

[Second Reprint]

**SENATE, No. 3009**

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**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

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**Senators Diegnan, Cunningham, 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.

**CURRENT VERSION OF TEXT**

As reported by the Senate Budget and Appropriations Committee on January 6, 2022, with amendments.

(Sponsorship Updated As Of: 1/10/2022)

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

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 <sup>1</sup>**[program]** services<sup>1</sup>” means a  
 10 <sup>1</sup>suite of<sup>1</sup> harm reduction <sup>1</sup>**[program]** services,<sup>1</sup> approved by the  
 11 <sup>1</sup>**[Commissioner]** Department<sup>1</sup> of Health <sup>1</sup>and 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, <sup>2</sup>**[overdose**  
 15 prevention] harm reduction<sup>2</sup> counseling and supplies <sup>2</sup>including,  
 16 but not limited to, fentanyl test strips<sup>2</sup>, and HIV and hepatitis C  
 17 testing<sup>1</sup>.

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 <sup>1</sup>**[implement a]** provide<sup>1</sup> harm reduction <sup>1</sup>**[program]** services<sup>1</sup> as  
 22 determined by the Department of Health.

23 <sup>1</sup>**[“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.]<sup>1</sup>

32 <sup>2</sup>“Harm reduction supplies” means any materials or equipment  
 33 designed to identify or analyze the presence, strength, effectiveness,  
 34 or purity of controlled dangerous substances or controlled substance  
 35 analogs, including, but not limited to, fentanyl test strips; opioid  
 36 antidotes and associated supplies; and any other materials or  
 37 equipment that may be used to prevent, reduce or mitigate the  
 38 harms of disease transmission, overdose, and other harms associated  
 39 with personal drug use as are designated through rules prescribed  
 40 by the Commissioners of Health or Human Services.<sup>2</sup>

41  
 42 2. Section 2 of P.L.2006, c.99 (C.26:5C-26) is amended to read  
 43 as follows:

**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:

<sup>1</sup>Senate SHH committee amendments adopted March 9, 2021.

<sup>2</sup>Senate SBA committee amendments adopted January 6, 2022.

- 1        2. The Legislature finds and declares that:
- 2        a. Injection drug use is one of the most common methods of  
3 transmission of HIV, hepatitis C, and other bloodborne pathogens;
- 4        b. <sup>1</sup>~~【About one in every three persons living with HIV or AIDS~~  
5 ~~is female;】~~ (deleted by amendment, P.L. , c. ) (pending before  
6 the Legislature as this bill)<sup>1</sup>
- 7        c. More than a million people in the United States ~~【are~~  
8 ~~frequent intravenous drug users】~~ use drugs at a cost to society in  
9 health care, lost productivity, accidents, and crime of more than \$50  
10 billion annually;
- 11        d. ~~【Sterile syringe access】~~ Harm reduction <sup>1</sup>~~【programs】~~  
12 services<sup>1</sup> have been proven effective in reducing the spread of HIV,  
13 hepatitis C, and other bloodborne pathogens, and in reducing  
14 overdoses and overdose deaths without increasing <sup>1</sup>~~【drug abuse】~~  
15 rates of substance use<sup>1</sup> or <sup>1</sup>causing<sup>1</sup> other adverse social impacts;
- 16        e. Every scientific, medical, and professional agency or  
17 organization that has studied this issue, including the federal  
18 Centers for Disease Control and Prevention, the American Medical  
19 Association, the American Public Health Association, the National  
20 Academy of Sciences, the National Institutes of Health Consensus  
21 Panel, the American Academy of Pediatrics, and the United States  
22 Conference of Mayors, has found ~~【sterile syringe access】~~ harm  
23 reduction <sup>1</sup>~~【programs】~~ services<sup>1</sup> to be effective in reducing the  
24 transmission of HIV; ~~【and】~~
- 25        f. ~~【Sterile syringe access】~~ Harm reduction programs are  
26 designed to prevent the spread of HIV, hepatitis C, and other  
27 bloodborne pathogens, <sup>1</sup>prevent overdoses and overdose deaths,<sup>1</sup>  
28 and to provide a bridge to ~~【drug abuse】~~ substance use disorder  
29 treatment <sup>1</sup>, healthcare services,<sup>1</sup> and <sup>1</sup>~~【other】~~<sup>1</sup> social <sup>1</sup>support<sup>1</sup>  
30 services <sup>1</sup>~~【for drug users】~~ sought out by persons who use drugs  
31 intravenously<sup>1</sup> ; and it is in the public interest <sup>2</sup>~~【to establish such~~  
32 ~~programs】~~ that such services be provided<sup>2</sup> in this State in  
33 accordance with statutory guidelines designed to ensure the safety  
34 of consumers who use these programs, the health care workers who  
35 operate them, and the members of the general public;
- 36        g. Despite the attention that substance use disorders and  
37 overdose deaths are receiving Statewide, the number of overdose  
38 deaths in New Jersey has <sup>2</sup>~~【steadily risen. There was a 40 percent~~  
39 increase in overdose deaths in 2016. In 2018, there were roughly  
40 3,000 overdose deaths in New Jersey and】 remained unacceptably  
41 high, with 2,914 confirmed overdose deaths in 2019, and over<sup>2</sup>  
42 70,000 overdose deaths nationwide;
- 43        h. The COVID-19 pandemic has increased the urgency of  
44 maintaining and expanding harm reduction services. Now more  
45 than ever, harm reduction expansion is critical. According to the  
46 federal Centers for Disease Control and Prevention’s June 24-30,

1 2020 <sup>2</sup>[mortality and morbidity weekly report] Morbidity and  
2 Mortality Weekly Report<sup>2</sup> , 13 percent of U.S. residents began  
3 substance use or increased substance use during the pandemic.  
4 New Jersey has already started to see the consequences of the  
5 intersecting opioid and COVID-19 crises. <sup>2</sup>[As of July 2020 there  
6 have been over 1,800 overdose deaths in 2020. If this trend  
7 continues, New Jersey will lose 3,144 individuals to overdose in  
8 2020, which would] There were 3,046 suspected overdose deaths in  
9 2020. If confirmed, this will<sup>2</sup> be New Jersey's highest drug-related  
10 fatality count in the past decade;

11 i. The opioid epidemic is part of a syndemic and is associated  
12 with increased rates of HIV and <sup>2</sup>viral<sup>2</sup> hepatitis infection, as well  
13 as other social complexities;

14 j. New Jersey enacted the "Bloodborne Disease Harm  
15 Reduction Act" P.L.2006, c.99 (C.26:5C-25 et al.) in 2006 to allow  
16 for the establishment of sterile syringe access programs <sup>2</sup>[, which  
17 are hereafter referred to as harm reduction programs. New Jersey  
18 now has] . There are currently<sup>2</sup> seven such programs operating  
19 throughout the State <sup>2</sup> , which shall hereafter be referred to as harm  
20 reduction services<sup>2</sup> ;

21 k. The federal Centers for Disease Control and Prevention  
22 describe harm reduction <sup>1</sup>[programs] services<sup>1</sup> as an effective  
23 component of a comprehensive and integrated approach to HIV  
24 prevention. Such <sup>1</sup>[programs offer clean needles] services include  
25 providing consumers with sterile syringes<sup>1 2</sup> , fentanyl test strips<sup>2</sup> ,  
26 resources for critical services such as HIV care, treatment, pre- and  
27 post-exposure prophylaxis services, screening for other sexually  
28 transmitted diseases, hepatitis C testing and treatment, hepatitis A  
29 and B vaccinations, and other medical, social, and mental health  
30 services. In addition <sup>2</sup>[to providing <sup>1</sup>[clean needles] sterile  
31 syringes<sup>1</sup> and testing services, <sup>1</sup>[most]<sup>1</sup> programs <sup>1</sup>routinely<sup>1</sup> offer  
32 other services, <sup>1</sup>[such as] including<sup>1</sup> ] , harm reduction services  
33 include<sup>2</sup> education concerning safe injection practices, wound care,  
34 and overdose prevention;

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

41 m. Harm reduction <sup>1</sup>[programs] services<sup>1</sup> do not promote drug  
42 use and do not minimize the harm and danger associated with  
43 lawful and unlawful drug use. Individuals utilizing harm reduction  
44 [programs] services<sup>1</sup> are often ill, in pain, <sup>1</sup>and<sup>1</sup> have experienced  
45 trauma <sup>1</sup>[, and are served] . Harm reduction services are offered to  
46 these individuals<sup>1</sup> by professionals who <sup>1</sup>[offer services] treat the

1 individuals<sup>1</sup> with compassion and <sup>1</sup>who provide these necessary  
2 services<sup>1</sup> without judgment;

3 n. There is evidence demonstrating that crime does not increase  
4 in areas <sup>1</sup>【surrounding】 in which<sup>1</sup> harm reduction <sup>1</sup>【programs】  
5 services locations are situated<sup>1</sup> ;

6 o. Harm reduction <sup>1</sup>【programs】 services<sup>1</sup> do not interfere with  
7 substance use disorder treatment efforts. The <sup>1</sup>【programs】  
8 services<sup>1</sup> provide a bridge to substance use disorder treatment and  
9 other social services <sup>1</sup>for individuals with substance use disorders<sup>1</sup> ;

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

16 q. Research shows that the provision of <sup>1</sup>【clean】 sterile<sup>1</sup>  
17 syringes is associated with an estimated 50 percent reduction in the  
18 incidence of HIV and hepatitis C, a greater likelihood that  
19 individuals will seek treatment, and decreased overdose rates; and

20 r. <sup>1</sup>【Harm】 Entities offering harm<sup>1</sup> reduction <sup>1</sup>【programs】  
21 services<sup>1</sup> in New Jersey provide <sup>1</sup>【clean】 sterile<sup>1</sup> syringes and  
22 operate under a philosophy of harm reduction, which honors the  
23 dignity of those who use drugs or are living with a substance use  
24 disorder, reduces the negative consequences of injection drug use,  
25 and provides a stigma-free environment for people who use drugs  
26 by providing the care they desire and need.

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

28

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

31 3. The <sup>1</sup>【Commissioner】 Department<sup>1</sup> of Health shall  
32 【establish a program to】<sup>1</sup> permit 【a municipality to operate a  
33 sterile syringe access program】 the establishment and operation of  
34 harm reduction <sup>1</sup>【programs】 services<sup>1</sup> in accordance with the  
35 provisions of P.L.2006, c.99 (C.26:5C-25 et <sup>1</sup>【seq.】 al.<sup>1</sup> ) 【, as  
36 amended by P.L.2016, c.36】 . The <sup>1</sup>【commissioner】 department<sup>1</sup>  
37 shall prescribe by regulation requirements for 【a municipality to  
38 establish, or otherwise authorize the operation within that  
39 municipality of, a sterile syringe access program】 the establishment  
40 and operation of harm reduction <sup>1</sup>【programs】 services<sup>1</sup> to provide  
41 【for the exchange of】 hypodermic syringes and needles in  
42 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et  
43 <sup>1</sup>【seq.】 al.<sup>1</sup> ) <sup>2</sup>【, and consistent with the rules adopted at  
44 N.J.A.C.8:63-1.1 et seq., effective April 9, 2007】<sup>2</sup> .

45 a. The <sup>1</sup>【commissioner】 department<sup>1</sup> shall:

1 (1) <sup>2</sup>request <sup>2</sup>permit <sup>1</sup>an application <sup>1</sup>a registration form <sup>1</sup>, to  
2 be submitted <sup>1</sup>on a form and <sup>1</sup> in a manner <sup>1</sup>to be <sup>1</sup> prescribed by  
3 the <sup>1</sup>commissioner <sup>1</sup>department <sup>1</sup>, from any <sup>1</sup>municipality <sup>1</sup>entity  
4 that seeks to <sup>1</sup>establish or operate a <sup>1</sup>provide <sup>1</sup> <sup>1</sup>sterile syringe  
5 <sup>1</sup>access <sup>1</sup>harm reduction <sup>1</sup>program <sup>1</sup>services in New Jersey <sup>1</sup> [, or  
6 from other entities authorized to operate a sterile syringe access  
7 program within that municipality as provided in paragraph (2) of  
8 subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as  
9 amended by P.L.2016, c.36] <sup>2</sup>, which shall be a prerequisite to so  
10 doing <sup>2</sup> ;

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

21 (3) support and facilitate, to the maximum extent practicable,  
22 the linkage of <sup>1</sup>sterile syringe access <sup>1</sup>harm reduction <sup>1</sup>programs  
23 services <sup>1</sup> to: (a) health care facilities and programs that may  
24 provide appropriate health care services, including mental health  
25 services, medication-assisted <sup>1</sup>drug <sup>1</sup> treatment services, and other  
26 substance <sup>1</sup>abuse <sup>1</sup>use disorder <sup>1</sup> treatment services to consumers  
27 <sup>1</sup>participating in a <sup>1</sup>receiving <sup>1</sup> <sup>1</sup>sterile syringe access <sup>1</sup>harm  
28 reduction <sup>1</sup>program <sup>1</sup>services <sup>1</sup> ; and (b) housing assistance  
29 programs, career and employment-related counseling programs, and  
30 education counseling programs that may provide appropriate  
31 ancillary support services to consumers <sup>1</sup>participating in a  
32 receiving <sup>1</sup> <sup>1</sup>sterile syringe access <sup>1</sup>harm reduction <sup>1</sup>program  
33 services <sup>1</sup> ;

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

41 (5) maintain a record of <sup>2</sup>the <sup>2</sup> <sup>1</sup>de-identified statistical  
42 aggregate <sup>2</sup> data reported to the <sup>1</sup>commissioner <sup>1</sup>department <sup>1</sup> by  
43 <sup>1</sup>sterile syringe access <sup>1</sup> <sup>1</sup>entities offering <sup>1</sup> <sup>2</sup>authorized <sup>2</sup> <sup>1</sup>harm  
44 reduction <sup>1</sup>programs <sup>1</sup>services <sup>1</sup> pursuant to paragraph (11) of

1 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) **],** as  
2 amended by P.L.2016, c.36**].**

3 b. The **<sup>1</sup>['commissioner] department<sup>1</sup>** shall be authorized to  
4 accept funding as may be made available from the private sector to  
5 effectuate the purposes of P.L.2006, c.99 (C.26:5C-  
6 25 et **<sup>1</sup>[seq.] al.<sup>1</sup>**) **],** as amended by P.L.2016, c.36**].**  
7 (cf: P.L.2016, c.36, s.2)

8  
9 4. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read  
10 as follows:

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

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

44 (2) **[Pursuant to paragraph (2) of subsection a. of section 3 of**  
45 **P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body**  
46 **has authorized the operation of sterile syringe access programs**

1 within the municipality may require within the authorizing  
 2 ordinance that an entity as described in paragraph (1) of this  
 3 subsection obtain approval from the municipality, in a manner  
 4 prescribed by the authorizing ordinance, to operate a sterile syringe  
 5 access program prior to obtaining approval from the commissioner  
 6 to operate such a program, or may permit the entity to obtain  
 7 approval to operate such a program by application directly to the  
 8 commissioner without obtaining prior approval from the  
 9 municipality.】 (deleted by amendment, P.L. , c. ) (pending  
 10 before the Legislature as this bill)

11 (3) 【Two or more municipalities may jointly establish or  
 12 authorize establishment of a sterile syringe access program that  
 13 operates within those municipalities pursuant to adoption of an  
 14 ordinance by each participating municipality pursuant to this  
 15 section.】 (deleted by amendment, P.L. , c. ) (pending before the  
 16 Legislature as this bill)

17 <sup>2</sup>(4) To the extent permitted under federal law, and subject to  
 18 the requirements of federal law, notwithstanding any provision of  
 19 State law to the contrary, an authorized entity may deliver harm  
 20 reduction services or other related supplies, as determined by the  
 21 commissioner, to consumers via postal mail or other delivery  
 22 service.<sup>2</sup>

23 b. <sup>1</sup>【A】 An entity authorized to provide<sup>1</sup> 【sterile syringe  
 24 access】 harm reduction <sup>1</sup>【program】 services<sup>1</sup> shall comply with the  
 25 following requirements:

26 (1) Sterile syringes and needles shall be provided at no cost to  
 27 consumers 18 years of age and older <sup>1</sup>, provided that the department  
 28 may authorize sterile syringes and needles to be provided at no cost  
 29 to consumers under 18 years of age in limited circumstances, at the  
 30 department's discretion<sup>1</sup> ;

31 (2) 【Program staff shall be trained and regularly supervised in】  
 32 An <sup>1</sup>entity<sup>1</sup> authorized <sup>1</sup>to provide<sup>1</sup> harm reduction <sup>1</sup>【program】  
 33 services<sup>1</sup> shall be responsible for training program staff in the  
 34 following subjects: harm reduction; substance use disorder【.】 ;  
 35 medical and social service referrals; 【and】 infection control  
 36 procedures, including universal precautions and needle stick injury  
 37 protocol; and 【programs】 other subjects as determined by the  
 38 <sup>1</sup>entity<sup>1</sup> authorized <sup>1</sup>to provide<sup>1</sup> harm reduction <sup>1</sup>【program】  
 39 services<sup>1</sup> and the <sup>1</sup>【Department of Health】 department<sup>1</sup> .  
 40 <sup>1</sup>【Programs】 Entities authorized to provide harm reduction  
 41 services<sup>1</sup> shall maintain records of staff and volunteer training  
 42 <sup>1</sup>【and of hepatitis C and tuberculosis screening provided to  
 43 volunteers and staff<sup>1</sup> ;

44 (3) <sup>1</sup>【The program】 Entities authorized to provide harm  
 45 reduction services<sup>1</sup> shall offer information about HIV, hepatitis C  
 46 and other bloodborne pathogens and <sup>1</sup>【prevention materials】

1 information concerning the safe use of drugs by intravenous  
2 injection<sup>1</sup> at no cost to consumers, and shall seek to educate all  
3 consumers about safe and proper disposal of needles and syringes;

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

15 (5) <sup>1</sup>**["The program"]** Except as may otherwise be authorized by  
16 the department pursuant to paragraph (1) of this subsection, entities  
17 authorized to provide harm reduction services<sup>1</sup> shall screen out  
18 consumers under 18 years of age from access to syringes and  
19 needles, and shall refer them to substance use disorder treatment  
20 and other appropriate programs for youth;

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

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

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

1 (8) ~~1~~ **1** Entities authorized to provide harm  
2 reduction services<sup>1</sup> shall maintain the confidentiality <sup>1</sup> and security<sup>1</sup>  
3 of information about<sup>1</sup> consumers <sup>1</sup> by the use of confidential  
4 identifiers, which shall consist of the first two letters of the first  
5 name of the consumer's mother and the two-digit day of birth and  
6 two-digit year of birth of the consumer, or by the use of such other  
7 uniform Statewide mechanism as may be approved by the  
8 commissioner for this purpose **1** receiving harm reduction services  
9 through appropriate administrative, technical, and physical controls  
10 and safeguards that protect the confidentiality, integrity, and  
11 availability of individually identifiable information about  
12 consumers<sup>1</sup> ;

13 (9) ~~1~~ **1** Entities authorized to provide harm  
14 reduction services<sup>1</sup> shall provide a uniform **1** identification  
15 membership card that has been approved by the <sup>1</sup> **1** commissioner  
16 department<sup>1</sup> to consumers and to staff and volunteers involved in  
17 transporting, exchanging or possessing syringes and needles, or  
18 shall provide for such other uniform Statewide means of  
19 identification as may be approved by the <sup>1</sup> **1** commissioner  
20 department<sup>1</sup> for this purpose;

21 (10) ~~1~~ **1** Entities authorized to provide harm  
22 reduction services<sup>1</sup> shall provide consumers at the time of  
23 enrollment with a schedule of <sup>1</sup> **1** program the entity's<sup>1</sup> operation  
24 hours and locations, in addition to information about prevention and  
25 harm reduction and substance use disorder treatment services; and

26 (11) ~~1~~ **1** Entities authorized to provide harm  
27 reduction services<sup>1</sup> shall establish and implement accurate data  
28 collection methods and procedures as required by the  
29 <sup>1</sup> **1** commissioner department<sup>1</sup> for the purpose of evaluating the  
30 **1** sterile syringe access <sup>1</sup> provision of <sup>1</sup> harm reduction <sup>1</sup> **1** programs,  
31 including the monitoring and evaluation on a quarterly basis of:  
32 services.<sup>1</sup>

33 (a) **1** sterile syringe access <sup>1</sup> **1** harm reduction program  
34 participation rates<sup>1</sup> **1** , including the number of consumers who  
35 enter substance use disorder treatment programs and the status of  
36 their treatment <sup>1</sup> **1** and referrals made to substance use disorder  
37 treatment programs; **1** (deleted by amendment, P.L. , c. )  
38 (pending before the Legislature as this bill)<sup>1</sup>

39 (b) <sup>1</sup> **1** the effectiveness of<sup>1</sup> **1** the sterile syringe access <sup>1</sup> **1** harm  
40 reduction programs in meeting their objectives, including, but not  
41 limited to, return rates of syringes and needles distributed to  
42 consumers and the impact of the<sup>1</sup> **1** sterile syringe access <sup>1</sup> **1** harm  
43 reduction programs on intravenous drug use; and **1** (deleted by  
44 amendment, P.L. , c. ) (pending before the Legislature as this  
45 bill)<sup>1</sup>

1 (c) <sup>1</sup>~~the number and type of referrals provided by the~~ <sup>1</sup>~~sterile~~  
 2 ~~syringe access~~ <sup>1</sup>~~harm reduction~~ programs and the specific actions  
 3 taken by the <sup>1</sup>~~sterile syringe access~~ <sup>1</sup>~~harm reduction~~ programs  
 4 on behalf of each consumer ~~(deleted by amendment, P.L. , c. )~~  
 5 ~~(pending before the Legislature as this bill)~~<sup>1</sup> .

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

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

37 (cf: <sup>2</sup>~~【P.L.2017, c.131, s.104】~~ ~~P.L.2021, c.152, s.9~~<sup>2</sup> )

38

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

41 5. a. (1) The Commissioner of Health shall report to the  
 42 Governor and, pursuant to section 2 of P.L.1991, 164 (C.52:14-  
 43 19.1), the Legislature, no later than one year after the effective date  
 44 of P.L.2006, c.99 (C.26:5C-25 et <sup>1</sup>~~【seq.】~~ ~~al.~~<sup>1</sup> ) and biennially  
 45 thereafter, on the status of ~~【sterile syringe access】~~ ~~harm reduction~~  
 46 <sup>1</sup>~~programs established】~~ services provided by entities authorized to

1 provide those services<sup>1</sup> pursuant to sections 3 and 4 <sup>1</sup>**[of]** of<sup>1</sup>  
2 P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28), **[as amended by**  
3 P.L.2016, c.36,**]** and shall include in that report the data provided to  
4 the <sup>1</sup>**[commissioner]** department<sup>1</sup> by each **[sterile syringe access]**  
5 entity authorized to provide<sup>1</sup> harm reduction <sup>1</sup>**[program]** services<sup>1</sup>  
6 pursuant to paragraph (11) of subsection b. of section 4 of  
7 P.L.2006, c.99 (C.26:5C-28) **[, as amended by P.L.2016, c.36]**.

8 (2) For the purpose of each biennial report pursuant to  
9 paragraph (1) of this subsection, the <sup>1</sup>**[commissioner]** department<sup>1</sup>  
10 shall:

11 (a) <sup>1</sup>**[consult with local law enforcement authorities regarding**  
12 the impact of the **[sterile syringe access]** harm reduction programs  
13 on the rate and volume of crime in the affected municipalities and  
14 include that information in the report**]** collaborate with local  
15 stakeholders, including healthcare providers, healthcare systems,  
16 social services providers, and law enforcement, to provide  
17 education and collect data on the value of providing harm reduction  
18 services in municipalities in which the services are provided<sup>1</sup>; and

19 (b) <sup>1</sup>**[seek to obtain data from public safety and emergency**  
20 medical services providers Statewide regarding**]** determine the type  
21 of data to be reported and shared, which may include the number of  
22 consumers served, the number of syringes distributed, the number  
23 of referrals made to social support services and healthcare  
24 providers, overall crime statistics, and<sup>1</sup> the incidence and  
25 <sup>1</sup>**[location]** locations<sup>1</sup> of needle stick injuries <sup>1</sup>**[to their personnel**  
26 and include that information in the report**]**<sup>1</sup>.

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

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

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

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

42 (3) the number of consumers <sup>1</sup>**[participating in the]** receiving<sup>1</sup>  
43 **[sterile syringe access]** harm reduction <sup>1</sup>**[programs]** services<sup>1</sup> and  
44 an assessment of their reasons for <sup>1</sup>**[participating in the programs]**  
45 accessing those services<sup>1</sup>;

1 (4) the number of consumers <sup>1</sup>in the receiving <sup>1</sup>sterile  
2 syringe access harm reduction <sup>1</sup>programs services<sup>1</sup> who  
3 participated in substance use disorder treatment programs; and

4 (5) the number of consumers <sup>1</sup>in the receiving <sup>1</sup>sterile  
5 syringe access harm reduction <sup>1</sup>programs services<sup>1</sup> who  
6 benefited from counseling and referrals to programs and entities  
7 that are relevant to their health, housing, social service, employment  
8 and other needs.

9 d. (Deleted by amendment, P.L.2016, c.36)  
10 (cf: P.L.2017, c.131, s.105)

11  
12 6. Section 7 of P.L.2006, c.99 (C.26:5C-31) is amended to read  
13 as follows:

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

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

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

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

1       <sup>2</sup>[ 7. There is appropriated from the General Fund to the  
2 Department of Health the sum of \$5,000,000 for use by the  
3 department in supporting harm reduction services provided pursuant  
4 to this act. There is appropriated from the General Fund to the  
5 Division of Mental Health and Addiction Services in the  
6 Department of Human Services the sum of \$10,000,000 for  
7 inpatient and outpatient substance use disorder treatment program  
8 slots and outreach.<sup>1</sup><sup>2</sup>  
9  
10       <sup>1</sup>[7.] <sup>2</sup>[8.] 7.<sup>2</sup> This act shall take effect immediately.