

## CHAPTER 36

AN ACT concerning sterile syringe access programs, amending P.L.2006, c.99.

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

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

C.26:5C-26 Findings, declarations relative to sterile syringe access programs.

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;
  - b. About one in every three persons living with HIV or AIDS is female;
  - c. More than a million people in the United States are frequent intravenous drug users at a cost to society in health care, lost productivity, accidents, and crime of more than \$50 billion annually;
  - d. Sterile syringe access programs have been proven effective in reducing the spread of HIV, hepatitis C, and other bloodborne pathogens without increasing drug abuse or 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 programs to be effective in reducing the transmission of HIV; and
  - f. Sterile syringe access programs are designed to prevent the spread of HIV, hepatitis C, and other bloodborne pathogens, and to provide a bridge to drug abuse treatment and other social services for drug users; and it is in the public interest to establish such programs 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.

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

C.26:5C-27 Operation of sterile syringe access program.

3. The Commissioner of Health shall establish a program to permit a municipality to operate a sterile syringe access program in accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et seq.), as amended by P.L.2016, c.36. The commissioner shall prescribe by regulation requirements for a municipality to establish, or otherwise authorize the operation within that municipality of, a sterile syringe access program 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 seq.), and consistent with the rules adopted at N.J.A.C.8:63-1.1 et seq., effective April 9, 2007.
  - a. The commissioner shall:
    - (1) request an application, to be submitted on a form and in a manner to be prescribed by the commissioner, from any municipality that seeks to establish a sterile syringe access program, 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) approve those applications that meet the requirements established by regulation of the commissioner 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 programs within that municipality by ordinance;

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

(4) provide for the adoption of a uniform identification card or other uniform Statewide means of identification for consumers, staff, and volunteers of a sterile syringe access program 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 the data reported to the commissioner by sterile syringe access programs 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 commissioner 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 seq.), as amended by P.L.2016, c.36.

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

C.26:5C-29 Reports to Governor, Legislature.

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 seq.) and biennially thereafter, on the status of sterile syringe access programs established pursuant to sections 3 and 4 of 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 commissioner by each sterile syringe access program 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 commissioner shall:

(a) consult with local law enforcement authorities regarding the impact of the sterile syringe access programs on the rate and volume of crime in the affected municipalities and include that information in the report; and

(b) seek to obtain data from public safety and emergency medical services providers Statewide regarding the incidence and location of needle stick injuries to their personnel and include that information in the report.

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

c. The commissioner shall prepare a detailed analysis of the sterile syringe access programs, 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 participating in the sterile syringe access programs and an assessment of their reasons for participating in the programs;

(4) the number of consumers in the sterile syringe access programs who participated in drug abuse treatment programs; and

(5) the number of consumers in the sterile syringe access programs 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).

4. Section 8 of P.L.2006, c.99 (C.2C:36-6a) is amended to read as follows:

C.2C:36-6a Possession of hypodermic syringe, needle under certain circumstances not an offense.

8. The possession of a hypodermic syringe or needle by a consumer who participates in, or an employee or volunteer of, a sterile syringe access program established pursuant to sections 3 and 4 of P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28), as amended by P.L.2016, c.36, shall not constitute an offense pursuant to N.J.S.2C:36-1 et seq. This provision shall extend to a hypodermic syringe or needle that contains a residual amount of a controlled dangerous substance or controlled substance analog.

5. This act shall take effect immediately.

Approved August 31, 2016.