2016, c.36~~.

14 (2) For the purpose of each biennial report pursuant to
15 paragraph (1) of this subsection, the ¹~~commissioner~~ department¹
16 shall:

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

25 (b) ¹~~seek to obtain data from public safety and emergency~~
26 medical services providers Statewide regarding ~~determine the type~~
27 of data to be reported and shared, which may include the number of
28 consumers served, the number of syringes distributed, the number
29 of referrals made to social support services and healthcare
30 providers, overall crime statistics, and¹ the incidence and
31 ¹~~location~~ locations¹ of needle stick injuries ¹~~to their personnel~~
32 and include that information in the report¹.

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

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

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

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

4 (3) the number of consumers ¹【participating in the】 receiving¹
5 【sterile syringe access】 harm reduction ¹【programs】 services¹ and
6 an assessment of their reasons for ¹【participating in the programs】
7 accessing those services¹ ;

8 (4) the number of consumers ¹【in the】 receiving¹ 【sterile
9 syringe access】 harm reduction ¹【programs】 services¹ who
10 participated in substance use disorder treatment programs; and

11 (5) the number of consumers ¹【in the】 receiving¹ 【sterile
12 syringe access】 harm reduction ¹【programs】 services¹ who
13 benefited from counseling and referrals to programs and entities
14 that are relevant to their health, housing, social service, employment
15 and other needs.

16 d. (Deleted by amendment, P.L.2016, c.36)

17 (cf: P.L.2017, c.131, s.105)

18

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

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

28 b. Notwithstanding any provision of P.L.1968, c.410
29 ¹(C.52:14B-1 et seq.)¹ to the contrary, the commissioner 【shall】
30 ¹【may】 shall¹ adopt, immediately upon filing with the Office of
31 Administrative Law 【and no later than the 90th day after the
32 effective date of this act,】 ¹and no later than the 90th day after the
33 effective date of P.L.2006, c.99 (C.26:2C-25 et al.),¹ such
34 regulations as the commissioner deems necessary to implement the
35 provisions of 【sections 3 and 4 of P.L.2006, c.99 (C.26:5C-27 and
36 C.26:5C-28),】 ¹【this act】 sections 3 and 4 of P.L.2006, c.99
37 (C.26:5C-27 and C.26:5C-28),¹ which shall be effective 【until the
38 adoption of rules and regulations pursuant to subsection a. of this
39 section】 ¹【for a period not to exceed 180 days】 until the adoption
40 of rules and regulations pursuant to subsection a. of this section¹
41 and ¹【thereafter】¹ may be amended, adopted or readopted by the
42 commissioner in accordance with the requirements of P.L.1968,
43 c.410 ¹(C.52:14B-1 et seq.)¹ .

44 ¹c. Notwithstanding any provision of P.L.1968, c.410
45 (C.52:14B-1 et seq.) to the contrary, the commissioner may adopt,
46 immediately upon filing with the Office of Administrative Law,

1 such regulations as the commissioner deems necessary to
2 implement the provisions of P.L. , c. (C.) (pending before
3 the Legislature as this bill), which shall be effective for a period not
4 to exceed 180 days and thereafter may be amended, adopted or
5 readopted by the commissioner in accordance with the requirements
6 of P.L.1968, c.410 (C.52:14B-1 et seq.).¹
7 (cf: P.L.2006, c.99, s.7)

8
9 ¹7. There is appropriated from the General Fund to the
10 Department of Health the sum of \$5,000,000 for use by the
11 department in supporting harm reduction services provided pursuant
12 to this act. There is appropriated from the General Fund to the
13 Division of Mental Health and Addiction Services in the
14 Department of Human Services the sum of \$10,000,000 for
15 inpatient and outpatient substance use disorder treatment program
16 slots and outreach.¹

17
18 ¹[7.] 8.¹ This act shall take effect immediately.