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SYNOPSIS

Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously.

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on January 6, 2022, with amendments.

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

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

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

1. (New section) As used in P.L.2006, c.99 (C.26:5C-25 et al.):

"Authorized harm reduction [1][program] services[1] " means a [1]suite of[1] harm reduction [1][program] services,[1] approved by the [1][Commissioner] Department[1] of Health [1]and provided in a manner that is consistent with State and federal law, which services shall include, but shall not be limited to: syringe access, syringe disposal, referrals to health and social services, [2][overdose prevention] harm reduction[2] counseling and supplies [2]including, but not limited to, fentanyl test strips[2] , and HIV and hepatitis C testing[1] .

"Eligible entity" means a federally qualified health center, a public health agency, a substance abuse treatment program, an AIDS service organization, or another entity with the capacity to [1][implement a] provide[1] harm reduction [1][program] services[1] as determined by the Department of Health.

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

[2]"Harm reduction supplies" means any materials or equipment designed to identify or analyze the presence, strength, effectiveness, or purity of controlled dangerous substances or controlled substance analogs, including, but not limited to, fentanyl test strips; opioid antidotes and associated supplies; and any other materials or equipment that may be used to prevent, reduce or mitigate the harms of disease transmission, overdose, and other harms associated with personal drug use as are designated through rules prescribed by the Commissioners of Health or Human Services.[2]

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

2. The Legislature finds and declares that:

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

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:
[1]Assembly AHE committee amendments adopted November 15, 2021.
[2]Assembly AAP committee amendments adopted January 6, 2022.

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

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

d. [Sterile syringe access] Harm reduction [1][programs] services[1] have been proven effective in reducing the spread of HIV, hepatitis C, and other bloodborne pathogens, and in reducing overdoses and overdose deaths without increasing [1][drug abuse] rates of substance use[1] or [1]causing[1] other adverse social impacts;

e. Every scientific, medical, and professional agency or organization that has studied this issue, including the federal Centers for Disease Control and Prevention, the American Medical Association, the American Public Health Association, the National Academy of Sciences, the National Institutes of Health Consensus Panel, the American Academy of Pediatrics, and the United States Conference of Mayors, has found [sterile syringe access] harm reduction [1][programs] services[1] to be effective in reducing the transmission of HIV; [and]

f. [Sterile syringe access] Harm reduction programs are designed to prevent the spread of HIV, hepatitis C, and other bloodborne pathogens, [1]prevent overdoses and overdose deaths,[1] and to provide a bridge to [drug abuse] substance use disorder treatment [1], healthcare services,[1] and [1][other][1] social [1]support[1] services [1][for drug users] sought out by persons who use drugs intravenously[1] ; and it is in the public interest [2][to establish such programs] that such services be provided[2] in this State in accordance with statutory guidelines designed to ensure the safety of consumers who use these programs, the health care workers who operate them, and the members of the general public;

g. Despite the attention that substance use disorders and overdose deaths are receiving Statewide, the number of overdose deaths in New Jersey has [2][steadily risen. There was a 40 percent increase in overdose deaths in 2016. In 2018, there were roughly 3,000 overdose deaths in New Jersey and] remained unacceptably high, with 2,914 confirmed overdose deaths in 2019, and over[2] 70,000 overdose deaths nationwide;

h. The COVID-19 pandemic has increased the urgency of maintaining and expanding harm reduction services. Now more than ever, harm reduction expansion is critical. According to the federal Centers for Disease Control and Prevention's June 24-30, 2020 [2][mortality and morbidity weekly report] Morbidity and Mortality Weekly Report[2] , 13 percent of U.S. residents began substance use or increased substance use during the pandemic. New Jersey has already

started to see the consequences of the intersecting opioid and COVID-19 crises. ²[As of July 2020 there have been over 1,800 overdose deaths in 2020. If this trend continues, New Jersey will lose 3,144 individuals to overdose in 2020, which would] There were 3,046 suspected overdose deaths in 2020. If confirmed, this will² be New Jersey's highest drug-related fatality count in the past decade;

i. The opioid epidemic is part of a syndemic and is associated with increased rates of HIV and ²viral² hepatitis infection, as well as other social complexities;

j. New Jersey enacted the "Bloodborne Disease Harm Reduction Act" P.L.2006, c.99 (C.26:5C-25 et al.) in 2006 to allow for the establishment of sterile syringe access programs ²[, which are hereafter referred to as harm reduction programs. New Jersey now has] . There are currently² seven such programs operating throughout the State ², which shall hereafter be referred to as harm reduction services² ;

k. The federal Centers for Disease Control and Prevention describe harm reduction ¹[programs] services¹ as an effective component of a comprehensive and integrated approach to HIV prevention. Such ¹[programs offer clean needles] services include providing consumers with sterile syringes¹ ², fentanyl test strips² , resources for critical services such as HIV care, treatment, pre- and post-exposure prophylaxis services, screening for other sexually transmitted diseases, hepatitis C testing and treatment, hepatitis A and B vaccinations, and other medical, social, and mental health services. In addition ²[to providing ¹[clean needles] sterile syringes¹ and testing services, ¹[most]¹ programs ¹routinely¹ offer other services, ¹[such as] including¹] , harm reduction services inlude² education concerning safe injection practices, wound care, and overdose prevention;

l. The U.S. Department of Health and Human Services has stated that ¹[“]¹ there is conclusive scientific evidence that ¹[clean syringe programs] harm reduction services¹ , as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs ¹[”]¹ ;

m. Harm reduction ¹[programs] services¹ do not promote drug use and do not minimize the harm and danger associated with lawful and unlawful drug use. Individuals utilizing harm reduction ¹[programs] services¹ are often ill, in pain, ¹and¹ have experienced trauma ¹[, and are served] . Harm reduction services are offered to these individuals¹ by professionals who ¹[offer services] treat the individuals¹ with compassion and ¹who provide these necessary services¹ without judgment;

n. There is evidence demonstrating that crime does not increase in areas ¹[surrounding] in which¹ harm reduction ¹[programs] services locations are situated¹ ;

o. Harm reduction ¹[programs] services¹ do not interfere with substance use disorder treatment efforts. The ¹[programs] services¹ provide a bridge to substance use disorder treatment and other social services ¹for individuals with substance use disorders¹ ;

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

q. Research shows that the provision of ¹[clean] sterile¹ syringes is associated with an estimated 50 percent reduction in the incidence of HIV and hepatitis C, a greater likelihood that individuals will seek treatment, and decreased overdose rates; and

r. ¹[Harm] Entities offering harm¹ reduction ¹[programs] services¹ in New Jersey provide ¹[clean] sterile¹ syringes and operate under a philosophy of harm reduction, which honors the dignity of those who use drugs or are living with a substance use disorder, reduces the negative consequences of injection drug use, and provides a stigma-free environment for people who use drugs by providing the care they desire and need.

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

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

3. The ¹[Commissioner] Department¹ of Health shall ¹[establish a program to]¹ permit [a municipality to operate a sterile syringe access program] the establishment and operation of harm reduction ¹[programs] services¹ in accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et ¹[seq.] al.¹) [, as amended by P.L.2016, c.36] . The ¹[commissioner] department¹ shall prescribe by regulation requirements for [a municipality to establish, or otherwise authorize the operation within that municipality of, a sterile syringe access program] the establishment and operation of harm reduction ¹[programs] services¹ to provide [for the exchange of] hypodermic syringes and needles in accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et ¹[seq.] al.¹) ²[, and consistent with the rules adopted at N.J.A.C.8:63-1.1 et seq., effective April 9, 2007]² .

a. The ¹[commissioner] department¹ shall:

(1) ²[request] permit² ¹[an application] a registration form¹ , to be submitted ¹[on a form and]¹ in a manner ¹[to be]¹ prescribed by the ¹[commissioner] department¹ , from any [municipality] entity that seeks to ¹[establish or operate a] provide¹ [sterile syringe access]

harm reduction [1][program] services in New Jersey[1] [, or from other entities authorized to operate a sterile syringe access program within that municipality as provided in paragraph (2) of subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as amended by P.L.2016, c.36] [2], which shall be a prerequisite to so doing[2] ;

(2) approve [2]or deny[2] [1][those applications] [2][any] a[2] registration request[1] [2][that [1][meet] meets[1]] based upon[2] the requirements established by regulation of the [1][commissioner] department[1] [and contract with the municipalities or entities whose applications are approved to establish a sterile syringe access program as provided in paragraph (2) of subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as amended by P.L.2016, c.36, to operate a sterile syringe access program in any municipality in which the governing body has authorized the operation of sterile syringe access program within that municipality by ordinance];

(3) support and facilitate, to the maximum extent practicable, the linkage of [sterile syringe access] harm reduction [1][programs] services[1] to: (a) health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted [1][drug][1] treatment services, and other substance [1][abuse] use disorder[1] treatment services to consumers [1][participating in a] receiving[1] [sterile syringe access] harm reduction [1][program] services[1] ; and (b) housing assistance programs, career and employment-related counseling programs, and education counseling programs that may provide appropriate ancillary support services to consumers [1][participating in a] receiving[1] [sterile syringe access] harm reduction [1][program] services[1] ;

(4) provide for the adoption of a uniform [identification] membership card or other uniform Statewide means of identification for consumers, staff, and volunteers of [1][a][1] [sterile syringe access] [1]entities offering[1] [2]authorized[2] harm reduction [1][program] services[1] pursuant to paragraph (9) of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) [, as amended by P.L.2016, c.36]; and

(5) maintain a record of [2][the] de-identified statistical aggregate[2] data reported to the [1][commissioner] department[1] by [sterile syringe access] [1]entities offering[1] [2]authorized[2] harm reduction [1][programs] services[1] pursuant to paragraph (11) of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) [, as amended by P.L.2016, c.36].

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

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

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

4. a. In accordance with the provisions of section 3 of P.L.2006, c.99 (C.26:5C-27), an eligible entity may be approved by the [1]**[**Commissioner of Health**]** department[1] to **[**a municipality may**]** [1]**[**establish**]**[1] **[**or authorize establishment of**]** [1]**[**a**]**[1] **[**sterile syringe access**]** [1]provide[1] [2]authorized[2] harm reduction [1]**[**program**]** services[1] **[**that is approved by the commissioner to provide for the exchange of hypodermic syringes and needles**]** [2]in this State[2] .

(1) **[**A municipality that establishes a sterile syringe access program,**]** An [1]entity[1] authorized [1]to provide[1] harm reduction [1]**[**program**]** services[1] may [1]**[**operate the program**]** provide the services[1] at a fixed location or through a mobile access component, and may operate the program directly or contract with one or more of the following entities to operate the program: a hospital or other health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a federally qualified health center, a public health agency, a substance abuse treatment program, an AIDS service organization, or another nonprofit entity designated by the **[**municipality**]** [1]**[**commissioner**]** department[1] . **[**These entities shall also be authorized to contract directly with the commissioner in any municipality in which the governing body has authorized the operation of sterile syringe access programs by ordinance pursuant to paragraph (2) of this subsection. The municipality or entity under contract shall implement the sterile syringe access program in consultation with a federally qualified health center and the New Jersey Office on Minority and Multicultural Health in the Department of Health, and**]** An [1]entity[1] authorized [1]to provide[1] harm reduction [1]**[**program**]** services[1] shall be managed in [2]**[**consultation**]** accordance[2] with [2]standards or guidance issued by[2] the Division of HIV, STD, and TB Services in the Department of Health [2]and[2] in a [1]**[**culturally competent**]**[1] manner [1]that is consistent with national best practices for the provision of harm reduction services[1] [2]and all applicable State laws and regulations that are not otherwise to the contrary[2] .

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

(3) **[**Two or more municipalities may jointly establish or authorize establishment of a sterile syringe access program that operates within those municipalities pursuant to adoption of an ordinance by each

participating municipality pursuant to this section.] (deleted by amendment, P.L. , c.) (pending before the Legislature as this bill)

[2](4) To the extent permitted under federal law, and subject to the requirements of federal law, notwithstanding any provision of State law to the contrary, an authorized entity may deliver harm reduction services or other related supplies, as determined by the commissioner, to consumers via postal mail or other delivery service.[2]

b. [1][A] An entity authorized to provide[1] [sterile syringe access] harm reduction [1][program] services[1] shall comply with the following requirements:

(1) Sterile syringes and needles shall be provided at no cost to consumers 18 years of age and older [1], provided that the department may authorize sterile syringes and needles to be provided at no cost to consumers under 18 years of age in limited circumstances, at the department's discretion[1] ;

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

(3) [1][The program] Entities authorized to provide harm reduction services[1] shall offer information about HIV, hepatitis C and other bloodborne pathogens and [1][prevention materials] information concerning the safe use of drugs by intravenous injection[1] at no cost to consumers, and shall seek to educate all consumers about safe and proper disposal of needles and syringes;

(4) [1][The program] Entities authorized to provide harm reduction services[1] shall provide information and referrals to consumers, including HIV, hepatitis C, and sexually transmitted infection testing options, access to medication-assisted substance use disorder treatment programs and other substance use disorder treatment programs, and available health and social service options relevant to the [1][consumer's][1] needs [1]of consumers[1] . The [1][program] entity[1] shall encourage consumers to receive [an] HIV [test, and shall, when appropriate, develop an individualized substance use disorder treatment plan for each participating consumer] , hepatitis C, and sexually transmitted infection tests;

(5) [1][The program] Except as may otherwise be authorized by the department pursuant to paragraph (1) of this subsection, entities

authorized to provide harm reduction services[1] shall screen out consumers under 18 years of age from access to syringes and needles, and shall refer them to substance use disorder treatment and other appropriate programs for youth;

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

(7) (a) [1][The program] Entities authorized to provide harm reduction services[1] may obtain [2][a standing order, pursuant to the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et [1][seq.] al.[1]), authorizing [1][program][1] staff [1]of the entity[1] to carry][2] and [2][dispense] distribute[2] naloxone hydrochloride or another opioid antidote to consumers [2][and] ,[2] [1][the] to[1] family members and friends [1][thereof] of consumers[1] [2], and to any member of the general public, in accordance with the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.) and P.L.2021, c.152[2] ;

(b) [1][The program] Entities authorized to provide harm reduction services[1] shall provide overdose prevention information to consumers [1][, the] and to[1] family members and friends [1][thereof] of consumers[1] , and [1]to[1] [2][other persons associated [1][therewith] with consumers and their family members and friends[1] , as appropriate] members of the general public[2] , in accordance with the provisions of section 5 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-5);

(8) [1][The program] Entities authorized to provide harm reduction services[1] shall maintain the confidentiality [1]and security[1] of [1]information about[1] consumers [1][by the use of confidential identifiers, which shall consist of the first two letters of the first name of the consumer's mother and the two-digit day of birth and two-digit year of birth of the consumer, or by the use of such other uniform Statewide mechanism as may be approved by the commissioner for this purpose] receiving harm reduction services through appropriate administrative, technical, and physical controls and safeguards that protect the confidentiality, integrity, and availability of individually identifiable information about consumers[1] ;

(9) [1][The program] Entities authorized to provide harm reduction services[1] shall provide a uniform [identification] membership card that has been approved by the [1][commissioner] department[1] to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or shall provide for such other uniform Statewide means of identification as may be approved by the [1][commissioner] department[1] for this purpose;

(10) [1]**[**The program**]** Entities authorized to provide harm reduction services[1] shall provide consumers at the time of enrollment with a schedule of [1]**[**program**]** the entity's[1] operation hours and locations, in addition to information about prevention and harm reduction and substance use disorder treatment services; and

(11) [1]**[**The program**]** Entities authorized to provide harm reduction services[1] shall establish and implement accurate data collection methods and procedures as required by the [1]**[**commissioner**]** department[1] for the purpose of evaluating the **[**sterile syringe access**]** [1]provision of[1] harm reduction [1]**[**programs, including the monitoring and evaluation on a quarterly basis of:**]** services.[1]

(a) **[**sterile syringe access**]** [1]**[**harm reduction program participation rates**]**[1] **[**, including the number of consumers who enter substance use disorder treatment programs and the status of their treatment**]** [1]**[**and referrals made to substance use disorder treatment programs;**]** (deleted by amendment, P.L. , c.) (pending before the Legislature as this bill)[1]

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

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

c. **[**A municipality may terminate a sterile syringe access program established or authorized pursuant to this act, which is operating within that municipality, if its governing body approves such an action by ordinance, in which case the municipality shall notify the commissioner of its action in a manner prescribed by regulation of the commissioner.**]** The [1]**[**commissioner**]** department[1] shall have sole authority to terminate [1]**[**a**]** authorization for an entity to provide[1] harm reduction [1]**[**program authorized or established by the commissioner**]** services that was approved by the department,[1] without the need for application or approval by the host municipality. [2]**[**Prior to [1]**[**establishing a**]** authorizing an entity to provide[1] harm reduction [1]**[**program**]** services[1] in a municipality, the [1]**[**commissioner**]** department[1] shall 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 [1]provision of[1] harm reduction [1]**[**program**]** services[1] , including information on the

expected benefits from the [1]⟦establishment of a⟧ provision of[1] harm reduction [1]⟦program⟧ services in the municipality[1] . The [1]⟦commissioner⟧ department[1] shall maintain direct and open communication with the municipality prior to and during the [1]⟦establishment⟧ process[1] of [1]⟦a⟧ initiating the provision of[1] harm reduction [1]⟦program⟧ services[1] in the municipality and shall promptly respond to concerns and other issues raised by the municipality.⟧

d. The provisions of P.L.2006, c.99 (C.26:5C-25 et al.) shall not be construed as preempting the powers and the authority granted to municipalities under the "Municipal Land Use Law," P.L.1975, c.291 (C.40:55D-1 et seq.), nor as requiring a determination that the provision of harm reduction services is an inherently beneficial use thereunder.[2]

(cf: [2]⟦P.L.2017, c.131, s.104⟧ P.L.2021, c.152, s.9[2])

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

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

(2) For the purpose of each biennial report pursuant to paragraph (1) of this subsection, the [1]⟦commissioner⟧ department[1] shall:

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

(b) [1]⟦seek to obtain data from public safety and emergency medical services providers Statewide regarding⟧ determine the type of data to be reported and shared, which may include the number of consumers served, the number of syringes distributed, the number of referrals made to social support services and healthcare

providers, overall crime statistics, and[1] the incidence and [1]**[**location**]** locations[1] of needle stick injuries [1]**[**to their personnel and include that information in the report**]**[1] .

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

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

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

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

(3) the number of consumers [1]**[**participating in the**]** receiving[1] **[**sterile syringe access**]** harm reduction [1]**[**programs**]** services[1] and an assessment of their reasons for [1]**[**participating in the programs**]** accessing those services[1] ;

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

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

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

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

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

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

b. Notwithstanding any provision of P.L.1968, c.410 [1](C.52:14B-1 et seq.)[1] to the contrary, the commissioner **[**shall**]** [1]**[**may**]** shall[1] adopt, immediately upon filing with the Office of Administrative Law **[**and no later than the 90th day after the

effective date of this act,**]** **[1]**and no later than the 90th day after the effective date of P.L.2006, c.99 (C.26:2C-25 et al.),**[1]** such regulations as the commissioner deems necessary to implement the provisions of **[**sections 3 and 4 of P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28),**]** **[1]****[**this act**]** sections 3 and 4 of P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28),**[1]** which shall be effective **[**until the adoption of rules and regulations pursuant to subsection a. of this section**]** **[1]****[**for a period not to exceed 180 days**]** until the adoption of rules and regulations pursuant to subsection a. of this section**[1]** and **[1]****[**thereafter**]****[1]** may be amended, adopted or readopted by the commissioner in accordance with the requirements of P.L.1968, c.410 **[1]**(C.52:14B-1 et seq.)**[1]** .

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

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

[2]**[[1]**7. There is appropriated from the General Fund to the Department of Health the sum of $5,000,000 for use by the department in supporting harm reduction services provided pursuant to this act. There is appropriated from the General Fund to the Division of Mental Health and Addiction Services in the Department of Human Services the sum of $10,000,000 for inpatient and outpatient substance use disorder treatment program slots and outreach.**[1]****]****[2]**

[1]**[**7.**]****[2]****[** 8.**[1]****]** 7.**[2]** This act shall take effect immediately.