

P.L. 2021, CHAPTER 396, *approved January 18, 2022*
Senate, No. 3009 (*Second Reprint*)

1 AN ACT concerning harm reduction ¹**[programs and]** services
2 ²**[, ¹] and²** supplementing and amending P.L.2006, c.99 ²**[¹, and**
3 making an appropriation¹]².
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 al.):
9 “Authorized harm reduction ¹**[program]** services¹ ” means a
10 ¹suite of¹ harm reduction ¹**[program]** services,¹ approved by the
11 ¹**[Commissioner]** Department¹ of Health ¹and provided in a manner
12 that is consistent with State and federal law, which services shall
13 include, but shall not be limited to: syringe access, syringe
14 disposal, referrals to health and social services, ²**[overdose**
15 prevention]² harm reduction² counseling and supplies ²including,
16 but not limited to, fentanyl test strips² , and HIV and hepatitis C
17 testing¹ .
18 “Eligible entity” means a federally qualified health center, a
19 public health agency, a substance abuse treatment program, an
20 AIDS service organization, or another entity with the capacity to
21 ¹**[implement a] provide¹** harm reduction ¹**[program]** services¹ as
22 determined by the Department of Health.
23 ¹**[“Harm reduction program”** means a program with the primary
24 purpose of providing sterile syringe access to intravenous drug
25 users, which additionally provides services including disposing of
26 syringes and referring and linking intravenous drug users to HIV
27 and viral hepatitis prevention services, substance use disorder
28 treatment, medical and mental health care, and other health care
29 services that are essential to addressing the health and well-being of
30 individuals who use intravenous drugs in a manner that is consistent
31 with State and federal law.¹
32 ²**[“Harm reduction supplies”** means any materials or equipment
33 designed to identify or analyze the presence, strength, effectiveness,

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:
¹Senate SHH committee amendments adopted March 9, 2021.
²Senate SBA committee amendments adopted January 6, 2022.

1 or purity of controlled dangerous substances or controlled substance
2 analogs, including, but not limited to, fentanyl test strips; opioid
3 antidotes and associated supplies; and any other materials or
4 equipment that may be used to prevent, reduce or mitigate the
5 harms of disease transmission, overdose, and other harms associated
6 with personal drug use as are designated through rules prescribed
7 by the Commissioners of Health or Human Services.²

8
9 2. Section 2 of P.L.2006, c.99 (C.26:5C-26) is amended to read
10 as follows:

11 2. The Legislature finds and declares that:

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

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

17 c. More than a million people in the United States ~~【are~~
18 ~~frequent intravenous drug users】~~ use drugs at a cost to society in
19 health care, lost productivity, accidents, and crime of more than \$50
20 billion annually;

21 d. ~~【Sterile syringe access】~~ Harm reduction ¹~~【programs】~~
22 ~~services~~¹ have been proven effective in reducing the spread of HIV,
23 hepatitis C, and other bloodborne pathogens, and in reducing
24 overdoses and overdose deaths without increasing ¹~~【drug abuse】~~
25 rates of substance use¹ or ¹causing¹ other adverse social impacts;

26 e. Every scientific, medical, and professional agency or
27 organization that has studied this issue, including the federal
28 Centers for Disease Control and Prevention, the American Medical
29 Association, the American Public Health Association, the National
30 Academy of Sciences, the National Institutes of Health Consensus
31 Panel, the American Academy of Pediatrics, and the United States
32 Conference of Mayors, has found ~~【sterile syringe access】~~ harm
33 reduction ¹~~【programs】~~ services¹ to be effective in reducing the
34 transmission of HIV; ~~【and】~~

35 f. ~~【Sterile syringe access】~~ Harm reduction programs are
36 designed to prevent the spread of HIV, hepatitis C, and other
37 bloodborne pathogens, ¹prevent overdoses and overdose deaths,¹
38 and to provide a bridge to ~~【drug abuse】~~ substance use disorder
39 treatment ¹, healthcare services,¹ and ¹~~【other】~~¹ social ¹support¹
40 services ¹~~【for drug users】~~ sought out by persons who use drugs
41 intravenously¹; and it is in the public interest ²~~【to establish such~~
42 ~~programs】~~ that such services be provided² in this State in
43 accordance with statutory guidelines designed to ensure the safety
44 of consumers who use these programs, the health care workers who
45 operate them, and the members of the general public;

46 g. Despite the attention that substance use disorders and
47 overdose deaths are receiving Statewide, the number of overdose

1 deaths in New Jersey has ²steadily risen. There was a 40 percent
2 increase in overdose deaths in 2016. In 2018, there were roughly
3 3,000 overdose deaths in New Jersey and ¹remained unacceptably
4 high, with 2,914 confirmed overdose deaths in 2019, and over²
5 70,000 overdose deaths nationwide;

6 h. The COVID-19 pandemic has increased the urgency of
7 maintaining and expanding harm reduction services. Now more
8 than ever, harm reduction expansion is critical. According to the
9 federal Centers for Disease Control and Prevention's June 24-30,
10 2020 ²mortality and morbidity weekly report ¹Morbidity and
11 Mortality Weekly Report², 13 percent of U.S. residents began
12 substance use or increased substance use during the pandemic.
13 New Jersey has already started to see the consequences of the
14 intersecting opioid and COVID-19 crises. ²As of July 2020 there
15 have been over 1,800 overdose deaths in 2020. If this trend
16 continues, New Jersey will lose 3,144 individuals to overdose in
17 2020, which would ¹There were 3,046 suspected overdose deaths in
18 2020. If confirmed, this will² be New Jersey's highest drug-related
19 fatality count in the past decade;

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

23 j. New Jersey enacted the "Bloodborne Disease Harm
24 Reduction Act" P.L.2006, c.99 (C.26:5C-25 et al.) in 2006 to allow
25 for the establishment of sterile syringe access programs ², which
26 are hereafter referred to as harm reduction programs. New Jersey
27 now has ¹. There are currently² seven such programs operating
28 throughout the State ², which shall hereafter be referred to as harm
29 reduction services² ;

30 k. The federal Centers for Disease Control and Prevention
31 describe harm reduction ¹programs ¹services ¹as an effective
32 component of a comprehensive and integrated approach to HIV
33 prevention. Such ¹programs offer clean needles ¹services include
34 providing consumers with sterile syringes ¹ ², fentanyl test strips²,
35 resources for critical services such as HIV care, treatment, pre- and
36 post-exposure prophylaxis services, screening for other sexually
37 transmitted diseases, hepatitis C testing and treatment, hepatitis A
38 and B vaccinations, and other medical, social, and mental health
39 services. In addition ²to providing ¹clean needles ¹sterile
40 syringes¹ and testing services, ¹most¹ programs ¹routinely¹ offer
41 other services, ¹such as ¹including¹ , harm reduction services
42 include² education concerning safe injection practices, wound care,
43 and overdose prevention;

44 l. The U.S. Department of Health and Human Services has
45 stated that ¹"¹there is conclusive scientific evidence that ¹clean
46 syringe programs ¹harm reduction services¹ , as part of a

1 comprehensive HIV prevention strategy, are an effective public
 2 health intervention that reduces the transmission of HIV and does
 3 not encourage the use of illegal drugs ‘[”]’ ;

4 m. Harm reduction ‘[programs] services’ do not promote drug
 5 use and do not minimize the harm and danger associated with
 6 lawful and unlawful drug use. Individuals utilizing harm reduction
 7 ‘[programs] services’ are often ill, in pain, ‘and’ have experienced
 8 trauma ‘[, and are served] . Harm reduction services are offered to
 9 these individuals’ by professionals who ‘[offer services] treat the
 10 individuals’ with compassion and ‘who provide these necessary
 11 services’ without judgment;

12 n. There is evidence demonstrating that crime does not increase
 13 in areas ‘[surrounding] in which’ harm reduction ‘[programs]
 14 services locations are situated’ ;

15 o. Harm reduction ‘[programs] services’ do not interfere with
 16 substance use disorder treatment efforts. The ‘[programs]
 17 services’ provide a bridge to substance use disorder treatment and
 18 other social services ‘for individuals with substance use disorders’ ;

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

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

29 r. ‘[Harm] Entities offering harm’ reduction ‘[programs]
 30 services’ in New Jersey provide ‘[clean] sterile’ syringes and
 31 operate under a philosophy of harm reduction, which honors the
 32 dignity of those who use drugs or are living with a substance use
 33 disorder, reduces the negative consequences of injection drug use,
 34 and provides a stigma-free environment for people who use drugs
 35 by providing the care they desire and need.

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

37
 38 3. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read
 39 as follows:

40 3. The ‘[Commissioner] Department’ of Health shall
 41 ‘[establish a program to]’ permit [a municipality to operate a
 42 sterile syringe access program] the establishment and operation of
 43 harm reduction ‘[programs] services’ in accordance with the
 44 provisions of P.L.2006, c.99 (C.26:5C-25 et ‘[seq.] al.’) [, as
 45 amended by P.L.2016, c.36] . The ‘[commissioner] department’
 46 shall prescribe by regulation requirements for [a municipality to

1 establish, or otherwise authorize the operation within that
2 municipality of, a sterile syringe access program] the establishment
3 and operation of harm reduction ¹[programs] services¹ to provide
4 [for the exchange of] hypodermic syringes and needles in
5 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et
6 ¹[seq.] al.¹) ²[, and consistent with the rules adopted at
7 N.J.A.C.8:63-1.1 et seq., effective April 9, 2007]² .

8 a. The ¹[commissioner] department¹ shall:

9 (1) ²[request] permit² ¹[an application] a registration form¹ , to
10 be submitted ¹[on a form and]¹ in a manner ¹[to be]¹ prescribed by
11 the ¹[commissioner] department¹ , from any [municipality] entity
12 that seeks to ¹[establish or operate a] provide¹ [sterile syringe
13 access] harm reduction ¹[program] services in New Jersey¹ [, or
14 from other entities authorized to operate a sterile syringe access
15 program within that municipality as provided in paragraph (2) of
16 subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as
17 amended by P.L.2016, c.36] ² , which shall be a prerequisite to so
18 doing² ;

19 (2) approve ²or deny² ¹[those applications] ²[any] a²
20 registration request¹ ²[that ¹[meet] meets¹] based upon² the
21 requirements established by regulation of the ¹[commissioner]
22 department¹ [and contract with the municipalities or entities whose
23 applications are approved to establish a sterile syringe access
24 program as provided in paragraph (2) of subsection a. of section 4
25 of P.L.2006, c.99 (C.26:5C-28), as amended by P.L.2016, c.36, to
26 operate a sterile syringe access program in any municipality in
27 which the governing body has authorized the operation of sterile
28 syringe access program within that municipality by ordinance];

29 (3) support and facilitate, to the maximum extent practicable,
30 the linkage of [sterile syringe access] harm reduction ¹[programs]
31 services¹ to: (a) health care facilities and programs that may
32 provide appropriate health care services, including mental health
33 services, medication-assisted ¹[drug]¹ treatment services, and other
34 substance ¹[abuse] use disorder¹ treatment services to consumers
35 ¹[participating in a] receiving¹ [sterile syringe access] harm
36 reduction ¹[program] services¹ ; and (b) housing assistance
37 programs, career and employment-related counseling programs, and
38 education counseling programs that may provide appropriate
39 ancillary support services to consumers ¹[participating in a]
40 receiving¹ [sterile syringe access] harm reduction ¹[program]
41 services¹ ;

42 (4) provide for the adoption of a uniform [identification]
43 membership card or other uniform Statewide means of
44 identification for consumers, staff, and volunteers of ¹[a]¹ [sterile
45 syringe access] ¹entities offering¹ ²authorized² harm reduction

1 '[program] services' pursuant to paragraph (9) of subsection b. of
 2 section 4 of P.L.2006, c.99 (C.26:5C-28) **],** as amended by
 3 P.L.2016, c.36**];** and

4 (5) maintain a record of ²**[the]** de-identified statistical
 5 aggregate² data reported to the ¹**[commissioner]** department¹ by
 6 **[sterile syringe access]** 'entities offering' ²authorized² harm
 7 reduction ¹**[programs]** services' pursuant to paragraph (11) of
 8 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) **],** as
 9 amended by P.L.2016, c.36**].**

10 b. The ¹**[commissioner]** department¹ shall be authorized to
 11 accept funding as may be made available from the private sector to
 12 effectuate the purposes of P.L.2006, c.99 (C.26:5C-
 13 25 et ¹**[seq.]** al.¹) **],** as amended by P.L.2016, c.36**].**
 14 (cf: P.L.2016, c.36, s.2)

15
 16 4. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read
 17 as follows:

18 4. a. In accordance with the provisions of section 3 of
 19 P.L.2006, c.99 (C.26:5C-27), an eligible entity may be approved by
 20 the ¹**[Commissioner of Health]** department¹ to **[a municipality**
 21 **may]** ¹**[establish]** **[or authorize establishment of]** ¹**[a]** ¹**[sterile**
 22 **syringe access]** ¹provide¹ ²authorized² harm reduction ¹**[program]**
 23 services' **[that is approved by the commissioner to provide for the**
 24 **exchange of hypodermic syringes and needles]** ²in this State².

25 (1) **[A municipality that establishes a sterile syringe access**
 26 **program,]** An ¹entity¹ authorized ¹to provide¹ harm reduction
 27 ¹**[program]** services' may ¹**[operate the program]** provide the
 28 services' at a fixed location or through a mobile access component,
 29 and may operate the program directly or contract with one or more
 30 of the following entities to operate the program: a hospital or other
 31 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
 32 et seq.), a federally qualified health center, a public health agency, a
 33 substance abuse treatment program, an AIDS service organization,
 34 or another nonprofit entity designated by the **[municipality]**
 35 ¹**[commissioner]** department¹. **[These entities shall also be**
 36 **authorized to contract directly with the commissioner in any**
 37 **municipality in which the governing body has authorized the**
 38 **operation of sterile syringe access programs by ordinance pursuant**
 39 **to paragraph (2) of this subsection. The municipality or entity**
 40 **under contract shall implement the sterile syringe access program in**
 41 **consultation with a federally qualified health center and the New**
 42 **Jersey Office on Minority and Multicultural Health in the**
 43 **Department of Health, and]** An ¹entity¹ authorized ¹to provide¹
 44 harm reduction ¹**[program]** services' shall be managed in
 45 ²**[consultation]** accordance² with ²standards or guidance issued by²
 46 the Division of HIV, STD, and TB Services in the Department of

1 Health ²and² in a ¹**【culturally competent】**¹ manner ¹that is
 2 consistent with national best practices for the provision of harm
 3 reduction services¹ ²and all applicable State laws and regulations
 4 that are not otherwise to the contrary² .

5 (2) **【Pursuant to paragraph (2) of subsection a. of section 3 of**
 6 **P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body**
 7 **has authorized the operation of sterile syringe access programs**
 8 **within the municipality may require within the authorizing**
 9 **ordinance that an entity as described in paragraph (1) of this**
 10 **subsection obtain approval from the municipality, in a manner**
 11 **prescribed by the authorizing ordinance, to operate a sterile syringe**
 12 **access program prior to obtaining approval from the commissioner**
 13 **to operate such a program, or may permit the entity to obtain**
 14 **approval to operate such a program by application directly to the**
 15 **commissioner without obtaining prior approval from the**
 16 **municipality.】** (deleted by amendment, P.L.2021, c.396) (pending
 17 before the Legislature as this bill)

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

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

30 b. ¹**【A】** An entity authorized to provide¹ **【sterile syringe**
 31 **access】** harm reduction ¹**【program】** services¹ 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 ¹, provided that the department
 35 may authorize sterile syringes and needles to be provided at no cost
 36 to consumers under 18 years of age in limited circumstances, at the
 37 department's discretion¹ ;

38 (2) **【Program staff shall be trained and regularly supervised in】**
 39 An ¹entity¹ authorized ¹to provide¹ harm reduction ¹**【program】**
 40 services¹ shall be responsible for training program staff in the
 41 following subjects: harm reduction; substance use disorder¹ **【,】** ;
 42 medical and social service referrals; **【and】** infection control
 43 procedures, including universal precautions and needle stick injury
 44 protocol; and **【programs】** other subjects as determined by the
 45 entity¹ authorized ¹to provide¹ harm reduction ¹**【program】**
 46 services¹ and the ¹**【Department of Health】** department¹ .

1 **1[Programs]** Entities authorized to provide harm reduction
 2 services¹ shall maintain records of staff and volunteer training
 3 **1[and of hepatitis C and tuberculosis screening provided to**
 4 **volunteers and staff]**¹ ;

5 (3) **1[The program]** Entities authorized to provide harm
 6 reduction services¹ shall offer information about HIV, hepatitis C
 7 and other bloodborne pathogens and **1[prevention materials]**
 8 **information concerning the safe use of drugs by intravenous**
 9 **injection**¹ at no cost to consumers, and shall seek to educate all
 10 consumers about safe and proper disposal of needles and syringes;

11 (4) **1[The program]** Entities authorized to provide harm
 12 reduction services¹ shall provide information and referrals to
 13 consumers, including HIV, hepatitis C, and sexually transmitted
 14 infection testing options, access to medication-assisted substance
 15 use disorder treatment programs and other substance use disorder
 16 treatment programs, and available health and social service options
 17 relevant to the **1[consumer's]**¹ needs **1[of consumers]**¹ . The
 18 **1[program] entity**¹ shall encourage consumers to receive **[an]** HIV
 19 **[test, and shall, when appropriate, develop an individualized**
 20 **substance use disorder treatment plan for each participating**
 21 **consumer]** , hepatitis C, and sexually transmitted infection tests;

22 (5) **1[The program]** Except as may otherwise be authorized by
 23 the department pursuant to paragraph (1) of this subsection, entities
 24 authorized to provide harm reduction services¹ shall screen out
 25 consumers under 18 years of age from access to syringes and
 26 needles, and shall refer them to substance use disorder treatment
 27 and other appropriate programs for youth;

28 (6) **1[The program]** Entities authorized to provide harm
 29 reduction services¹ shall develop a plan for the handling and
 30 disposal of used syringes and needles in accordance with
 31 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
 32 medical waste disposal pursuant to the "Comprehensive Regulated
 33 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
 34 al.), and shall also develop and maintain protocols for post-
 35 exposure treatment;

36 (7) (a) **1[The program]** Entities authorized to provide harm
 37 reduction services¹ may obtain ²**[a standing order, pursuant to the**
 38 **"Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et 1[seq.]**
 39 **al.]**¹), authorizing **1[program]**¹ staff **1[of the entity]**¹ to carry² and
 40 ²**[dispense]** **distribute**² naloxone hydrochloride or another opioid
 41 antidote to consumers ²**[and]** ²**1[the]** **to**¹ family members and
 42 friends **1[thereof]** **of consumers**¹ ², and to any member of the
 43 general public, in accordance with the "Overdose Prevention Act,"
 44 P.L.2013, c.46 (C.24:6J-1 et al.) and P.L.2021, c.152² ;

45 (b) **1[The program]** Entities authorized to provide harm
 46 reduction services¹ shall provide overdose prevention information

1 to consumers ¹ **["the"]** and to¹ family members and friends
 2 ¹ **["thereof"]** of consumers¹ , and ¹ **to**² **["other persons associated**
 3 ¹ **["therewith"]** with consumers and their family members and friends¹
 4 , as appropriate **"]** members of the general public² , in accordance
 5 with the provisions of section 5 of the "Overdose Prevention Act,"
 6 P.L.2013, c.46 (C.24:6J-5);

7 (8) ¹ **["The program"]** Entities authorized to provide harm
 8 reduction services¹ shall maintain the confidentiality ¹ **and security**¹
 9 of ¹ **information about**¹ consumers ¹ **["by the use of confidential**
 10 **identifiers, which shall consist of the first two letters of the first**
 11 **name of the consumer's mother and the two-digit day of birth and**
 12 **two-digit year of birth of the consumer, or by the use of such other**
 13 **uniform Statewide mechanism as may be approved by the**
 14 **commissioner for this purpose"]** receiving harm reduction services
 15 through appropriate administrative, technical, and physical controls
 16 and safeguards that protect the confidentiality, integrity, and
 17 availability of individually identifiable information about
 18 consumers¹ ;

19 (9) ¹ **["The program"]** Entities authorized to provide harm
 20 reduction services¹ shall provide a uniform **["identification]**
 21 membership card that has been approved by the ¹ **["commissioner]**
 22 department¹ to consumers and to staff and volunteers involved in
 23 transporting, exchanging or possessing syringes and needles, or
 24 shall provide for such other uniform Statewide means of
 25 identification as may be approved by the ¹ **["commissioner]**
 26 department¹ for this purpose;

27 (10) ¹ **["The program"]** Entities authorized to provide harm
 28 reduction services¹ shall provide consumers at the time of
 29 enrollment with a schedule of ¹ **["program"]** the entity's¹ operation
 30 hours and locations, in addition to information about prevention and
 31 harm reduction and substance use disorder treatment services; and

32 (11) ¹ **["The program"]** Entities authorized to provide harm
 33 reduction services¹ shall establish and implement accurate data
 34 collection methods and procedures as required by the
 35 ¹ **["commissioner"]** department¹ for the purpose of evaluating the
 36 **["sterile syringe access"]** ¹ **provision of**¹ harm reduction ¹ **["programs,**
 37 **including the monitoring and evaluation on a quarterly basis of:]**
 38 services.¹

39 (a) **["sterile syringe access"]** ¹ **["harm reduction program**
 40 **participation rates"]**¹ **["], including the number of consumers who**
 41 **enter substance use disorder treatment programs and the status of**
 42 **their treatment"]** ¹ **["and referrals made to substance use disorder**
 43 **treatment programs;"]** (deleted by amendment, P.L.2021, c.396)
 44 (pending before the Legislature as this bill)¹

45 (b) ¹ **["the effectiveness of"]**¹ **["the sterile syringe access"]** ¹ **["harm**
 46 reduction programs in meeting their objectives, including, but not

1 limited to, return rates of syringes and needles distributed to
 2 consumers and the impact of the]’ [sterile syringe access] ’[harm
 3 reduction programs on intravenous drug use; and] (deleted by
 4 amendment, P.L. , c.) (pending before the Legislature as this
 5 bill)¹

6 (c) ’[the number and type of referrals provided by the]’ [sterile
 7 syringe access] ’[harm reduction programs and the specific actions
 8 taken by the]’ [sterile syringe access] ’[harm reduction programs
 9 on behalf of each consumer] (deleted by amendment, P.L.2021,
 10 c.396) (pending before the Legislature as this bill)¹ .

11 c. [A municipality may terminate a sterile syringe access
 12 program established or authorized pursuant to this act, which is
 13 operating within that municipality, if its governing body approves
 14 such an action by ordinance, in which case the municipality shall
 15 notify the commissioner of its action in a manner prescribed by
 16 regulation of the commissioner.] The ’[commissioner]
 17 department¹ shall have sole authority to terminate ’[a]
 18 authorization for an entity to provide¹ harm reduction ’[program
 19 authorized or established by the commissioner] services that was
 20 approved by the department,¹ without the need for application or
 21 approval by the host municipality. ²[Prior to ’[establishing a]
 22 authorizing an entity to provide¹ harm reduction ’[program]
 23 services¹ in a municipality, the ’[commissioner] department¹ shall
 24 meet with the municipality’s mayor and council, as appropriate, in-
 25 person or through video or phone conference, and present to the
 26 municipality detailed plans for the ¹provision of harm reduction
 27 ’[program] services¹ , including information on the expected
 28 benefits from the ¹establishment of a provision of¹ harm
 29 reduction ¹’[program] services in the municipality¹ . The
 30 ’[commissioner] department¹ shall maintain direct and open
 31 communication with the municipality prior to and during the
 32 ’[establishment] process¹ of ¹’[a] initiating the provision of¹ harm
 33 reduction ¹’[program] services¹ in the municipality and shall
 34 promptly respond to concerns and other issues raised by the
 35 municipality.]

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

42 (cf: ²[P.L.2017, c.131, s.104] P.L.2021, c.152, s.9²)

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 ¹ 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 report]** ¹ .

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】~~ 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 ²**7.** There is appropriated from the General Fund to the
9 Department of Health the sum of \$5,000,000 for use by the
10 department in supporting harm reduction services provided pursuant
11 to this act. There is appropriated from the General Fund to the
12 Division of Mental Health and Addiction Services in the
13 Department of Human Services the sum of \$10,000,000 for
14 inpatient and outpatient substance use disorder treatment program
15 slots and outreach.¹²

16
17 ¹**7.** ²**8.** ¹**7.** ² This act shall take effect immediately.

18
19
20
21
22 Authorizes expanded provision of harm reduction services to
23 distribute