

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 4847

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 6, 2022

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 4847 (1R).

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

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

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

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

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

The bill provides that harm reduction services are to be managed in accordance with standards or guidance issued by the Division of HIV, STD, and TB Services in the DOH and in a manner that is consistent with national best practices for the provision of harm reduction services and all applicable State laws and regulations that are not otherwise to the contrary.

As amended, to the extent permitted under federal law and subject to the requirements of federal law, an authorized entity may deliver harm reduction services or other related supplies to consumers via postal mail or other delivery services.

As amended, the provisions of the bill are not to 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.

COMMITTEE AMENDMENTS:

The committee amendments clarify that the definition of “authorized harm reduction services” will include services that provide harm reduction counseling and supplies, including but not limited to, fentanyl test strips, as opposed to “overdose prevention” counseling and supplies.

The committee amendments add a definition for the term “harm reductions supplies.”

The committee amendments revise the findings and declarations section of the original 2006 “Bloodborne Disease Prevention Act” to reflect more current and accurate data and information.

The committee amendments remove a reference to the regulations concerning the previous sterile syringe access program.

The committee amendments clarify that the Department of Health (DOH) will permit an entity seeking to provide harm reduction services in New Jersey to register with the DOH, as opposed to requesting that an entity register with the DOH.

The committee amendments clarify that the DOH will have the authority to approve or deny a registration request based upon the requirements established by regulation of the DOH.

The committee amendments clarify that the records of data reported to the DOH by entities offering authorized harm reduction services are to be maintained in a de-identified statistical aggregate format.

The committee amendments clarify that an entity authorized to provide harm reduction services will be managed in accordance with standards or guidance issued by the Division of HIV, STD, and TB Services in the DOH, as opposed to in consultation with that division, and in a manner that is consistent with national best practices for the provision of harm reduction services and all applicable State laws and regulations that are not otherwise to the contrary.

The committee amendments provide that, to the extent permitted under federal law and subject to the requirements of federal law, the DOH may permit an authorized entity to deliver harm reduction services or other related supplies, as determined by the commissioner, to consumers via postal mail or other delivery service.

The committee amendments remove language that requires the DOH to meet with the municipality's mayor and council to present plans for the provision of harm reduction services prior to authorizing those services, to maintain direct and open communication with the municipality prior to and during the initiation of harm reduction services in the municipality, and to respond to concerns and other issues raised by the municipality. The committee amendments instead provide that the provisions of the bill are not to 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.

The committee amendments remove the bill's appropriation of \$5 million from the General Fund to the DOH to support harm reduction services and appropriation of \$10 million from the General Fund to the Division of Mental Health and Addiction Services in the Department of Human Services for inpatient and outpatient substance use disorder treatment program slots and outreach.

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

The committee amendments make various technical changes updating statutory language that had been amended by recently enacted legislation, concerning syntax, and harmonizing terminology throughout the bill.

FISCAL IMPACT:

Fiscal information for this bill is currently unavailable.