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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** Yes

"Christie allows state expansion of syringe access program," Press of Atlantic City, August 31, 2016

"Christie saves N.J. clean needle program for addicts," nj.com, August 31, 2016

"Christie signs bill to expand N.J. needle-exchange program," NorthJersey.com, August 31, 2016

"Christie designates money for syringe access program," 88.3 fm WBGO.org, September 1, 2016

RWH/CL

# SENATE, No. 1266

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED FEBRUARY 8, 2016

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator NIA H. GILL**

**District 34 (Essex and Passaic)**

**Co-Sponsored by:**

**Senators Weinberg and Allen**

**SYNOPSIS**

Establishes permanent sterile syringe access program; appropriates \$95,000.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/7/2016)**

1 AN ACT concerning sterile syringe access programs, amending  
2 P.L.2006, c.99 and making an appropriation.

3

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

6

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

9 2. The Legislature finds and declares that:

10 a. **[New Jersey, in comparison with other states nationwide,**  
11 **has the highest rate of cumulative AIDS cases among women, the**  
12 **third highest rate of cumulative pediatric AIDS cases, the fifth**  
13 **highest adult HIV rate, and a rate of injection-related HIV infection**  
14 **that is almost twice the national average]** Injection drug use is one  
15 of the most common methods of transmission of HIV, hepatitis C,  
16 and other bloodborne pathogens;

17 b. About one in every three persons living with HIV or AIDS is  
18 female;

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

23 d. Sterile syringe access programs have been proven effective  
24 in reducing the spread of HIV, hepatitis C, and other bloodborne  
25 pathogens without increasing drug abuse or other adverse social  
26 impacts; **[yet New Jersey remains the only State nationwide that**  
27 **provides no access to sterile syringes in order to prevent the spread**  
28 **of disease;]**

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

37 f. Sterile syringe access programs are designed to prevent the  
38 spread of HIV, hepatitis C, and other bloodborne pathogens, and to  
39 provide a bridge to drug abuse treatment and other social services  
40 for drug users; and it is in the public interest to **[encourage the**  
41 **development of]** establish such programs in this State in accordance  
42 with statutory guidelines designed to ensure the safety of consumers  
43 who use these programs, the health care workers who operate  
44 them, and the members of the general public.

45 (cf: P.L.2006, c.99, s.2)

**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.**

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

3       3. The Commissioner of Health shall establish a  
4 **【demonstration】** program to permit **【up to six municipalities】** a  
5 municipality to operate a sterile syringe access program in  
6 accordance with the provisions of **【this act. For the purposes of the**  
7 **demonstration program, the】** P.L.2006, c.99 (C.26:5C-25 et seq.),  
8 as amended by P.L. , c. (pending before the Legislature as this  
9 bill). The commissioner shall prescribe by regulation requirements  
10 for a municipality to establish, or otherwise authorize the operation  
11 within that municipality of, a sterile syringe access program to  
12 provide for the exchange of hypodermic syringes and needles in  
13 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et  
14 seq.) , and consistent with the rules adopted at N.J.A.C.8:63-1.1 et  
15 seq., effective April 9, 2007.

16       a. The commissioner shall:

17       (1) request an application, to be submitted on a form and in a  
18 manner to be prescribed by the commissioner, from any  
19 municipality that seeks to establish a sterile syringe access program,  
20 or from other entities authorized to operate a sterile syringe access  
21 program within that municipality as provided in paragraph (2) of  
22 subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as  
23 amended by P.L. , c. (pending before the Legislature as this  
24 bill);

25       (2) approve those applications that meet the requirements  
26 established by regulation of the commissioner and contract with the  
27 municipalities or entities whose applications are approved to  
28 establish a sterile syringe access program as provided in paragraph  
29 (2) of subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as  
30 amended by P.L. , c. (pending before the Legislature as this  
31 bill), to operate a sterile syringe access program in any municipality  
32 in which the governing body has authorized the operation of sterile  
33 syringe access programs within that municipality by ordinance;

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

44       (4) provide for the adoption of a uniform identification card or  
45 other uniform Statewide means of identification for consumers,  
46 staff, and volunteers of a sterile syringe access program pursuant to  
47 paragraph (9) of subsection b. of section 4 of P.L.2006,

1 c.99 (C.26:5C-28) , as amended by P.L. , c. (pending before the  
2 Legislature as this bill); and

3 (5) maintain a record of the data reported to the commissioner  
4 by sterile syringe access programs pursuant to paragraph (11) of  
5 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as  
6 amended by P.L. , c. (pending before the Legislature as this  
7 bill).

8 b. The commissioner shall be authorized to accept funding as  
9 may be made available from the private sector to effectuate the  
10 purposes of P.L.2006, c.99 (C.26:5C-25 et seq.) , as amended by  
11 P.L. , c. (pending before the Legislature as this bill).  
12 (cf: P.L.2015, c.10, s.4)

13  
14 3. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read  
15 as follows:

16 5. a. (1) The Commissioner of Health **【and Senior Services】**  
17 shall report to the Governor and, pursuant to section 2 of P.L.1991,  
18 164 (C.52:14-19.1), the Legislature, no later than one year after the  
19 effective date of P.L.2006, c.99 (C.26:5C-25 et seq.) and biennially  
20 thereafter, on the status of sterile syringe access programs  
21 established pursuant to sections 3 and 4 of P.L.2006, c.99 (C.26:5C-  
22 27 and C.26:5C-28), as amended by P.L. , c. (pending before  
23 the Legislature as this bill), and shall include in that report the data  
24 provided to the commissioner by each sterile syringe access  
25 program pursuant to paragraph (11) of subsection b. of section 4 of  
26 P.L.2006, c.99 (C.26:5C-28) , as amended by P.L. ,  
27 c. (pending before the Legislature as this bill).

28 (2) For the purpose of each biennial report pursuant to  
29 paragraph (1) of this subsection, the commissioner shall:

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

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

38 b. **【The commissioner shall report to the Governor and,**  
39 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the  
40 Legislature, no later than six months after the date that the initial  
41 sterile syringe access program, which is approved by the  
42 commissioner pursuant to section 3 of P.L.2006, c.99 (C.26:5C-27),  
43 commences its operations, and shall include in that report:

44 (1) an assessment of whether an adequate number of drug abuse  
45 treatment program slots is available to meet the treatment needs of  
46 persons who have been referred to drug abuse treatment programs  
47 by sterile syringe access programs pursuant to paragraph (4) of  
48 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28); and

1 (2) a recommendation for such appropriation as the  
2 commissioner determines necessary to ensure the provision of an  
3 adequate number of drug abuse treatment program slots for those  
4 persons.】 (Deleted by amendment, P.L. , c. ) (pending before  
5 the Legislature as this bill)

6 c. The commissioner shall 【contract with an entity that is  
7 independent of the department to】 prepare a detailed analysis of the  
8 sterile syringe access programs, and 【to】 report on the results of  
9 that analysis to the Governor, the Governor's Advisory Council on  
10 HIV/AIDS and Related Blood-Borne Pathogens, and, pursuant to  
11 section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature 【, no  
12 later than 24 months after the adoption of regulations required  
13 pursuant to subsection b. of section 7 of P.L.2006, c.99 (C.26:5C-  
14 31) and】 annually 【thereafter】. The analysis shall include, but not  
15 be limited to:

16 (1) any increase or decrease in the spread of HIV, hepatitis C  
17 and other 【blood-borne】 bloodborne pathogens that may be  
18 transmitted by the use of contaminated syringes and needles;

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

22 (3) the number of consumers participating in the sterile syringe  
23 access programs and an assessment of their reasons for participating  
24 in the programs;

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

27 (5) the number of consumers in the sterile syringe access  
28 programs who benefited from counseling and referrals to programs  
29 and entities that are relevant to their health, housing, social service,  
30 employment and other needs.

31 d. 【Within 90 days after receipt of the third report pursuant to  
32 subsection c. of this section, the commissioner shall submit to the  
33 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-  
34 19.1), the Legislature, on a day when both Houses of the  
35 Legislature are meeting in the course of a regular or special session,  
36 the commissioner's recommendations regarding whether or not to  
37 continue the demonstration program established pursuant to this act.  
38 The commissioner's recommendations shall be effective unless the  
39 Legislature passes a concurrent resolution overriding the  
40 commissioner's recommendations no later than the 45th day after its  
41 receipt of those recommendations.】 (Deleted by amendment,  
42 P.L. , c. ) (pending before the Legislature as this bill  
43 (cf: P.L.2015, c.10, s.6)

44  
45 4. Section 8 of P.L.2006, c.99 (C.2C:36-6a) is amended to read  
46 as follows:

47 8. The possession of a hypodermic syringe or needle by a  
48 consumer who participates in, or an employee or volunteer of, a

1 sterile syringe access program established pursuant to sections 3  
2 and 4 of P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28), as amended  
3 by P.L. , c. (pending before the Legislature as this bill), shall not  
4 constitute an offense pursuant to N.J.S.2C:36-1 et seq. This  
5 provision shall extend to a hypodermic syringe or needle that  
6 contains a residual amount of a controlled dangerous substance or  
7 controlled substance analog.

8 (cf: P.L.2006, c.99, s.8)

9  
10 5. There is appropriated from the General Fund to the  
11 Department of Health **and Senior Services** the sum of \$95,000 to  
12 effectuate the provisions of this act.

13  
14 6. This act shall take effect immediately.

15

16

17

STATEMENT

18

19 This bill would make permanent the “Bloodborne Disease Harm  
20 Reduction Act,” P.L.2006, c.99 (C.26:5C-25 et seq.), which  
21 established a demonstration program that authorized up to six  
22 municipalities in the State to operate needle exchange programs.  
23 (Atlantic City, Camden, Jersey City, Newark, and Paterson  
24 currently operate such programs.) The bill would authorize any  
25 municipality in the State to operate a needle exchange program, and  
26 would provide for an appropriation of \$95,000 to effectuate the  
27 bill’s purposes.

28 The bill would specify that any rules or regulations, which are  
29 adopted by the Commissioner of Health to implement the bill’s  
30 provisions, are to be consistent with the existing regulations that  
31 govern the demonstration program.

32 The bill would further specify that the commissioner will be the  
33 party who is required to annually prepare a detailed analysis of the  
34 various needle exchange programs being undertaken in the State,  
35 and to annually report the results of such analysis to the Governor,  
36 the Governor’s Advisory Council on HIV/AIDS and Related Blood-  
37 Borne Pathogens, and the Legislature. The commissioner will no  
38 longer be required to contract with an independent entity to conduct  
39 such analysis and reporting, as is provided by existing law.

P.L.2016, CHAPTER 36, *approved August 31, 2016*  
Senate, No. 1266 (*Second Reprint*)

1 AN ACT concerning sterile syringe access programs, amending  
2 P.L.2006, c.99 <sup>2</sup>**[and making an appropriation]**<sup>2</sup>.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 1. Section 2 of P.L.2006, c.99 (C.26:5C-26) is amended to read  
8 as follows:

9 2. The Legislature finds and declares that:

10 a. **[New Jersey, in comparison with other states nationwide,**  
11 has the highest rate of cumulative AIDS cases among women, the  
12 third highest rate of cumulative pediatric AIDS cases, the fifth  
13 highest adult HIV rate, and a rate of injection-related HIV infection  
14 that is almost twice the national average] Injection drug use is one  
15 of the most common methods of transmission of HIV, hepatitis C,  
16 and other bloodborne pathogens;

17 b. About one in every three persons living with HIV or AIDS is  
18 female;

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

23 d. Sterile syringe access programs have been proven effective  
24 in reducing the spread of HIV, hepatitis C, and other bloodborne  
25 pathogens without increasing drug abuse or other adverse social  
26 impacts; **[yet New Jersey remains the only State nationwide that**  
27 **provides no access to sterile syringes in order to prevent the spread**  
28 **of disease;]**

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

37 f. Sterile syringe access programs are designed to prevent the  
38 spread of HIV, hepatitis C, and other bloodborne pathogens, and to  
39 provide a bridge to drug abuse treatment and other social services  
40 for drug users; and it is in the public interest to **[encourage the**

**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 June 6, 2016.

<sup>2</sup>Senate SBA committee amendments adopted June 23, 2016.

1 development of **]** establish such programs in this State in accordance  
2 with statutory guidelines designed to ensure the safety of consumers  
3 who use these programs, the health care workers who operate them,  
4 and the members of the general public.

5 (cf: P.L.2006, c.99, s.2)

6  
7 2. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read  
8 as follows:

9 3. The Commissioner of Health shall establish a  
10 **[demonstration]** program to permit **[up to six municipalities]** a  
11 municipality to operate a sterile syringe access program in  
12 accordance with the provisions of **[this act. For the purposes of the**  
13 **demonstration program, the]** P.L.2006, c.99 (C.26:5C-25 et seq.),  
14 as amended by P.L. , c. (pending before the Legislature as this  
15 bill). The commissioner shall prescribe by regulation requirements  
16 for a municipality to establish, or otherwise authorize the operation  
17 within that municipality of, a sterile syringe access program to  
18 provide for the exchange of hypodermic syringes and needles in  
19 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et  
20 seq.) , and consistent with the rules adopted at N.J.A.C.8:63-1.1 et  
21 seq., effective April 9, 2007.

22 a. The commissioner shall:

23 (1) request an application, to be submitted on a form and in a  
24 manner to be prescribed by the commissioner, from any  
25 municipality that seeks to establish a sterile syringe access program,  
26 or from other entities authorized to operate a sterile syringe access  
27 program within that municipality as provided in paragraph (2) of  
28 subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as  
29 amended by P.L. , c. (pending before the Legislature as this  
30 bill);

31 (2) approve those applications that meet the requirements  
32 established by regulation of the commissioner and contract with the  
33 municipalities or entities whose applications are approved to  
34 establish a sterile syringe access program as provided in paragraph  
35 (2) of subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as  
36 amended by P.L. , c. (pending before the Legislature as this  
37 bill), to operate a sterile syringe access program in any municipality  
38 in which the governing body has authorized the operation of sterile  
39 syringe access programs within that municipality by ordinance;

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

1 provide appropriate ancillary support services to consumers  
2 participating in a sterile syringe access program;

3 (4) provide for the adoption of a uniform identification card or  
4 other uniform Statewide means of identification for consumers,  
5 staff, and volunteers of a sterile syringe access program pursuant to  
6 paragraph (9) of subsection b. of section 4 of P.L.2006,  
7 c.99 (C.26:5C-28) , as amended by P.L. , c. (pending before the  
8 Legislature as this bill); and

9 (5) maintain a record of the data reported to the commissioner  
10 by sterile syringe access programs pursuant to paragraph (11) of  
11 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) , as  
12 amended by P.L. , c. (pending before the Legislature as this  
13 bill).

14 b. The commissioner shall be authorized to accept funding as  
15 may be made available from the private sector to effectuate the  
16 purposes of P.L.2006, c.99 (C.26:5C-25 et seq.) , as amended by  
17 P.L. , c. (pending before the Legislature as this bill).

18 (cf: P.L.2015, c.10, s.4)

19

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

22 5. a. (1) The Commissioner of Health **【and Senior Services】**  
23 shall report to the Governor and, pursuant to section 2 of P.L.1991,  
24 164 (C.52:14-19.1), the Legislature, no later than one year after the  
25 effective date of P.L.2006, c.99 (C.26:5C-25 et seq.) and biennially  
26 thereafter, on the status of sterile syringe access programs  
27 established pursuant to sections 3 and 4 of P.L.2006, c.99 (C.26:5C-  
28 27 and C.26:5C-28), as amended by P.L. , c. (pending before  
29 the Legislature as this bill), and shall include in that report the data  
30 provided to the commissioner by each sterile syringe access  
31 program pursuant to paragraph (11) of subsection b. of section 4 of  
32 P.L.2006, c.99 (C.26:5C-28) , as amended by P.L. ,  
33 c. (pending before the Legislature as this bill).

34 (2) For the purpose of each biennial report pursuant to  
35 paragraph (1) of this subsection, the commissioner shall:

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

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

44 b. **【**The commissioner shall report to the Governor and,  
45 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the  
46 Legislature, no later than six months after the date that the initial  
47 sterile syringe access program, which is approved by the

1 commissioner pursuant to section 3 of P.L.2006, c.99 (C.26:5C-27),  
2 commences its operations, and shall include in that report:

3 (1) an assessment of whether an adequate number of drug abuse  
4 treatment program slots is available to meet the treatment needs of  
5 persons who have been referred to drug abuse treatment programs  
6 by sterile syringe access programs pursuant to paragraph (4) of  
7 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28); and

8 (2) a recommendation for such appropriation as the  
9 commissioner determines necessary to ensure the provision of an  
10 adequate number of drug abuse treatment program slots for those  
11 persons.】 (Deleted by amendment, P.L. \_\_\_\_\_, c. \_\_\_\_\_) (pending before  
12 the Legislature as this bill)

13 c. The commissioner shall 【contract with an entity that is  
14 independent of the department to】 prepare a detailed analysis of the  
15 sterile syringe access programs, and 【to】 report on the results of  
16 that analysis to the Governor, the Governor's Advisory Council on  
17 HIV/AIDS and Related Blood-Borne Pathogens, and, pursuant to  
18 section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature 【, no  
19 later than 24 months after the adoption of regulations required  
20 pursuant to subsection b. of section 7 of P.L.2006, c.99 (C.26:5C-  
21 31) and】 annually 【thereafter】. The analysis shall include, but not  
22 be limited to:

23 (1) any increase or decrease in the spread of HIV, hepatitis C  
24 and other 【blood-borne】 bloodborne pathogens that may be  
25 transmitted by the use of contaminated syringes and needles;

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

29 (3) the number of consumers participating in the sterile syringe  
30 access programs and an assessment of their reasons for participating  
31 in the programs;

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

34 (5) the number of consumers in the sterile syringe access  
35 programs who benefited from counseling and referrals to programs  
36 and entities that are relevant to their health, housing, social service,  
37 employment and other needs.

38 d. 【Within 90 days after receipt of the third report pursuant to  
39 subsection c. of this section, the commissioner shall submit to the  
40 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-  
41 19.1), the Legislature, on a day when both Houses of the  
42 Legislature are meeting in the course of a regular or special session,  
43 the commissioner's recommendations regarding whether or not to  
44 continue the demonstration program established pursuant to this act.  
45 The commissioner's recommendations shall be effective unless the  
46 Legislature passes a concurrent resolution overriding the  
47 commissioner's recommendations no later than the 45th day after its

1 receipt of those recommendations.】 (Deleted by amendment,  
2 P.L. , c. ) (pending before the Legislature as this bill  
3 (cf: P.L.2015, c.10, s.6)  
4

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

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

16 (cf: P.L.2006, c.99, s.8)

17

18 <sup>1</sup>【5. There is appropriated from the General Fund to the  
19 Department of Health **【and Senior Services】** the sum of \$95,000 to  
20 effectuate the provisions of this act.】<sup>1</sup>

21

22 <sup>2</sup>【5. (New section) There is appropriated from the General  
23 Fund to the Department of Health the sum of \$95,000 to effectuate  
24 the provisions of this act.】<sup>2</sup>

25

26 <sup>2</sup>【6.】 5.<sup>2</sup> This act shall take effect immediately.

27

28

29

30

31 Establishes permanent sterile syringe access program.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 1266**

with committee amendments

**STATE OF NEW JERSEY**

DATED: JUNE 6, 2016

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 1266.

As amended by the committee, this bill would make permanent the “Bloodborne Disease Harm Reduction Act,” P.L.2006, c.99 (C.26:5C-25 et seq.), which established a demonstration program that authorized up to six municipalities in the State to operate needle exchange programs. (Atlantic City, Camden, Jersey City, Newark, and Paterson currently operate such programs.) The bill would authorize any municipality in the State to operate a needle exchange program, and would provide for an appropriation of \$95,000 to effectuate the bill’s purposes.

The bill would specify that any rules or regulations, which are adopted by the Commissioner of Health to implement the bill’s provisions, are to be consistent with the existing regulations that govern the demonstration program.

The bill would further specify that the commissioner will be the party who is required to annually prepare a detailed analysis of the various needle exchange programs being undertaken in the State, and to annually report the results of such analysis to the Governor, the Governor’s Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and the Legislature. The commissioner will no longer be required to contract with an independent entity to conduct such analysis and reporting, as is provided by existing law.

The committee amended the bill to correct a technical drafting error.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## **SENATE, No. 1266**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 23, 2016

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 1266 (1R), with committee amendments.

As amended, this bill makes permanent the “Bloodborne Disease Harm Reduction Act,” which established a demonstration program that authorized up to six municipalities in the State to operate needle exchange programs. (Atlantic City, Camden, Jersey City, Newark, and Paterson currently operate such programs.) Under the bill, any municipality in the State is authorized to operate a needle exchange program.

The bill specifies that any rules or regulations, which are adopted by the Commissioner of Health to implement the bill’s provisions, are to be consistent with the existing regulations governing the demonstration program.

The bill also specifies that the commissioner will be the party who is required to annually prepare a detailed analysis of the various needle exchange programs undertaken in the State, and to annually report the results of such analysis to the Governor, the Governor’s Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and the Legislature. The commissioner will no longer be required to contract with an independent entity to conduct such analysis and reporting, as is provided by existing law.

### COMMITTEE AMENDMENTS:

The amendments eliminate the bill’s \$95,000 General Fund appropriation to the Department of Health, and revise the title of the bill to reflect the change.

### FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill will not require any additional costs to be borne by the State beyond what is required under current law. According to the final report on the “Bloodborne Disease Harm Reduction Act” issued by the Department of Health in October 2012, the State does not directly fund sterile

syringe access programs. The Department of Human Services financially supports the Medication Assisted Treatment Initiative, which receives patient referrals from syringe access programs and pays costs associated with the medical and psychosocial management and treatment of addiction, at a cost to the State of approximately \$7.2 million annually. Although the Medication Assisted Treatment Initiative is closely associated with the syringe access programs, it is not specifically required by the existing law and will not be required to expand under this bill.

Under the bill, municipalities beyond those currently participating could choose, but will not be required to, implement sterile syringe exchange programs. The bill does not speak to how those programs may be funded. Municipalities may choose to pay with taxpayer funds, or may be able to obtain federal or private foundation grants to offset all or part of the costs of their programs.

# LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

**SENATE, No. 1266**

## **STATE OF NEW JERSEY 217th LEGISLATURE**

DATED: JULY 6, 2016

### **SUMMARY**

- Synopsis:** Establishes permanent sterile syringe access program.
- Type of Impact:** No State impact. Local cost increase at municipalities' options.
- Agencies Affected:** Department of Health.

#### **Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Year 1 to Year 3</u></b>
<b>State Cost</b>	No additional cost
<b>Local Cost</b>	Indeterminate possible increase, at each municipality's option.

- The Office of Legislative Services finds that the bill would not require any additional costs to be borne by the State beyond what is currently required.
- Municipalities could choose, but would not be required to, implement sterile syringe exchange programs. The bill does not speak to how those programs may be funded. Municipalities may be able to obtain federal or private foundation grants to offset all or part of the costs of their programs.

### **BILL DESCRIPTION**

Senate Bill No. 1266 (2R) of 2016 would make permanent the "Bloodborne Disease Harm Reduction Act," P.L.2006, c.99 (C.26:5C-25 et seq.), which established a demonstration program that authorized up to six municipalities in the State to operate needle exchange programs. (Atlantic City, Camden, Jersey City, Newark, and Paterson currently operate such programs.) The bill would authorize any municipality in the State to operate a needle exchange program.

The bill would specify that any rules or regulations, which are adopted by the Commissioner of Health to implement the bill's provisions, are to be consistent with the existing regulations that govern the demonstration program.

The bill would further specify that the commissioner will be the party who is required to annually prepare a detailed analysis of the various needle exchange programs being undertaken in the State, and to annually report the results of such analysis to the Governor, the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and the Legislature. The commissioner will no longer be required to contract with an independent entity to conduct such analysis and reporting, as is provided by existing law.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The Office of Legislative Services finds that the bill would not require any additional costs to be borne by the State beyond what is required under current law. According to the final report on the "Bloodborne Disease Harm Reduction Act" issued by the Department of Health in October 2012, the State does not directly fund sterile syringe access programs (SAPs). The Department of Human Services financially supports the Medication Assisted Treatment Initiative, which receives patient referrals from SAPs and pays costs associated with the medical and psychosocial management and treatment of addiction, at a cost to the State of approximately \$7.2 million annually. Although the Medication Assisted Treatment Initiative is closely associated with the syringe access programs, it is not specifically required by the existing law and would not be required to expand under this bill.

Under the bill, municipalities beyond those currently participating could choose, but would not be required to, implement sterile syringe exchange programs. The bill does not explicitly address funding for these programs. Municipalities may choose to pay with taxpayer funds, or may be able to obtain federal or private foundation grants to offset all or part of the costs of their programs.

Furthermore, the bill may require the department to expend resources to meet the responsibility of creating a report on the program. The bill requires the commissioner to be the party to annually prepare a detailed analysis of the various needle exchange programs being undertaken in the State, and to annually report the results of such analysis. The bill specifically directs that the commissioner will no longer be required to contract with an independent entity to conduct such analysis and reporting, as is provided by existing law. The cost to create this report cannot be quantified at this time, but it is likely that it should not exceed the current department expenses to contract for the creation of the currently required report.

*Section:*        *Human Services*

*Analyst:*       *Robin Ford*  
                      *Lead Fiscal Analyst*

*Approved:*     *Frank W. Haines III*  
                      *Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## SENATE, No. 1266 STATE OF NEW JERSEY 217th LEGISLATURE

DATED: JUNE 22, 2016

### SUMMARY

- Synopsis:** Establishes permanent sterile syringe access program; appropriates \$95,000.
- Type of Impact:** No State impact. Local cost increase at municipalities' options.
- Agencies Affected:** Department of Health.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Year 1</u></b>	<b><u>Year 2</u></b>	<b><u>Year 3</u></b>
<b>State Cost</b>	\$95,000	\$0	\$0
<b>Local Cost</b>	Indeterminate possible increase, at each municipality's option.		

- The Office of Legislative Services (OLS) finds that the bill would not require any additional costs to be borne by the State beyond what is currently required.
- Municipalities could choose, but would not be required to, implement sterile syringe exchange programs. The bill does not speak to how those programs may be funded. Municipalities may be able to obtain federal or private foundation grants to offset all or part of the costs of their programs.
- The bill's \$95,000 appropriation is not reserved for any specific purpose, except to implement the bill. It could possibly be used to pay State administrative expenses, thus freeing General Fund money for other purposes. Alternatively, the appropriation could fund grants to municipalities or other entities to support the operation or expansion of needle exchange programs.

### BILL DESCRIPTION

Senate Bill No. 1266 (1R) of 2016 would make permanent the "Bloodborne Disease Harm Reduction Act," P.L.2006, c.99 (C.26:5C-25 et seq.), which established a demonstration program that authorized up to six municipalities in the State to operate needle exchange programs.

(Atlantic City, Camden, Jersey City, Newark, and Paterson currently operate such programs.) The bill would authorize any municipality in the State to operate a needle exchange program, and would provide for an appropriation of \$95,000 to effectuate the bill's purposes.

The bill would specify that any rules or regulations, which are adopted by the Commissioner of Health to implement the bill's provisions, are to be consistent with the existing regulations that govern the demonstration program.

The bill would further specify that the commissioner will be the party who is required to annually prepare a detailed analysis of the various needle exchange programs being undertaken in the State, and to annually report the results of such analysis to the Governor, the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and the Legislature. The commissioner will no longer be required to contract with an independent entity to conduct such analysis and reporting, as is provided by existing law.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS finds that the bill would not require any additional costs to be borne by the State beyond what is required under current law. According to the final report on the "Bloodborne Disease Harm Reduction Act" issued by the Department of Health in October 2012, the State does not directly fund sterile syringe access programs (SAPs). The Department of Human Services financially supports the Medication Assisted Treatment Initiative, which receives patient referrals from SAPs and pays costs associated with the medical and psychosocial management and treatment of addiction, at a cost to the State of approximately \$7.2 million annually. Although the Medication Assisted Treatment Initiative is closely associated with the syringe access programs, it is not specifically required by the existing law and would not be required to expand under this bill.

Under the bill, municipalities beyond those currently participating could choose, but would not be required to, implement sterile syringe exchange programs. The bill does not speak to how those programs may be funded. Municipalities may choose to pay with taxpayer funds, or may be able to obtain federal or private foundation grants to offset all or part of the costs of their programs.

The bill's \$95,000 appropriation is not reserved for any specific purpose, except to implement the bill. The appropriation could possibly be used to pay State administrative expenses, thus freeing General Fund appropriations to the Department of Health for other general purposes. Alternatively, the appropriation could fund grants to municipalities or other entities to support the operation or expansion of needle exchange programs, possibly reducing costs to local entities that choose to establish syringe access programs.

*Section:* Human Services

*Analyst:* David Drescher  
Senior Fiscal Analyst

*Approved:* Frank W. Haines III  
Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

**ASSEMBLY, No. 415**

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**STATE OF NEW JERSEY**

**217th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

**Sponsored by:**

**Assemblyman TIM EUSTACE**

**District 38 (Bergen and Passaic)**

**Assemblyman REED GUSCIORA**

**District 15 (Hunterdon and Mercer)**

**Assemblywoman ANNETTE QUIJANO**

**District 20 (Union)**

**Co-Sponsored by:**

**Assemblymen Johnson, Diegnan, Assemblywoman Tucker, Assemblymen  
Giblin, Green and Coughlin**

**SYNOPSIS**

Establishes permanent sterile syringe access program; appropriates \$95,000.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning sterile syringe access programs, amending  
2 P.L.2006, c.99 and making an appropriation.

3

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

6

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

9 2. The Legislature finds and declares that:

10 a. **[New Jersey, in comparison with other states nationwide,**  
11 has the highest rate of cumulative AIDS cases among women, the  
12 third highest rate of cumulative pediatric AIDS cases, the fifth  
13 highest adult HIV rate, and a rate of injection-related HIV infection  
14 that is almost twice the national average**]** Injection drug use is one  
15 of the most common methods of transmission of HIV, hepatitis C,  
16 and other bloodborne pathogens;

17 b. About one in every three persons living with HIV or AIDS is  
18 female;

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

23 d. Sterile syringe access programs have been proven effective  
24 in reducing the spread of HIV, hepatitis C, and other bloodborne  
25 pathogens without increasing drug abuse or other adverse social  
26 impacts; **[yet New Jersey remains the only State nationwide that**  
27 provides no access to sterile syringes in order to prevent the spread  
28 of disease**];**

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

37 f. Sterile syringe access programs are designed to prevent the  
38 spread of HIV, hepatitis C, and other bloodborne pathogens, and to  
39 provide a bridge to drug abuse treatment and other social services  
40 for drug users; and it is in the public interest to **[encourage the**  
41 development of**]** establish such programs in this State in accordance  
42 with statutory guidelines designed to ensure the safety of consumers  
43 who use these programs, the health care workers who operate them,  
44 and the members of the general public.

45 (cf: P.L.2006, c.99, s.2)

**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.

- 1       2. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read  
2 as follows:
- 3       3. The Commissioner of Health and Senior Services shall  
4 establish a **【demonstration】** program to permit **【up to six**  
5 **municipalities】** a municipality to operate a sterile syringe access  
6 program in accordance with the provisions of **【this act**. For the  
7 purposes of the demonstration program, the **】** P.L.2006, c.99  
8 (C.26:5C-25 et al), as amended by P.L. , c. (pending before the  
9 Legislature as this bill). The commissioner shall prescribe by  
10 regulation requirements for a municipality to establish, or otherwise  
11 authorize the operation within that municipality of, a sterile syringe  
12 access program to provide for the exchange of hypodermic syringes  
13 and needles in accordance with the provisions of **【this act】**  
14 P.L.2006, c.99, and consistent with the rules adopted at  
15 N.J.A.C.8:63-1.1 et seq., effective April 9, 2007.
- 16       a. The commissioner shall:
- 17       (1) request an application, to be submitted on a form and in a  
18 manner to be prescribed by the commissioner, from any  
19 municipality that seeks to establish a sterile syringe access program,  
20 or from other entities authorized to operate a sterile syringe access  
21 program within that municipality as provided in paragraph (2) of  
22 subsection a. of section 4 of **【this act】** P.L.2006, c.99, as amended  
23 by P.L. , c. (pending before the Legislature as this bill);
- 24       (2) approve those applications that meet the requirements  
25 established by regulation of the commissioner and contract with the  
26 municipalities or entities whose applications are approved to  
27 establish a sterile syringe access program as provided in paragraph  
28 (2) of subsection a. of section 4 of **【this act】** P.L.2006, c.99, as  
29 amended by P.L. , c. (pending before the Legislature as this bill),  
30 to operate a sterile syringe access program in any municipality in  
31 which the governing body has authorized the operation of sterile  
32 syringe access programs within that municipality by ordinance;
- 33       (3) support and facilitate, to the maximum extent practicable,  
34 the linkage of sterile syringe access programs to such health care  
35 facilities and programs as may provide appropriate health care  
36 services, including mental health and substance abuse treatment,  
37 and to housing assistance, career employment-related counseling,  
38 and education counseling to consumers participating in any such  
39 program;
- 40       (4) provide for the adoption of a uniform identification card or  
41 other uniform Statewide means of identification for consumers,  
42 staff, and volunteers of a sterile syringe access program pursuant to  
43 paragraph (8) of subsection b. of section 4 of **【this act】**  
44 P.L.2006, c.99, as amended by P.L. , c. (pending before the  
45 Legislature as this bill); and
- 46       (5) maintain a record of the data reported to the commissioner  
47 by sterile syringe access programs pursuant to paragraph (10) of

1 subsection b. of section 4 of **【this act】** P.L.2006, c.99, as amended  
2 by P.L. , c. (pending before the Legislature as this bill).

3 b. The commissioner shall be authorized to accept such funding  
4 as may be made available from the private sector to effectuate the  
5 purposes of **【this act】** P.L.2006, c.99, as amended by P.L. ,  
6 c. (pending before the Legislature as this bill).  
7 (cf: P.L.2006, c.99, s.3)

8  
9 3. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read  
10 as follows:

11 5. a. (1) The Commissioner of Health and Senior Services shall  
12 report to the Governor and, pursuant to section 2 of P.L.1991, 164  
13 (C.52:14-19.1), the Legislature, no later than one year after the  
14 effective date of **【this act】** P.L.2006, c.99 (C.26:5C-25 et al) and  
15 biennially thereafter, on the status of sterile syringe access  
16 programs established pursuant to sections 3 and 4 of P.L.2006, c.99  
17 (C.26:5C-27 and C.26:5C-28), as amended by P.L. , c. (pending  
18 before the Legislature as this bill), and shall include in that report  
19 the data provided to the commissioner by each sterile syringe access  
20 program pursuant to paragraph (10) of subsection b. of section 4 of  
21 P.L.2006, c.99 (C.26:5C-28), as amended by P.L. , c. (pending  
22 before the Legislature as this bill).

23 (2) For the purpose of each biennial report pursuant to  
24 paragraph (1) of this subsection, the commissioner shall:

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

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

33 b. **【**The commissioner shall report to the Governor and,  
34 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the  
35 Legislature, no later than six months after the date that the initial  
36 sterile syringe access program, which is approved by the  
37 commissioner pursuant to section 3 of P.L.2006, c.99 (C.26:5C-27),  
38 commences its operations, and shall include in that report:

39 (1) an assessment of whether an adequate number of drug abuse  
40 treatment program slots is available to meet the treatment needs of  
41 persons who have been referred to drug abuse treatment programs  
42 by sterile syringe access programs pursuant to paragraph (4) of  
43 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28); and

44 (2) a recommendation for such appropriation as the  
45 commissioner determines necessary to ensure the provision of an  
46 adequate number of drug abuse treatment program slots for those

1 persons.】 (Deleted by amendment, P.L. , c. ) (pending before the  
2 Legislature as this bill)

3 c. The commissioner shall 【contract with an entity that is  
4 independent of the department to】 prepare a detailed analysis of the  
5 sterile syringe access programs, and 【to】 report on the results of  
6 that analysis to the Governor, the Governor's Advisory Council on  
7 HIV/AIDS and Related Blood-Borne Pathogens, and, pursuant to  
8 section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature 【, no  
9 later than 24 months after the adoption of regulations required  
10 pursuant to subsection b. of section 7 of P.L.2006, c.99 (C.26:5C-  
11 31) and】 annually 【thereafter】. The analysis shall include, but not  
12 be limited to:

13 (1) any increase or decrease in the spread of HIV, hepatitis C,  
14 and other 【blood-borne】 bloodborne pathogens that may be  
15 transmitted by the use of contaminated syringes and needles;

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

19 (3) the number of consumers participating in the sterile syringe  
20 access programs and an assessment of their reasons for participating  
21 in the programs;

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

24 (5) the number of consumers in the sterile syringe access  
25 programs who benefited from counseling and referrals to programs  
26 and entities that are relevant to their health, housing, social service,  
27 employment, and other needs.

28 d. 【Within 90 days after receipt of the third report pursuant to  
29 subsection c. of this section, the commissioner shall submit to the  
30 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-  
31 19.1), the Legislature, on a day when both Houses of the  
32 Legislature are meeting in the course of a regular or special session,  
33 the commissioner's recommendations regarding whether or not to  
34 continue the demonstration program established pursuant to this act.  
35 The commissioner's recommendations shall be effective unless the  
36 Legislature passes a concurrent resolution overriding the  
37 commissioner's recommendations no later than the 45th day after its  
38 receipt of those recommendations.】 (Deleted by amendment,  
39 P.L. , c. ) (pending before the Legislature as this bill)

40 (cf: P.L.2006, c.99, s.5)

41

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

44 8. The possession of a hypodermic syringe or needle by a  
45 consumer who participates in, or an employee or volunteer of, a  
46 sterile syringe access program established pursuant to sections 3  
47 and 4 of P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28), as amended

1 by P.L. , c. (pending before the Legislature as this bill), shall not  
2 constitute an offense pursuant to N.J.S.2C:36-1 et seq. This  
3 provision shall extend to a hypodermic syringe or needle that  
4 contains a residual amount of a controlled dangerous substance or  
5 controlled substance analog.  
6 (cf: P.L.2006, c.99, s.8)

7  
8 5. There is appropriated from the General Fund to the  
9 Department of Health and Senior Services the sum of \$95,000 to  
10 effectuate the provisions of this act.

11  
12 6. This act shall take effect immediately.

13  
14  
15 STATEMENT

16  
17 This bill makes permanent the “Bloodborne Disease Harm  
18 Reduction Act,” P.L.2006, c.99 (C.26:5C-25 et al.), which  
19 established a demonstration program that authorized up to six  
20 municipalities in the State to operate needle exchange programs.  
21 (Atlantic City, Camden, Jersey City, Newark, and Paterson  
22 currently operate such programs.) This bill would authorize any  
23 municipality in the State to operate such a program and provides for  
24 an appropriation of \$95,000 to effectuate the purposes of the bill.

25 The bill further provides that regulations to be prescribed by the  
26 Commissioner of Health and Senior Services be consistent with the  
27 regulations adopted in 2007 that currently govern the demonstration  
28 program. In addition, the bill amends current law to provide that  
29 the commissioner prepare an analysis of the programs, rather than  
30 contract with an independent entity to do so. Needle exchange  
31 programs collect used syringes and distribute sterile syringes in  
32 order to reduce the sharing of needles, and thereby help reduce the  
33 spread of bloodborne diseases such as HIV and hepatitis C.  
34 According to the 2010 interim report issued by the Department of  
35 Health and Senior Services, the municipal needle exchange  
36 programs established pursuant to the “Bloodborne Disease Harm  
37 Reduction Act” reduced HIV risks and increased access to drug  
38 treatment and other social services for intravenous drug users,  
39 without any increase in harmful effects on the rates of crime or  
40 syringe disposal. The report indicates that the program holds great  
41 promise in preventing the transmission of bloodborne pathogens,  
42 including HIV/AIDS and hepatitis C.

# ASSEMBLY BUDGET COMMITTEE

## STATEMENT TO

### ASSEMBLY COMMITTEE SUBSTITUTE FOR **ASSEMBLY, No. 415**

# **STATE OF NEW JERSEY**

DATED: JUNE 23, 2016

The Assembly Budget Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 415.

This Assembly Committee Substitute for Assembly Bill No. 415 makes permanent the “Bloodborne Disease Harm Reduction Act,” P.L.2006, c.99 (C.26:5C-25 et seq.), which established a demonstration program that authorized up to six municipalities in the State to operate needle exchange programs. (Atlantic City, Camden, Jersey City, Newark, and Paterson currently operate such programs.) This bill authorizes any municipality in the State to operate such a program and provides for an appropriation of \$95,000 to effectuate the purposes of the bill.

The bill further provides that regulations to be prescribed by the Commissioner of Health be consistent with the regulations adopted in 2007 that currently govern the demonstration program. In addition, the bill amends current law to provide that the commissioner prepare an analysis of the programs, rather than contract with an independent entity to do so. Needle exchange programs collect used syringes and distribute sterile syringes in order to reduce the sharing of needles, and thereby help reduce the spread of bloodborne diseases such as HIV and hepatitis C. According to the 2010 interim report issued by the Department of Health and Senior Services, the municipal needle exchange programs established pursuant to the “Bloodborne Disease Harm Reduction Act” reduced HIV risks and increased access to drug treatment and other social services for intravenous drug users, without any increase in harmful effects on the rates of crime or syringe disposal. The report indicates that the program holds great promise in preventing the transmission of bloodborne pathogens, including HIV/AIDS and hepatitis C.

#### FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill would not require any additional costs to be borne by the State beyond what is currently required.

Municipalities could choose, but would not be required to, implement sterile syringe exchange programs. The bill does not speak to how those programs may be funded. Municipalities may be able to obtain federal or private foundation grants to offset all or part of the costs of their programs.

The bill's \$95,000 appropriation is not reserved for any specific purpose, except to implement the bill. It could possibly be used to pay State administrative expenses, thus freeing General Fund money for other purposes. Alternatively, the appropriation could fund grants to municipalities or other entities to support the operation or expansion of needle exchange programs.

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR  
**ASSEMBLY, No. 415**

with Assembly Floor Amendments  
(Proposed by Assemblyman EUSTACE)

ADOPTED: JUNE 27, 2016

These amendments eliminate the bill's \$95,000 General Fund appropriation to the Department of Health, and revise the title of the bill to reflect the change.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR

**ASSEMBLY, No. 415**

**STATE OF NEW JERSEY**

**217th LEGISLATURE**

DATED: JULY 6, 2016

## SUMMARY

- Synopsis:** Establishes permanent sterile syringe access program.
- Type of Impact:** No State impact. Local cost increase at municipalities' options.
- Agencies Affected:** Department of Health.

### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Year 1 to Year 3</u></b>
<b>State Cost</b>	No additional cost
<b>Local Cost</b>	Indeterminate possible increase, at each municipality's option.

- The Office of Legislative Services finds that the bill would not require any additional costs to be borne by the State beyond what is currently required.
- Municipalities could choose, but would not be required to, implement sterile syringe exchange programs. The bill does not speak to how those programs may be funded. Municipalities may be able to obtain federal or private foundation grants to offset all or part of the costs of their programs.

## BILL DESCRIPTION

The First Reprint to the Assembly Committee Substitute for Assembly Bill No. 415 of 2016 would make permanent the "Bloodborne Disease Harm Reduction Act," P.L.2006, c.99 (C.26:5C-25 et seq.), which established a demonstration program that authorized up to six municipalities in the State to operate needle exchange programs. (Atlantic City, Camden, Jersey City, Newark, and Paterson currently operate such programs.) The bill would authorize any municipality in the State to operate a needle exchange program.

The bill would specify that any rules or regulations, which are adopted by the Commissioner of Health to implement the bill's provisions, are to be consistent with the existing regulations that govern the demonstration program.

The bill would further specify that the commissioner will be the party who is required to annually prepare a detailed analysis of the various needle exchange programs being undertaken in the State, and to annually report the results of such analysis to the Governor, the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and the Legislature. The commissioner will no longer be required to contract with an independent entity to conduct such analysis and reporting, as is provided by existing law.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The Office of Legislative Services finds that the bill would not require any additional costs to be borne by the State beyond what is required under current law. According to the final report on the "Bloodborne Disease Harm Reduction Act" issued by the Department of Health in October 2012, the State does not directly fund sterile syringe access programs (SAPs). The Department of Human Services financially supports the Medication Assisted Treatment Initiative, which receives patient referrals from SAPs and pays costs associated with the medical and psychosocial management and treatment of addiction, at a cost to the State of approximately \$7.2 million annually. Although the Medication Assisted Treatment Initiative is closely associated with the syringe access programs, it is not specifically required by the existing law and would not be required to expand under this bill.

Under the bill, municipalities beyond those currently participating could choose, but would not be required to, implement sterile syringe exchange programs. The bill does not explicitly address funding for these programs. Municipalities may choose to pay with taxpayer funds, or may be able to obtain federal or private foundation grants to offset all or part of the costs of their programs.

Furthermore, the bill may require the department to expend resources to meet the responsibility of creating a report on the program. The bill requires the commissioner to be the party to annually prepare a detailed analysis of the various needle exchange programs being undertaken in the State, and to annually report the results of such analysis. The bill specifically directs that the commissioner will no longer be required to contract with an independent entity to conduct such analysis and reporting, as is provided by existing law. The cost to create this report cannot be quantified at this time, but it is likely that it should not exceed the current department expenses to contract for the creation of the currently required report.

*Section: Human Services*

*Analyst: Robin Ford  
Lead Fiscal Analyst*

*Approved: Frank W. Haines III  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

## 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.

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## Christie Administration Announces CDC Grant Funding Totaling More than \$7.6 Million to Combat Opioid Overdose Epidemic

Wednesday, August 31, 2016

Tags: [Addiction Taskforce](#)

**Trenton, NJ** – Governor Chris Christie today announced The Centers for Disease Control and Prevention (CDC) has awarded the New Jersey Department of Health (DOH) a \$727,688 competitive grant to enhance efforts to curb the opioid crisis through a series of initiatives and the New Jersey Department of Human Services (DHS) approximately \$6.9 million to target prescription and opioid misuse.

"Today is International Overdose Awareness Day, a reminder that the disease of addiction is preventable through education and intervention," said Governor Christie. "These funding grants are another important step in combating opioid misuse and abuse in New Jersey while strengthening our ability to positively impact the opioid crisis in our state by saving lives."

Funding for DOH will enable the agency to enhance its data access and analysis; improve prevention planning, including implementing a statewide strategic plan; assess the impact of state-level policies on the opioid crisis; identify and engage communities most impacted by the effects of the opioid crisis; and maximize the New Jersey Prescription Monitoring Program's public health surveillance potential.

The CDC's Prescription Drug Overdose Prevention grant helps states combat ongoing prescription drug overdose challenges. The purpose is to provide state health departments with resources and support needed to advance interventions for preventing prescription drug overdoses.

Through 2019, CDC plans to give selected states annual awards between \$750,000 and \$1 million to advance prevention in four key areas: maximizing prescription drug monitoring programs; community, insurer or health systems interventions; policy evaluations and Rapid Response projects.

Through SAMHSA, DHS will receive a Strategic Prevention Framework for Prescription Drugs five-year grant award for approximately \$1.9 million to target prescription drug misuse. The program is designed to raise awareness about the dangers of sharing medications and educate pharmaceutical and medical communities on the risks of overprescribing to young adults.

This grant also will fund prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA will track reductions in opioid overdoses and the incorporation of Prescription Drug Monitoring Program (PDMP) data into needs assessments and strategic plans as indicators of the program's success. The cooperative agreement between DHS and Substance Abuse and Mental Health Services Administration (SAMHSA) calls for up to 25 awards of about \$371,616 annually.

The reports developed from the DHS' Division of Mental Health and Addiction Services (DMHAS) data analysis will be shared with other state agencies and with DMHAS' Regional Prevention Coalitions to inform planning in local communities.

In addition, DHS is receiving \$5 million to target the reduction of the number of prescription drug/opioid overdose related deaths and adverse events among 18 year olds and older. The grant will focus on training key community sectors on the prevention of prescription drug/opioid overdose related deaths and implementing prevention strategies, including the purchase and distribution of naloxone kits. A cooperative agreement between DHS and SAMHSA calls for up to 11 awards of \$1million annually.

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Governor's Statement Upon Signing Senate Bill No. 1266 (Second Reprint) [pdf 23kB]

Governor's Statement Upon Signing Senate Bill No. 20 [pdf 20kB]

International Overdose Awareness Day is a global event held annually on August 31 that aims to raise awareness of overdoses and reduce the stigma of drug-related deaths. It also acknowledges the grief felt by families and friends who have experienced death or permanent injury as a result of drug overdoses.

###

#### BILL SIGNINGS:

**S-20/A-20 (Sweeney, Beck/Downey, Houghtaling, Chiaravalloti, Wisniewski, Greenwald)** – w/STATEMENT - Prohibits person whose driver's license is suspended for DWI from operating NJT train

**S-166/A-3901 (Bateman, Doherty/Singleton, Zwicker, DiMaio)** - Establishes Hunterdon-Somerset Flood Advisory Task Force

**S-1155/A-2696 (Diegnan/Johnson)** - Regulates autocycles as motorcycles

**S-1266/ACS for A-415 (Vitale, Gill/Eustace, Gusciora, Quijano)** – w/STATEMENT - Establishes permanent sterile syringe access program

**S-1880/A-1419 (Turner/Johnson, Wimberly, Pinkin, Bramnick, Mukherji)** - Imposes certain requirements on telephone service contracts for inmates in certain correctional facilities

**SJR-68/AJR-110 (Sweeney, Ruiz/Quijano, Mazzeo, Caride, Vainieri Huttie)** - Urges Congress to ask US DOE and US DOL to modify regulations regarding Workforce Innovation and Opportunity Act to protect individuals with disabilities

**A-1794/S-1826 (Burzichelli, Singleton, Mukherji/Oroho)** - Concerns calculation of net premiums on certain life insurance policies for purposes of certain DOBI assessments

**A-1934/S-1307 (Coughlin, Johnson, Andrzejczak, Rumana, Wimberly/Vitale, Cruz-Perez)** - Exempts veterans' organizations from nonprofit corporation annual report filing fee

**A-2224/S-1002 (Peterson, Sumter, DiMaio, Benson/Holzapfel, Greenstein)** - Establishes "Secondhand Valuables Transaction Reporting Task Force"

**A-2789/S-1835 (Greenwald, Burzichelli, DeAngelo, Mukherji/Whelan, Bateman)** - Allows use of rear view backup camera and parking sensors during road test

**A-3434/S-2187 (Greenwald, Eustace/Gill)** - Permits abandoned prescription medication to be re-dispensed up to one year after original preparation

**A-3540/S-2310 (Holley, Schaer, Kennedy/Diegnan, Oroho)** - Provides that certain corporations bidding for public contracts may submit federal Securities and Exchange Commission filings to comply with requirement to disclose certain interest holders; requires submission by limited liability companies

**A-3682/S-2080 (Kennedy, Bramnick, Holley, Rible/Scutari)** - Permits animal facilities to use artificial turf in outdoor enclosures

**AJR-46/SJR-57 (Schaer, Eustace, Benson, Johnson, Pinkin/Singer, Gordon)** - Creates the "New Jersey Biotechnology Task Force"

**AJR-103/SJR-70 (Houghtaling, Downey, Mukherji/Madden, O'Toole)** - Designates November of each year as "Pancreatic Cancer Awareness Month"

#### BILLS VETOED:

**S-972/A-1788 (Sweeney, O'Toole, Ruiz/Burzichelli, Giblin, Pintor Marin)** –**CONDITIONAL** - Establishes Child Advocacy Center-Multidisciplinary Team Advisory Board and certification program for child advocacy centers and multidisciplinary teams; appropriates \$10 million

**S-2361/A-3951 (Weinberg, Sarlo, Gordon/Vainieri Huttie, Lagana, Eustace, Caride, Mukherji, Schepisi)** – **CONDITIONAL** - Authorizes certain county to establish county hospital authority; amends title of "Municipal Hospital Authority Law"

**A-1877/S-1129 (Wimberly, Sumter, Jasey, Johnson/Rice, Ruiz)** – **CONDITIONAL** - "Healthy Small Food Retailer Act"; provides funding to small food retailers to sell fresh and nutritious food

**A-2576/S-1080 (Gusciora, Muoio, Caputo, Mukherji, Chiaravalloti, Houghtaling, Pintor Marin/Turner)** – **CONDITIONAL** - Extends duration of urban enterprise zones for 10 additional years; specifies permissible use of funds

**A-3744/S-2330 (McKeon, Vainieri Huttie, Caputo, Jasey, Downey/Codey, Vitale)** – **CONDITIONAL** - Establishes law enforcement assisted addiction and recovery programs

###

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Brian Murray  
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## Governor Chris Christie Signs Legislation Codifying Sterile Syringe Access Program

Wednesday, August 31, 2016

Tags: [Addiction Taskforce](#)

### *Takes Action On Other Pending Legislation*

Trenton, NJ - Governor Chris Christie today signed legislation allowing any municipality to operate a Syringe Access Program (SAP), while directing the state Health Commissioner to invest \$200,000 for syringes and supplies for the five existing pilot programs. The increased funding will provide more than a year's worth of needed syringes and supplies to the existing programs in Atlantic City, Camden, Jersey City and Newark and Paterson. The Governor line item vetoed \$95,000 the Legislature originally proposed in the Fiscal Year 2017 budget because it was insufficient to meet the needs of these programs.

"Individuals struggling with the disease of addiction are more likely to seek treatment if they participate in a Syringe Access Program," said Governor Christie. "These are programs that provide life-saving access to an array of vital services including testing, counseling and education as well as preventing the transmission of blood-borne diseases such as HIV and Hepatitis."

SAPs have served nearly 22,000 individuals and each year distribute more than one million sterile syringes. In addition, the use of Naloxone (commonly known as "Narcan") by these programs has saved over 40 lives.

The Governor also took the following action on other pending legislation:

#### BILL SIGNINGS:

**S-20/A-20 (Sweeney, Beck/Downey, Houghtaling, Chiaravalloti, Wisniewski, Greenwald)** – w/STATEMENT - Prohibits person whose driver's license is suspended for DWI from operating NJT train

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