

26:5C-25 to 26:5C-31

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2006 **CHAPTER:** 99

NJSA: 26:5C-25 to 26:5C-31 ("Bloodborne Disease Harm Reduction Act"; establishes demonstration program to permit operation of sterile syringe access programs; appropriates \$10 million)

BILL NO: S494 (Substituted for A1852)

SPONSOR(S) Gill and others

DATE INTRODUCED: Pre-filed

COMMITTEE: ASSEMBLY:

SENATE: Health, Human Services and Senior Citizens;
Budget and Appropriations

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: ASSEMBLY: December 11, 2006

SENATE: December 11, 2006

DATE OF APPROVAL: December 19, 2006

FOLLOWING ARE ATTACHED IF AVAILABLE:

[FINAL TEXT OF BILL](#) (1st reprint enacted)

S494

SPONSOR'S STATEMENT: (Begins on page 9 of original bill) [Yes](#)

COMMITTEE STATEMENT: ASSEMBLY: No

SENATE: Yes [9-18-06 \(Health, Human Services, Senior Citizens\)](#)
[10-12-06 \(Budget and Appropriations\)](#)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL NOTE: No

A1852

SPONSOR'S STATEMENT: (Begins on page 10 of original bill) [Yes](#)

COMMITTEE STATEMENT: ASSEMBLY: Yes [10-19-06 \(Health and Senior Services\)](#)
[12-4-06 \(Appropriations\)](#)

SENATE: No

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext. 103 or <mailto:refdesk@njstatelib.org>.

REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

- "Needle-exchange program becomes law," 12-20-06 Courier-Post, p. 3B
- "N.J. last in U.S. to OK needle exchange," 12-20-06 Asbury Park Press, p. 01a
- "Needle-exchange program long overdue, Corzine says" 12-20-06 Courier-Post, p. ___
- "Corzine enacts needle exchanges," 12-20-06 Home News Tribune, p. ___
- "Corzine signs bill creating clean-needle program for addicts," 12-20-06, The Philadelphia Inquirer, p.B1
- "Needle swap to start soon," 12-20-06, The Record, p.A03
- "Corzine signs bill allowing needle-exchange program in N.J.," 12-20-06, The Burlington County Times, p. ___
- "Corzine allows for needle hand out for drug addicts," 12-20-06, The Trentonian, p.3
- "Corzine puts needle exchange in motion," 12-20-06, The Press, p. 1
- "N.J. legalizes needle exchanges," 12-20-06, The Star Ledger, p. 17
- "Metro Briefing, New Jersey, Trenton: Needle Exchanges Approved," The New York Times, p.B6(L)
- "Healthy Progress," 12-20-06, Burlington County Times, p. ___

RWH 3/13/08

§§1-7 -
C.26:5C-25
to 26:5C-31
§8 - C.2C:36-6a
§§10,11 -
C.13:1E-48.16a &
13:1E-48.16b
§12 - Approp.

P.L. 2006, CHAPTER 99, *approved December 19, 2006*
Senate, No. 494 (*First Reprint*)

1 AN ACT providing for sterile syringe access programs,
2 supplementing '[Title] Titles' 26 'and 13' of the Revised
3 Statutes and Title 2C of the New Jersey Statutes '[and],'
4 amending P.L.1989, c.34', and making an appropriation'.

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

8
9 1. (New section) This act shall be known and may be cited as
10 the "Bloodborne Disease Harm Reduction Act."

11
12 2. (New section) The Legislature finds and declares that:

13 a. New Jersey, in comparison with other states nationwide, has
14 the highest rate of '[HIV infection] cumulative AIDS cases' among
15 women, the third highest 'rate of cumulative' pediatric '[HIV rate]
16 AIDS cases', the fifth highest adult HIV rate, and a rate of
17 injection-related HIV infection that is almost twice the national
18 average;

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

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

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

30 '[d.] e.' Every scientific, medical and professional agency or
31 organization that has studied this issue, including the federal
32 Centers for Disease Control and Prevention, the American Medical
33 Association, the American Public Health Association, the National
34 Academy of Sciences, the National Institutes of Health Consensus
35 Panel, the American Academy of Pediatrics, and the United States

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted September 18, 2006.

1 Conference of Mayors, has found sterile syringe access programs to
2 be effective in reducing the transmission of HIV; and

3 '[e.] f.' Sterile syringe access programs are designed to prevent
4 the spread of HIV, hepatitis C and other bloodborne pathogens, and
5 to provide a bridge to drug abuse treatment and other social services
6 for drug users; and it is in the public interest to encourage the
7 development of such programs in this State in accordance with
8 statutory guidelines designed to ensure the safety of consumers who
9 use these programs, the health care workers who operate them, and
10 the members of the general public.

11

12 3. (New section) The Commissioner of Health and Senior
13 Services shall 'establish a demonstration program to permit up to
14 six municipalities to operate a sterile syringe access program in
15 accordance with the provisions of this act. For the purposes of the
16 demonstration program, the commissioner shall' prescribe by
17 regulation requirements for a municipality to establish, or otherwise
18 authorize the operation within that municipality of, a sterile syringe
19 access program to provide for the exchange of hypodermic syringes
20 and needles in accordance with the provisions of this act.

21 a. The commissioner shall:

22 (1) request an application, to be submitted on a form and in a
23 manner to be prescribed by the commissioner, from any
24 municipality that seeks to establish a sterile syringe access program,
25 or from other entities authorized to operate a sterile syringe access
26 program within that municipality as provided in paragraph (2) of
27 subsection a. of section 4 of this act;

28 (2) approve those applications that meet the requirements
29 established by regulation of the commissioner and contract with the
30 municipalities or entities whose applications are approved to
31 establish a sterile syringe access program as provided in paragraph
32 (2) of subsection a. of section 4 of this act to operate a sterile
33 syringe access program in any municipality in which the governing
34 body has authorized the operation of sterile syringe access programs
35 within that municipality by ordinance;

36 (3) support and facilitate, to the maximum extent practicable, the
37 linkage of sterile syringe access programs to such health care
38 facilities and programs as may provide appropriate health care
39 services, including mental health and substance abuse treatment,
40 'and to housing assistance, career employment-related counseling,
41 and education counseling' to consumers participating in any such
42 program;

43 (4) provide for the adoption of a uniform identification card or
44 other uniform Statewide means of identification for consumers,
45 staff and volunteers of a sterile syringe access program pursuant to
46 paragraph (8) of subsection b. of section 4 of this act; and

47 (5) maintain a record of the data reported to the commissioner by

1 sterile syringe access programs pursuant to paragraph (10) of
2 subsection b. of section 4 of this act.

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.

6
7 4. (New section) a. In accordance with the provisions of section
8 3 of ¹["this act"] P.L. , c. (C.) (pending before the Legislature
9 as this bill)¹, a municipality may establish or authorize
10 establishment of a sterile syringe access program that is approved
11 by the commissioner to provide for the exchange of hypodermic
12 syringes and needles.

13 (1) A municipality that establishes a sterile syringe access
14 program¹, at a fixed location or through a mobile access
15 component,¹ may operate the program directly or contract with one
16 or more of the following entities to operate the program: a hospital
17 or other health care facility licensed pursuant to P.L.1971, c.136
18 (C.26:2H-1 et seq.), a federally qualified health center, a public
19 health agency, a substance abuse treatment program, an AIDS
20 service organization, or another nonprofit entity designated by the
21 municipality. These entities shall also be authorized to contract
22 directly with the commissioner in any municipality in which the
23 governing body has authorized the operation of sterile syringe
24 access programs by ordinance pursuant to paragraph (2) of this
25 subsection. ¹The municipality or entity under contract shall
26 implement the sterile syringe access program in consultation with a
27 federally qualified health center and the New Jersey Office on
28 Minority and Multicultural Health in the Department of Health and
29 Senior Services, and in a culturally competent manner.¹

30 (2) Pursuant to paragraph (2) of subsection a. of section 3 of
31 ¹["this act"] P.L. , c. (C.) (pending before the Legislature as
32 this bill)¹, a municipality whose governing body has authorized the
33 operation of sterile syringe access programs within the municipality
34 may require within the authorizing ordinance that an entity as
35 described in paragraph (1) of this subsection obtain approval from
36 the municipality, in a manner prescribed by the authorizing
37 ordinance, to operate a sterile syringe access program prior to
38 obtaining approval from the commissioner to operate such a
39 program, or may permit the entity to obtain approval to operate
40 such a program by application directly to the commissioner without
41 obtaining prior approval from the municipality.

42 (3) Two or more municipalities may jointly establish or authorize
43 establishment of a sterile syringe access program that operates
44 within those municipalities pursuant to adoption of an ordinance by
45 each participating municipality pursuant to this section.

46 b. A sterile syringe access program shall comply with the
47 following requirements:

- 1 (1) Sterile syringes and needles shall be provided at no cost to
2 consumers 18 years of age and older;
- 3 (2) Program staff shall be trained and regularly supervised in:
4 harm reduction; substance abuse, medical and social service
5 referrals; and infection control procedures, including universal
6 precautions and needle stick injury protocol; and programs shall
7 maintain records of staff and volunteer training and of hepatitis C
8 and tuberculosis screening provided to volunteers and staff;
- 9 (3) The program shall offer information about HIV, hepatitis C
10 and other bloodborne pathogens and prevention materials at no cost
11 to consumers, and shall seek to educate all consumers about safe
12 and proper disposal of needles and syringes;
- 13 (4) The program shall provide information and referrals to
14 consumers, including HIV testing options, access to '[substance]
15 drug' abuse treatment programs, and available health and social
16 service options relevant to the consumer's needs', shall encourage
17 consumers to receive an HIV test, and shall also, when appropriate,
18 develop an individualized drug abuse treatment plan for each
19 participating consumer';
- 20 (5) The program shall screen out consumers under 18 years of
21 age from access to syringes and needles, and shall refer them to
22 '[substance] drug' abuse treatment and other appropriate programs
23 for youth;
- 24 (6) The program shall develop a plan for the handling and
25 disposal of used syringes and needles in accordance with
26 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
27 medical waste disposal pursuant to the "Comprehensive Regulated
28 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
29 al.), and shall also develop and maintain protocols for post-
30 exposure treatment;
- 31 (7) The program shall maintain the confidentiality of consumers
32 by the use of confidential identifiers, which shall consist of the first
33 two letters of the first name of the consumer's mother and the two-
34 digit day of birth and two-digit year of birth of the consumer, or by
35 the use of such other uniform Statewide mechanism as may be
36 approved by the commissioner for this purpose;
- 37 (8) The program shall provide a uniform identification card that
38 has been approved by the commissioner to consumers and to staff
39 and volunteers involved in transporting, exchanging or possessing
40 syringes and needles, or shall provide for such other uniform
41 Statewide means of identification as may be approved by the
42 commissioner for this purpose;
- 43 (9) The program shall provide consumers at the time of
44 enrollment with a schedule of program operation hours and
45 locations, in addition to information about prevention and harm
46 reduction and '[substance] drug' abuse treatment services; and
- 47 (10) The program shall '[provide aggregate data on a quarterly

1 basis to the commissioner, on a form and in a manner determined
 2 by the commissioner, that includes: the number of consumers
 3 served by the program, the number of syringes and needles
 4 distributed each month, and the number and type of referrals
 5 provided to consumers] establish and implement accurate data
 6 collection methods and procedures as required by the commissioner
 7 for the purpose of evaluating the sterile syringe access programs,
 8 including the monitoring and evaluation on a quarterly basis of:

9 (a) sterile syringe access program participation rates, including
 10 the number of consumers who enter drug abuse treatment programs
 11 and the status of their treatment;

12 (b) the effectiveness of the sterile syringe access programs in
 13 meeting their objectives, including, but not limited to, return rates
 14 of syringes and needles distributed to consumers and the impact of
 15 the sterile syringe access programs on intravenous drug use; and

16 (c) the number and type of referrals provided by the sterile
 17 syringe access programs and the specific actions taken by the sterile
 18 syringe access programs on behalf of each consumer¹.

19 c. A municipality may terminate a sterile syringe access
 20 program established or authorized pursuant to this act, which is
 21 operating within that municipality, if its governing body approves
 22 such an action by ordinance, in which case the municipality shall
 23 notify the commissioner of its action in a manner prescribed by
 24 regulation of the commissioner.
 25

26 5. (New section) a. ¹(1)¹ The Commissioner of Health and
 27 Senior Services shall report to the Governor and¹, pursuant to
 28 section 2 of P.L.1991, 164 (C.52:14-19.1),¹ the Legislature, no later
 29 than one year after the effective date of this act and ¹【biannually】
 30 biennially¹ thereafter, on the status of sterile syringe access
 31 programs established pursuant to sections 3 and 4 of P.L. ,
 32 c. (C.) (pending before the Legislature as this bill), and shall
 33 include in that report the data provided to the commissioner by each
 34 sterile syringe access program pursuant to paragraph (10) of
 35 subsection b. of section 4 of P.L. , c. (C.)(pending before
 36 the Legislature as this bill).

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

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

43 (b) seek to obtain data from public safety and emergency medical
 44 services providers Statewide regarding the incidence and location of
 45 needle stick injuries to their personnel and include that information
 46 in the report.¹

47 b. The commissioner shall report to the Governor and¹, pursuant

1 to section 2 of P.L.1991, 164 (C.52:14-19.1),¹ the Legislature¹,¹ no
2 later than six months after the date that the initial sterile syringe
3 access program, which is approved by the commissioner pursuant to
4 section 3 of P.L. , c. (C.)(pending before the Legislature as
5 this bill), commences its operations, and shall include in that report:

6 (1) an assessment of whether an adequate number of
7 '[substance] drug'¹ abuse treatment program slots is available to
8 meet the treatment needs of persons who have been referred to
9 '[substance] drug'¹ abuse treatment programs by sterile syringe
10 access programs pursuant to paragraph (4) of subsection b. of
11 section 4 of P.L. , c. (C.)(pending before the Legislature as
12 this bill); and

13 (2) a recommendation for such appropriation as the
14 commissioner determines necessary to ensure the provision of an
15 adequate number of '[substance] drug'¹ abuse treatment program
16 slots for those persons.

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

27 (1) any increase or decrease in the spread of HIV, hepatitis C and
28 other blood-borne pathogens that may be transmitted by the use of
29 contaminated syringes and needles;

30 (2) the number of exchanged syringes and needles and an
31 evaluation of the disposal of syringes and needles that are not
32 returned by consumers;

33 (3) the number of consumers participating in the sterile syringe
34 access programs and an assessment of their reasons for participating
35 in the programs;

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

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

42 d. Within 90 days after receipt of the third report pursuant to
43 subsection c. of this section, the commissioner shall submit to the
44 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
45 19.1), the Legislature, on a day when both Houses of the
46 Legislature are meeting in the course of a regular or special session,
47 the commissioner's recommendations regarding whether or not to

1 continue the demonstration program established pursuant to this act.
2 The commissioner's recommendations shall be effective unless the
3 Legislature passes a concurrent resolution overriding the
4 commissioner's recommendations no later than the 45th day after
5 its receipt of those recommendations.¹

6
7 '6. (New section) a. The Commissioner of Human Services
8 shall develop a plan for establishing and funding regional substance
9 abuse treatment facilities. The plan shall include a strategy for
10 soliciting proposals from nonprofit agencies and organizations in
11 the State, including State-licensed health care facilities, with
12 experience in the provision of long-term care or outpatient
13 substance abuse treatment services to meet the post-acute health,
14 social, and educational needs of persons living with HIV/AIDS.

15 b. The commissioner shall submit the plan to the Governor and,
16 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the
17 Legislature no later than the 120th day after the effective date of
18 this act, and shall report biannually thereafter to the Governor and,
19 pursuant to section 2 of P.L.1991, 164 (C.52:14-19.1), the
20 Legislature on the implementation of the plan.¹

21
22 '[6.] 7.'¹ (New section) a. The Commissioner of Health and
23 Senior Services, in consultation with the Commissioner of
24 Environmental Protection and pursuant to the "Administrative
25 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt
26 rules and regulations to effectuate the purposes of sections 3 and 4
27 of P.L. , c. (C.)(pending before the Legislature as this
28 bill).

29 b. Notwithstanding any provision of P.L.1968, c.410 to the
30 contrary, the commissioner shall adopt, immediately upon filing
31 with the Office of Administrative Law and no later than the 90th
32 day after the effective date of this act, such regulations as the
33 commissioner deems necessary to implement the provisions of
34 sections 3 and 4 of P.L. , c. (C.)(pending before the
35 Legislature as this bill), which shall be effective until the adoption
36 of rules and regulations pursuant to subsection a. of this section and
37 may be amended, adopted or readopted by the commissioner in
38 accordance with the requirements of P.L.1968, c.410.

39
40 '[7.] 8.'¹ (New section) The possession of a hypodermic
41 syringe or needle by a consumer who participates in, or an
42 employee or volunteer of, a sterile syringe access program
43 established pursuant to sections 3 and 4 of P.L. , c. (C.)(pending
44 before the Legislature as this bill) shall not constitute an offense
45 pursuant to N.J.S.2C:36-1 et seq. This provision shall extend to a
46 hypodermic syringe or needle that contains a residual amount of a
47 controlled dangerous substance or controlled substance analog.

1 '[8.] 9.' Section 3 of P.L.1989, c.34 (C.13:1E-48.3) is amended
2 to read as follows:

3 3. As used in sections 1 through 25 of this act:

4 "Board" means the Board of Public Utilities.

5 "Collection" means the activity related to pick-up and
6 transportation of regulated medical waste from a generator, or from
7 an intermediate location, to a facility, or to a site outside the State,
8 for disposal.

9 "Commissioners" means the Commissioner of Environmental
10 Protection and the Commissioner of Health and Senior Services.

11 "Departments" means the Department of Environmental
12 Protection and the Department of Health and Senior Services.

13 "Dispose" or "disposal" means the storage, treatment, utilization,
14 processing, resource recovery of, or the discharge, deposit,
15 injection, dumping, spilling, leaking, or placing of any regulated
16 medical waste into or on any land or water so that the regulated
17 medical waste or any constituent thereof may enter the environment
18 or be emitted into the air or discharged into any waters, including
19 groundwaters.

20 "Facility" means a solid waste facility as defined in section 3 of
21 P.L.1970, c.39 (C.13:1E-3); or any other incinerator or commercial
22 or noncommercial regulated medical waste disposal facility in this
23 State that accepts regulated medical waste for disposal.

24 "Federal Act" means the "Medical Waste Tracking Act of 1988"
25 (42U.S.C. s.6903 et seq.), or any rule or regulation adopted
26 pursuant thereto.

27 "Generator" means an ambulatory surgical or care facility,
28 community health center, medical doctor's office, dentist's office,
29 podiatrist's office, home health care agency, health care facility,
30 hospital, medical clinic, morgue, nursing home, urgent care center,
31 sterile syringe access program operating pursuant to sections 3 and
32 4 of P.L. , c. (C.)(pending before the Legislature as this bill),
33 veterinary office or clinic, animal, biological, clinical, medical,
34 microbiological, or pathological diagnostic or research laboratory,
35 any of which generates regulated medical waste, or any other
36 facility identified by the departments that generates regulated
37 medical waste. "Generator" shall not include individual households
38 utilizing home self-care.

39 "Regulated medical waste" means blood vials; cultures and
40 stocks of infectious agents and associated biologicals, including
41 cultures from medical and pathological laboratories, cultures and
42 stocks of infectious agents from research and industrial laboratories,
43 wastes from the production of biologicals, discarded live and
44 attenuated vaccines, and culture dishes and devices used to transfer,
45 inoculate, and mix cultures; pathological wastes, including tissues,
46 organs, and body parts that are removed during surgery or autopsy;
47 waste human blood and products of blood, including serum, plasma,
48 and other blood components; sharps that have been used in patient

1 care or in medical, research, or industrial laboratories engaged in
2 medical research, testing, or analysis of diseases affecting the
3 human body, including hypodermic needles, syringes, Pasteur
4 pipettes, broken glass, and scalpel blades; contaminated animal
5 carcasses, body parts, and bedding of animals that were exposed to
6 infectious agents during research, production of biologicals, or
7 testing of pharmaceuticals; any other substance or material related
8 to the transmission of disease as may be deemed appropriate by the
9 departments; and any other substance or material as may be
10 required to be regulated by, or permitted to be exempted from, the
11 Federal Act. The departments may adopt, by rule or regulation and
12 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
13 (C.52:14B-1 et seq.), a more specific definition of regulated
14 medical waste upon the expiration of the demonstration program
15 established under the Federal Act.

16 "Noncommercial facility" means a facility or on-site generator,
17 as the case may be, which accepts regulated medical waste from
18 other generators for on-site disposal for a cost-based fee not in
19 excess of the costs actually incurred by the facility or on-site
20 generator for the treatment or disposal of the regulated medical
21 waste.

22 "Transporter" means a person engaged in the collection or
23 transportation of regulated medical waste.
24 (cf: P.L.1989, c.34, s.3)

25

26 **'[9.] 10.'** (New section) a. The board of chosen freeholders of
27 each county and the New Jersey Meadowlands Commission, in
28 accordance with standards adopted by the Commissioner of
29 Environmental Protection in consultation with the Commissioner of
30 Health and Senior Services, shall prepare and adopt a sharps
31 disposal component as an amendment to the district solid waste
32 management plan required pursuant to the provisions of the "Solid
33 Waste Management Act," P.L.1970, c.39 (C.13:1E-1 et seq.) to
34 provide for the proper and safe disposal of medical waste generated
35 at home within the district.

36 b. The sharps disposal component of each district solid waste
37 management plan shall be developed in consultation with a work
38 group established by the governing body of the affected county and
39 the New Jersey Meadowlands Commission, in the case of the
40 Hackensack Meadowlands District, that includes persons not
41 employed by or affiliated with the county or the commission, as the
42 case may be, who have a demonstrated interest or expertise in the
43 use and disposal of sharps, including, but not limited to,
44 representatives of waste management companies, persons with
45 diabetes and licensed health care facilities.

46 c. The Commissioner of Environment Protection shall provide
47 such financial assistance as may be available to the commissioner
48 for the purpose of this section to the various counties to implement

1 the sharps disposal component of the district solid waste
2 management plan. The commissioner shall be authorized to accept
3 such funding as may be made available from the private sector to
4 effectuate the purposes of this section.

5
6 **'[10.] 11.'** (New section) a. The Commissioner of
7 Environmental Protection, in consultation with the Commissioner of
8 Health and Senior Services and pursuant to the "Administrative
9 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt
10 rules and regulations to effectuate the purposes of section **'[9] 10'**
11 of P.L. , c. (C.) (pending before the Legislature as this
12 bill).

13 b. Notwithstanding any provision of P.L.1968, c.410 to the
14 contrary, the commissioner shall adopt, immediately upon filing
15 with the Office of Administrative Law and no later than the 90th
16 day after the effective date of this act, such regulations as the
17 commissioner deems necessary to implement the provisions of
18 section **'[9] 10'** of P.L. , c. (C.)(pending before the
19 Legislature as this bill), which shall be effective until the adoption
20 of rules and regulations pursuant to subsection a. of this section and
21 may be amended, adopted or readopted by the commissioner in
22 accordance with the requirements of P.L.1968, c.410.

23
24 **'12. (New section) There is appropriated \$10,000,000 from the**
25 **General Fund to the Division of Addiction Services in the**
26 **Department of Human Services for inpatient and outpatient drug**
27 **abuse treatment program slots and outreach.'**

28
29 **'[11.] 13.'** This act shall take effect immediately.

30
31
32 _____
33
34 "Bloodborne Disease Harm Reduction Act"; establishes
35 demonstration program to permit operation of sterile syringe access
36 programs; appropriates \$10 million.

SENATE, No. 494

STATE OF NEW JERSEY 212th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2006 SESSION

Sponsored by:

Senator NIA H. GILL

District 34 (Essex and Passaic)

Senator WILLIAM L. GORMLEY

District 2 (Atlantic)

Co-Sponsored by:

Senators Vitale, Weinberg and Karcher

SYNOPSIS

"Bloodborne Disease Harm Reduction Act"; permits establishment of sterile syringe access programs.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



(Sponsorship Updated As Of: 9/19/2006)

1 AN ACT providing for sterile syringe access programs,
2 supplementing Title 26 of the Revised Statutes and Title 2C of
3 the New Jersey Statutes and amending P.L.1989, c.34.
4

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

7
8 1. (New section) This act shall be known and may be cited as
9 the "Bloodborne Disease Harm Reduction Act."
10

11 2. (New section) The Legislature finds and declares that:

12 a. New Jersey, in comparison with other states nationwide, has
13 the highest rate of HIV infection among women, the third highest
14 pediatric HIV rate, the fifth highest adult HIV rate, and a rate of
15 injection-related HIV infection that is almost twice the national
16 average;

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

19 c. Sterile syringe access programs have been proven effective in
20 reducing the spread of HIV, hepatitis C and other bloodborne
21 pathogens without increasing drug abuse or other adverse social
22 impacts; yet New Jersey remains one of only two states nationwide
23 that provide no access to sterile syringes in order to prevent the
24 spread of disease;

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

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

42 3. (New section) The Commissioner of Health and Senior
43 Services shall prescribe by regulation requirements for a
44 municipality to establish, or otherwise authorize the operation
45 within that municipality of, a sterile syringe access program to

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 provide for the exchange of hypodermic syringes and needles in
2 accordance with the provisions of this act.
- 3 a. The commissioner shall:
- 4 (1) request an application, to be submitted on a form and in a
5 manner to be prescribed by the commissioner, from any
6 municipality that seeks to establish a sterile syringe access program,
7 or from other entities authorized to operate a sterile syringe access
8 program within that municipality as provided in paragraph (2) of
9 subsection a. of section 4 of this act;
- 10 (2) approve those applications that meet the requirements
11 established by regulation of the commissioner and contract with the
12 municipalities or entities whose applications are approved to
13 establish a sterile syringe access program as provided in paragraph
14 (2) of subsection a. of section 4 of this act to operate a sterile
15 syringe access program in any municipality in which the governing
16 body has authorized the operation of sterile syringe access programs
17 within that municipality by ordinance;
- 18 (3) support and facilitate, to the maximum extent practicable,
19 the linkage of sterile syringe access programs to such health care
20 facilities and programs as may provide appropriate health care
21 services, including mental health and substance abuse treatment, to
22 consumers participating in any such program;
- 23 (4) provide for the adoption of a uniform identification card or
24 other uniform Statewide means of identification for consumers,
25 staff and volunteers of a sterile syringe access program pursuant to
26 paragraph (8) of subsection b. of section 4 of this act; and
- 27 (5) maintain a record of the data reported to the commissioner
28 by sterile syringe access programs pursuant to paragraph (10) of
29 subsection b. of section 4 of this act.
- 30 b. The commissioner shall be authorized to accept such funding
31 as may be made available from the private sector to effectuate the
32 purposes of this act.
- 33
- 34 4. (New section) a. In accordance with the provisions of
35 section 3 of this act, a municipality may establish or authorize
36 establishment of a sterile syringe access program that is approved
37 by the commissioner to provide for the exchange of hypodermic
38 syringes and needles.
- 39 (1) A municipality that establishes a sterile syringe access
40 program may operate the program directly or contract with one or
41 more of the following entities to operate the program: a hospital or
42 other health care facility licensed pursuant to P.L.1971, c.136
43 (C.26:2H-1 et seq.), a federally qualified health center, a public
44 health agency, a substance abuse treatment program, an AIDS
45 service organization, or another nonprofit entity designated by the
46 municipality. These entities shall also be authorized to contract
47 directly with the commissioner in any municipality in which the
48 governing body has authorized the operation of sterile syringe

1 access programs by ordinance pursuant to paragraph (2) of this
2 subsection.

3 (2) Pursuant to paragraph (2) of subsection a. of section 3 of this
4 act, a municipality whose governing body has authorized the
5 operation of sterile syringe access programs within the municipality
6 may require within the authorizing ordinance that an entity as
7 described in paragraph (1) of this subsection obtain approval from
8 the municipality, in a manner prescribed by the authorizing
9 ordinance, to operate a sterile syringe access program prior to
10 obtaining approval from the commissioner to operate such a
11 program, or may permit the entity to obtain approval to operate
12 such a program by application directly to the commissioner without
13 obtaining prior approval from the municipality.

14 (3) Two or more municipalities may jointly establish or
15 authorize establishment of a sterile syringe access program that
16 operates within those municipalities pursuant to adoption of an
17 ordinance by each participating municipality pursuant to this
18 section.

19 b. A sterile syringe access program shall comply with the
20 following requirements:

21 (1) Sterile syringes and needles shall be provided at no cost to
22 consumers 18 years of age and older;

23 (2) Program staff shall be trained and regularly supervised in:
24 harm reduction; substance abuse, medical and social service
25 referrals; and infection control procedures, including universal
26 precautions and needle stick injury protocol; and programs shall
27 maintain records of staff and volunteer training and of hepatitis C
28 and tuberculosis screening provided to volunteers and staff;

29 (3) The program shall offer information about HIV, hepatitis C
30 and other bloodborne pathogens and prevention materials at no cost
31 to consumers, and shall seek to educate all consumers about safe
32 and proper disposal of needles and syringes;

33 (4) The program shall provide information and referrals to
34 consumers, including HIV testing options, access to substance
35 abuse treatment programs, and available health and social service
36 options relevant to the consumer's needs;

37 (5) The program shall screen out consumers under 18 years of
38 age from access to syringes and needles, and shall refer them to
39 substance abuse treatment and other appropriate programs for
40 youth;

41 (6) The program shall develop a plan for the handling and
42 disposal of used syringes and needles in accordance with
43 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
44 medical waste disposal pursuant to the "Comprehensive Regulated
45 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
46 al.), and shall also develop and maintain protocols for post-
47 exposure treatment;

48 (7) The program shall maintain the confidentiality of consumers

1 by the use of confidential identifiers, which shall consist of the first
2 two letters of the first name of the consumer's mother and the two-
3 digit day of birth and two-digit year of birth of the consumer, or by
4 the use of such other uniform Statewide mechanism as may be
5 approved by the commissioner for this purpose;

6 (8) The program shall provide a uniform identification card that
7 has been approved by the commissioner to consumers and to staff
8 and volunteers involved in transporting, exchanging or possessing
9 syringes and needles, or shall provide for such other uniform
10 Statewide means of identification as may be approved by the
11 commissioner for this purpose;

12 (9) The program shall provide consumers at the time of
13 enrollment with a schedule of program operation hours and
14 locations, in addition to information about prevention and harm
15 reduction and substance abuse treatment services; and

16 (10) The program shall provide aggregate data on a quarterly
17 basis to the commissioner, on a form and in a manner determined
18 by the commissioner, that includes: the number of consumers
19 served by the program, the number of syringes and needles
20 distributed each month, and the number and type of referrals
21 provided to consumers.

22 c. A municipality may terminate a sterile syringe access program
23 established or authorized pursuant to this act, which is operating
24 within that municipality, if its governing body approves such an
25 action by ordinance, in which case the municipality shall notify the
26 commissioner of its action in a manner prescribed by regulation of
27 the commissioner.

28

29 5. (New section) a. The Commissioner of Health and Senior
30 Services shall report to the Governor and the Legislature, no later
31 than one year after the effective date of this act and biannually
32 thereafter, on the status of sterile syringe access programs
33 established pursuant to sections 3 and 4 of P.L. , c. (C.)
34 (pending before the Legislature as this bill), and shall include in
35 that report the data provided to the commissioner by each sterile
36 syringe access program pursuant to paragraph (10) of subsection b.
37 of section 4 of P.L. , c. (C.)(pending before the Legislature
38 as this bill).

39 b. The commissioner shall report to the Governor and 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. , c. (C.)(pending
43 before the Legislature as this bill), commences its operations, and
44 shall include in that report:

45 (1) an assessment of whether an adequate number of substance
46 abuse treatment program slots is available to meet the treatment
47 needs of persons who have been referred to substance abuse
48 treatment programs by sterile syringe access programs pursuant to

1 paragraph (4) of subsection b. of section 4 of P.L. , c. (C.)
2 (pending before the Legislature as this bill); and

3 (2) a recommendation for such appropriation as the
4 commissioner determines necessary to ensure the provision of an
5 adequate number of substance abuse treatment program slots for
6 those persons.

7
8 6. (New section) a. The Commissioner of Health and Senior
9 Services, in consultation with the Commissioner of Environmental
10 Protection and pursuant to the "Administrative Procedure Act,"
11 P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and
12 regulations to effectuate the purposes of sections 3 and 4 of
13 P.L. , c. (C.)(pending before the Legislature as this bill).

14 b. Notwithstanding any provision of P.L.1968, c.410 to the
15 contrary, the commissioner shall adopt, immediately upon filing
16 with the Office of Administrative Law and no later than the 90th
17 day after the effective date of this act, such regulations as the
18 commissioner deems necessary to implement the provisions of
19 sections 3 and 4 of P.L. , c. (C.)(pending before the
20 Legislature as this bill), which shall be effective until the adoption
21 of rules and regulations pursuant to subsection a. of this section and
22 may be amended, adopted or readopted by the commissioner in
23 accordance with the requirements of P.L.1968, c.410.

24
25 7. (New section) The possession of a hypodermic syringe or
26 needle by a consumer who participates in, or an employee or
27 volunteer of, a sterile syringe access program established pursuant
28 to sections 3 and 4 of P.L. , c. (C.)(pending before the
29 Legislature as this bill) shall not constitute an offense pursuant to
30 N.J.S.2C:36-1 et seq. This provision shall extend to a hypodermic
31 syringe or needle that contains a residual amount of a controlled
32 dangerous substance or controlled substance analog.

33
34 8. Section 3 of P.L.1989, c.34 (C.13:1E-48.3) is amended to
35 read as follows:

36 3. As used in sections 1 through 25 of this act:

37 "Board" means the Board of Public Utilities.

38 "Collection" means the activity related to pick-up and
39 transportation of regulated medical waste from a generator, or from
40 an intermediate location, to a facility, or to a site outside the State,
41 for disposal.

42 "Commissioners" means the Commissioner of Environmental
43 Protection and the Commissioner of Health and Senior Services.

44 "Departments" means the Department of Environmental
45 Protection and the Department of Health and Senior Services.

46 "Dispose" or "disposal" means the storage, treatment, utilization,
47 processing, resource recovery of, or the discharge, deposit,
48 injection, dumping, spilling, leaking, or placing of any regulated

1 medical waste into or on any land or water so that the regulated
2 medical waste or any constituent thereof may enter the environment
3 or be emitted into the air or discharged into any waters, including
4 groundwaters.

5 "Facility" means a solid waste facility as defined in section 3 of
6 P.L.1970, c.39 (C.13:1E-3); or any other incinerator or commercial
7 or noncommercial regulated medical waste disposal facility in this
8 State that accepts regulated medical waste for disposal.

9 "Federal Act" means the "Medical Waste Tracking Act of 1988"
10 (42U.S.C. s.6903 et seq.), or any rule or regulation adopted
11 pursuant thereto.

12 "Generator" means an ambulatory surgical or care facility,
13 community health center, medical doctor's office, dentist's office,
14 podiatrist's office, home health care agency, health care facility,
15 hospital, medical clinic, morgue, nursing home, urgent care center,
16 sterile syringe access program operating pursuant to sections 3 and
17 4 of P.L. , c. (C.)(pending before the Legislature as this bill),
18 veterinary office or clinic, animal, biological, clinical, medical,
19 microbiological, or pathological diagnostic or research laboratory,
20 any of which generates regulated medical waste, or any other
21 facility identified by the departments that generates regulated
22 medical waste. "Generator" shall not include individual households
23 utilizing home self-care.

24 "Regulated medical waste" means blood vials; cultures and
25 stocks of infectious agents and associated biologicals, including
26 cultures from medical and pathological laboratories, cultures and
27 stocks of infectious agents from research and industrial laboratories,
28 wastes from the production of biologicals, discarded live and
29 attenuated vaccines, and culture dishes and devices used to transfer,
30 inoculate, and mix cultures; pathological wastes, including tissues,
31 organs, and body parts that are removed during surgery or autopsy;
32 waste human blood and products of blood, including serum, plasma,
33 and other blood components; sharps that have been used in patient
34 care or in medical, research, or industrial laboratories engaged in
35 medical research, testing, or analysis of diseases affecting the
36 human body, including hypodermic needles, syringes, Pasteur
37 pipettes, broken glass, and scalpel blades; contaminated animal
38 carcasses, body parts, and bedding of animals that were exposed to
39 infectious agents during research, production of biologicals, or
40 testing of pharmaceuticals; any other substance or material related
41 to the transmission of disease as may be deemed appropriate by the
42 departments; and any other substance or material as may be
43 required to be regulated by, or permitted to be exempted from, the
44 Federal Act. The departments may adopt, by rule or regulation and
45 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
46 (C.52:14B-1 et seq.), a more specific definition of regulated
47 medical waste upon the expiration of the demonstration program
48 established under the Federal Act.

1 "Noncommercial facility" means a facility or on-site generator,
2 as the case may be, which accepts regulated medical waste from
3 other generators for on-site disposal for a cost-based fee not in
4 excess of the costs actually incurred by the facility or on-site
5 generator for the treatment or disposal of the regulated medical
6 waste.

7 "Transporter" means a person engaged in the collection or
8 transportation of regulated medical waste.

9 (cf: P.L.1989, c.34, s.3)

10

11 9. (New section) a. The board of chosen freeholders of each
12 county and the New Jersey Meadowlands Commission, in
13 accordance with standards adopted by the Commissioner of
14 Environmental Protection in consultation with the Commissioner of
15 Health and Senior Services, shall prepare and adopt a sharps
16 disposal component as an amendment to the district solid waste
17 management plan required pursuant to the provisions of the "Solid
18 Waste Management Act," P.L.1970, c.39 (C.13:1E-1 et seq.) to
19 provide for the proper and safe disposal of medical waste generated
20 at home within the district.

21 b. The sharps disposal component of each district solid waste
22 management plan shall be developed in consultation with a work
23 group established by the governing body of the affected county and
24 the New Jersey Meadowlands Commission, in the case of the
25 Hackensack Meadowlands District, that includes persons not
26 employed by or affiliated with the county or the commission, as the
27 case may be, who have a demonstrated interest or expertise in the
28 use and disposal of sharps, including, but not limited to,
29 representatives of waste management companies, persons with
30 diabetes and licensed health care facilities.

31 c. The Commissioner of Environment Protection shall provide
32 such financial assistance as may be available to the commissioner
33 for the purpose of this section to the various counties to implement
34 the sharps disposal component of the district solid waste
35 management plan. The commissioner shall be authorized to accept
36 such funding as may be made available from the private sector to
37 effectuate the purposes of this section.

38

39 10. (New section) a. The Commissioner of Environmental
40 Protection, in consultation with the Commissioner of Health and
41 Senior Services and pursuant to the "Administrative Procedure
42 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and
43 regulations to effectuate the purposes of section 9 of P.L. , c.
44 (C.) (pending before the Legislature as this bill).

45 b. Notwithstanding any provision of P.L.1968, c.410 to the
46 contrary, the commissioner shall adopt, immediately upon filing
47 with the Office of Administrative Law and no later than the 90th
48 day after the effective date of this act, such regulations as the

1 commissioner deems necessary to implement the provisions of
2 section 9 of P.L. , c. (C.)(pending before the Legislature as
3 this bill), which shall be effective until the adoption of rules and
4 regulations pursuant to subsection a. of this section and may be
5 amended, adopted or readopted by the commissioner in accordance
6 with the requirements of P.L.1968, c.410.

7
8 11. This act shall take effect immediately.

9
10
11 STATEMENT

12
13 This bill, which is designated the "Bloodborne Disease Harm
14 Reduction Act," permits the establishment of sterile syringe access
15 programs to prevent the spread of HIV/AIDS, hepatitis C and other
16 bloodborne diseases.

17 Specifically, the bill provides as follows:

18 -- The Commissioner of Health and Senior Services is directed
19 to prescribe by regulation requirements for a municipality to
20 establish, or otherwise authorize the operation within that
21 municipality of, a sterile syringe access program to provide for the
22 exchange of hypodermic syringes and needles.

23 -- The commissioner is to:

24 (1) request an application, to be submitted on a form and in a
25 manner to be prescribed by the commissioner, from any
26 municipality that seeks to establish a sterile syringe access program,
27 or from other entities authorized to operate a sterile syringe access
28 program within that municipality as provided in the bill;

29 (2) approve those applications that meet the requirements
30 established by regulation of the commissioner and contract with the
31 municipalities or entities whose applications are approved to
32 establish a sterile syringe access program as provided in the bill to
33 operate a sterile syringe access program in any municipality in
34 which the governing body has authorized the operation of sterile
35 syringe access programs within that municipality by ordinance;

36 (3) support and facilitate, to the maximum extent practicable,
37 the linkage of sterile syringe access programs to such health care
38 facilities and programs as may provide appropriate health care
39 services, including mental health and substance abuse treatment, to
40 consumers participating in any such program;

41 (4) provide for the adoption of a uniform identification card or
42 other uniform Statewide means of identification for consumers,
43 staff and volunteers of a sterile syringe access program; and

44 (5) maintain a record of the data reported to the commissioner
45 by sterile syringe access programs pursuant to the bill.

46 -- The commissioner is authorized to accept such funding as
47 may be made available from the private sector to effectuate the
48 purposes of the bill.

1 -- A municipality may establish or authorize establishment of a
2 sterile syringe access program that is approved by the commissioner
3 pursuant to the bill to provide for the exchange of hypodermic
4 syringes and needles.

5 (1) A municipality that establishes a sterile syringe access
6 program may operate the program directly or contract with one or
7 more of the following entities to operate the program: a hospital or
8 other licensed health care facility, a federally qualified health
9 center, a public health agency, a substance abuse treatment
10 program, an AIDS service organization, or another nonprofit entity
11 designated by the municipality. These entities will also be
12 authorized to contract directly with the commissioner in any
13 municipality in which the governing body has authorized the
14 operation of sterile syringe access programs by ordinance pursuant
15 to the bill.

16 (2) A municipality whose governing body has authorized the
17 operation of sterile syringe access programs within the municipality
18 may require within the authorizing ordinance that an entity as
19 described in the bill obtain approval from the municipality, in a
20 manner prescribed by the authorizing ordinance, to operate a sterile
21 syringe access program prior to obtaining approval from the
22 commissioner to operate such a program, or may permit the entity
23 to obtain approval to operate such a program by application directly
24 to the commissioner without obtaining prior approval from the
25 municipality to operate such a program.

26 (3) Two or more municipalities may jointly establish or
27 authorize establishment of a sterile syringe access program that
28 operates within those municipalities pursuant to adoption of an
29 ordinance by each participating municipality.

30 -- A sterile syringe access program must comply with the
31 following requirements:

32 (1) Sterile syringes and needles are to be provided at no cost to
33 consumers 18 years of age and older;

34 (2) Program staff are to be trained and regularly supervised in:
35 harm reduction; substance abuse, medical and social service
36 referrals; and infection control procedures, including universal
37 precautions and needle stick injury protocol; and programs are to
38 maintain records of staff and volunteer training and of hepatitis C
39 and tuberculosis screening provided to volunteers and staff;

40 (3) The program is to offer information about HIV, hepatitis C
41 and other bloodborne pathogens and prevention materials at no cost
42 to consumers, and seek to educate all consumers about safe and
43 proper disposal of needles and syringes;

44 (4) The program is to provide information and referrals to
45 consumers, including HIV testing options, access to substance
46 abuse treatment programs, and available health and social service
47 options relevant to the consumer's needs;

48 (5) The program is to screen out consumers under 18 years of

- 1 age from access to syringes and needles, and refer them to
2 substance abuse treatment and other appropriate programs for
3 youth;
- 4 (6) The program is to develop a plan for the handling and
5 disposal of used syringes and needles in accordance with
6 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
7 medical waste disposal pursuant to the "Comprehensive Regulated
8 Medical Waste Management Act," and also develop and maintain
9 protocols for post-exposure treatment;
- 10 (7) The program is to maintain the confidentiality of consumers
11 by the use of confidential identifiers, which are to consist of the
12 first two letters of the first name of the consumer's mother and the
13 two-digit day of birth and two-digit year of birth of the consumer,
14 or by the use of such other uniform Statewide mechanism as may be
15 approved by the commissioner for this purpose;
- 16 (8) The program is to provide a uniform identification card that
17 has been approved by the commissioner to consumers and to staff
18 and volunteers involved in transporting, exchanging or possessing
19 syringes and needles, or provide for such other uniform Statewide
20 means of identification as may be approved by the commissioner
21 for this purpose;
- 22 (9) The program is to provide consumers at the time of
23 enrollment with a schedule of program operation hours and
24 locations, in addition to information about prevention and harm
25 reduction and substance abuse treatment services; and
- 26 (10) The program is to provide aggregate data on a quarterly
27 basis to the commissioner, on a form and in a manner determined
28 by the commissioner, that includes: the number of consumers
29 served by the program, the number of syringes and needles
30 distributed each month, and the number and type of referrals
31 provided to consumers.
- 32 -- c. A municipality may terminate a sterile syringe access
33 program established or authorized pursuant to the bill, which is
34 operating within that municipality, if its governing body approves
35 such an action by ordinance, in which case the municipality is to
36 notify the commissioner of its action in a manner prescribed by
37 regulation of the commissioner.
- 38 -- The Commissioner of Health and Senior Services is directed
39 to report to the Governor and the Legislature, no later than one year
40 after the effective date of the bill and biannually thereafter, on the
41 status of sterile syringe access programs established pursuant to the
42 bill, and is to include in that report the data provided to the
43 commissioner by each sterile syringe access program pursuant to
44 the bill.
- 45 -- The commissioner is further directed to report to the Governor
46 and the Legislature no later than six months after the date that the
47 initial sterile syringe access program, which is approved by the
48 commissioner pursuant to the bill, commences its operations, and is

1 to include in that report:

2 (1) an assessment of whether an adequate number of substance
3 abuse treatment program slots is available to meet the treatment
4 needs of persons who have been referred to substance abuse
5 treatment programs by sterile syringe access programs pursuant to
6 the bill; and

7 (2) a recommendation for such appropriation as the
8 commissioner determines necessary to ensure the provision of an
9 adequate number of substance abuse treatment program slots for
10 those persons.

11 -- The possession of a hypodermic syringe or needle by a
12 consumer who participates in, or an employee or volunteer of, a
13 sterile syringe access program established pursuant to the bill will
14 not constitute an offense pursuant to N.J.S.A.2C:36-1 et seq. This
15 provision extends to a hypodermic syringe or needle that contains a
16 residual amount of a controlled dangerous substance or controlled
17 substance analog.

18 -- Each county freeholder board and the New Jersey
19 Meadowlands Commission, in accordance with standards adopted
20 by regulation of the Commissioner of Environmental Protection in
21 consultation with the Commissioner of Health and Senior Services,
22 is to prepare and adopt a sharps disposal component as an
23 amendment to the district solid waste management plan required
24 pursuant to the "Solid Waste Management Act" to provide for the
25 proper and safe disposal of medical waste generated at home within
26 the district.

27 (1) The sharps disposal component of each district solid waste
28 management plan is to be developed in consultation with a work
29 group established by the governing body of the affected county and
30 the New Jersey Meadowlands Commission, in the case of the
31 Hackensack Meadowlands District, that includes persons not
32 employed by or affiliated with the county or the commission, as the
33 case may be, who have a demonstrated interest or expertise in the
34 use and disposal of sharps, including, but not limited to,
35 representatives of waste management companies, persons with
36 diabetes and licensed health care facilities.

37 (2) The Commissioner of Environmental Protection is to provide
38 such financial assistance as may be available to the commissioner to
39 the various counties to implement the sharps disposal component of
40 the district solid waste management plan, and is authorized to
41 accept such funding as may be made available from the private
42 sector for this purpose.

43 -- The bill directs the Commissioners of Health and Senior
44 Services and Environmental Protection to adopt rules and
45 regulations, pursuant to the "Administrative Procedure Act" (APA),
46 to effectuate the purposes of the bill; however, notwithstanding any
47 provision of the APA to the contrary, the commissioners are to
48 adopt, immediately upon filing with the Office of Administrative

1 Law and no later than the 90th day after the effective date of the
2 bill, such regulations as they deem necessary to implement the bill,
3 which are to be effective until the adoption of rules and regulations
4 pursuant to the APA and may be amended, adopted or readopted by
5 the commissioners in accordance with the APA. (It is the sponsors'
6 intent that the Commissioner of Health and Senior Services may
7 consult with the Public Health Council established pursuant to
8 N.J.S.A.26:1A-4 in the adoption of rules and regulations to
9 effectuate the purposes of the bill.)

10 It is the opinion of the sponsors that a municipality which
11 establishes or authorizes a sterile syringe access program pursuant
12 to this bill and its employees would be covered by the provisions of
13 N.J.S.A.59:6-3, which provides as follows: "Neither a public entity
14 nor a public employee is liable for an injury resulting from the
15 decision to perform or not to perform any act to promote the public
16 health of the community by preventing disease or controlling the
17 communication of disease within the community."

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 494

with committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 18, 2006

The Senate Health, Human Services and Senior Citizens Committee reports without recommendation and with amendments Senate Bill No. 494.

As amended by committee, this bill, which is designated the "Bloodborne Disease Harm Reduction Act," provides for a Statewide demonstration program to permit the operation in certain municipalities of sterile syringe access programs to prevent the spread of HIV/AIDS, hepatitis C and other bloodborne diseases.

Specifically, the bill provides as follows:

- The Commissioner of Health and Senior Services is to establish a demonstration program to permit up to six municipalities to operate a sterile syringe access program in accordance with the provisions of the bill. The commissioner is directed to 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.
- The commissioner is to:
 - (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 the bill;
 - (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;
 - (3) support and facilitate, to the maximum extent practicable, the linkage of sterile syringe access programs to such health care facilities and programs as may provide appropriate health care services, including mental health and substance abuse treatment, and to housing assistance, career employment-related counseling, and education counseling to consumers participating in any such 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; and

(5) maintain a record of the data reported to the commissioner by sterile syringe access programs pursuant to the bill.

- The commissioner is authorized to accept such funding as may be made available from the private sector to effectuate the purposes of the bill.
- A municipality may establish or authorize establishment of a sterile syringe access program that is approved by the commissioner to provide for the exchange of hypodermic syringes and needles.

(1) A municipality may operate the program directly or contract with one or more of the following entities to operate the program: a hospital or other licensed health care facility, a federally qualified health center, a public health agency, a substance abuse treatment program, an AIDS service organization, or another nonprofit entity designated by the municipality. These entities will also be authorized to contract directly with the commissioner in any municipality in which the governing body has authorized, by ordinance, the operation of sterile syringe access program. The municipality or entity under contract is to implement the sterile syringe access program in consultation with a federally qualified health center and the New Jersey Office on Minority and Multicultural Health, and in a culturally competent manner.

(2) A municipality whose governing body has authorized the operation of a sterile syringe access program may require within the authorizing ordinance that an entity obtain approval from the municipality to operate a sterile syringe access program prior to obtaining approval from the commissioner to operate the program, or may permit the entity to obtain approval to operate the program by application directly to the commissioner without obtaining prior approval from the municipality.

(3) Two or more municipalities may jointly establish or authorize establishment of a sterile syringe access program that operates within those municipalities pursuant to adoption of an ordinance by each participating municipality.

- A sterile syringe access program must comply with the following requirements. The program is to:
 - (1) Provide sterile syringes and needles at no cost to consumers 18 years of age and older;
 - (2) Train and regularly supervise program staff in: harm reduction; substance abuse, medical and social service referrals; and infection control procedures, including universal precautions and needle stick injury protocol; and programs are to maintain records of staff and volunteer training and of hepatitis C and tuberculosis screening provided to volunteers and staff;

(3) Offer information about HIV, hepatitis C and other bloodborne pathogens, and prevention materials, at no cost to consumers, and seek to educate all consumers about safe and proper disposal of needles and syringes;

(4) Provide information and referrals to consumers, including HIV testing options, access to drug abuse treatment programs, and available health and social service options relevant to the consumer's needs, encourage consumers to receive an HIV test, and, when appropriate, develop an individualized drug abuse treatment plan for each participating consumer;

(5) Screen out consumers under 18 years of age from access to syringes and needles, and refer them to drug abuse treatment and other appropriate programs for youth;

(6) Develop a plan for the handling and disposal of used syringes and needles in accordance with requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated medical waste disposal pursuant to the "Comprehensive Regulated Medical Waste Management Act," and also develop and maintain protocols for post-exposure treatment;

(7) Maintain the confidentiality of consumers by the use of confidential identifiers, which are to consist of the first two letters of the first name of the consumer's mother and the two-digit day of birth and two-digit year of birth of the consumer, or by the use of such other uniform Statewide mechanism as may be approved by the commissioner for this purpose;

(8) Provide a uniform identification card that has been approved by the commissioner to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or provide for such other uniform Statewide means of identification as may be approved by the commissioner for this purpose;

(9) Provide consumers at the time of enrollment with a schedule of program operation hours and locations, in addition to information about prevention and harm reduction and drug abuse treatment services; and

(10) Establish and implement accurate data collection methods and procedures as required by the commissioner for the purpose of evaluating the programs, including the monitoring and evaluation on a quarterly basis of:

(a) sterile syringe access program participation rates, including the number of consumers who enter drug abuse treatment programs and the status of their treatment;

(b) the effectiveness of the programs in meeting their objectives, including, but not limited to, return rates of syringes and needles distributed to consumers and the impact of the sterile syringe access programs on intravenous drug use; and

(c) the number and type of referrals provided by the programs and the specific actions taken by the programs on behalf of each consumer.

- A municipality may terminate a sterile syringe access program operating within that municipality if its governing body approves such an action by ordinance, in which case the municipality is to notify the commissioner of its action in a manner prescribed by regulation of the commissioner.
- The commissioner is directed to report to the Governor and the Legislature, no later than one year after the effective date of the bill and biennially (every two years) thereafter, on the status of sterile syringe access programs established pursuant to the bill, and is to include in that report the data provided to the commissioner by each sterile syringe access program.

For the purpose of each biennial report, the commissioner is to:

(1) 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

(2) 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.

- The commissioner is further directed to report to the Governor and the Legislature no later than six months after the date that the initial sterile syringe access program commences its operations, and is to include in that report:

(1) an assessment of whether an adequate number of drug abuse treatment program slots is available to meet the treatment needs of persons who have been referred by sterile syringe access programs pursuant to the bill; and

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

- The commissioner is to contract with an entity that is independent of the Department of Health and Senior Services to prepare a detailed analysis of the sterile syringe access programs, and to report on the results of that analysis to the Governor, the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and the Legislature no later than 24 months after the adoption of regulations required pursuant to the bill and annually thereafter. The analysis is to include, but not be limited to:

(1) any increase or decrease in the spread of HIV, hepatitis C and other blood-borne 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.

- Within 90 days after receipt of the third report from the independent entity, the commissioner is to submit to the Governor and the Legislature, on a day when both Houses of the Legislature are meeting in the course of a regular or special session, the commissioner's recommendations regarding whether or not to continue the demonstration program established pursuant to the bill. The commissioner's recommendations will be effective unless the Legislature passes a concurrent resolution overriding the commissioner's recommendations no later than the 45th day after its receipt of those recommendations.
- The Commissioner of Human Services is directed to develop a plan for establishing and funding regional substance abuse treatment facilities. The plan is to include a strategy for soliciting proposals from nonprofit agencies and organizations in the State, including State-licensed health care facilities, with experience in the provision of long-term care or outpatient substance abuse treatment services to meet the post-acute health, social, and educational needs of persons living with HIV/AIDS. The commissioner is to submit the plan to the Governor and the Legislature no later than the 120th day after the effective date of the bill, and to report biannually thereafter to the Governor and the Legislature on the implementation of the plan.
- 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 the bill will not constitute an offense pursuant to N.J.S.A.2C:36-1 et seq. (drug paraphernalia). This provision extends to a hypodermic syringe or needle that contains a residual amount of a controlled dangerous substance or controlled substance analog.
- Each county freeholder board and the New Jersey Meadowlands Commission, in accordance with standards adopted by regulation of the Commissioner of Environmental Protection in consultation with the Commissioner of Health and Senior Services, is to prepare and adopt a sharps disposal component as an amendment to the district

solid waste management plan required pursuant to the "Solid Waste Management Act" to provide for the proper and safe disposal of medical waste generated at home within the district.

- The bill directs the Commissioners of Health and Senior Services and Environmental Protection to adopt rules and regulations, pursuant to the "Administrative Procedure Act," to effectuate the purposes of the bill.
- The bill appropriates \$10,000,000 from the General Fund to the Division of Addiction Services in the Department of Human Services for inpatient and outpatient drug abuse treatment program slots and outreach.

COMMITTEE AMENDMENTS:

The amendments:

-- update provisions and add additional data in the findings section of the bill;

-- direct the Commissioner of Health and Senior Services to establish a demonstration program to permit up to six municipalities to operate a sterile syringe access program in accordance with the provisions of the bill;

-- provide that the commissioner, in addition to the duties specified in the bill, is to support and facilitate, to the extent practicable, the linkage of sterile syringe access programs to housing assistance, career employment-related counseling, and education counseling;

-- specify that a sterile syringe access program is to be implemented in consultation with a federally qualified health center and the New Jersey Office on Minority and Multicultural Health, and in a culturally competent manner;

-- specify that a sterile syringe access program is to encourage consumers to receive an HIV test, and, when appropriate, develop an individualized substance abuse treatment plan for each participating consumer;

-- specify that a sterile syringe access program is to establish and implement accurate data collection methods and procedures as required by the commissioner, for the purpose of evaluating the sterile syringe access programs, including the monitoring and evaluation on a quarterly basis of specific items listed in the bill (while deleting the requirement that the program provide aggregate data on a quarterly basis to the commissioner);

-- direct the commissioner to contract with an entity independent of the department to prepare a detailed analysis of the programs, and report the results to the Governor, Legislature and the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens;

-- require the commissioner, within 90 days after receipt of the third report from the independent entity, to submit to the Governor and the Legislature the commissioner's recommendations regarding whether or not to continue the demonstration program established pursuant to the bill; and stipulate that the commissioner's

recommendations will be effective unless the Legislature passes a concurrent resolution overriding the commissioner's recommendations;

- require the Commissioner of Human Services to develop a plan for establishing and funding regional substance abuse treatment facilities; and

- appropriate \$10 million from the General Fund to the Division of Addiction Services in the Department of Human Services for inpatient and outpatient drug abuse treatment program slots and outreach.

This bill was pre-filed for introduction in the 2006-2007 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 494

STATE OF NEW JERSEY

DATED: OCTOBER 12, 2006

The Senate Budget and Appropriations Committee reports Senate Bill No. 494 (1R) without recommendation.

Senate Bill No. 494 (1R), which is designated the "Bloodborne Disease Harm Reduction Act," provides for a Statewide demonstration program to permit the operation in certain municipalities of sterile syringe access programs to prevent the spread of HIV/AIDS, hepatitis C and other bloodborne diseases.

Specifically, the bill provides as follows:

- The Commissioner of Health and Senior Services is to establish a demonstration program to permit up to six municipalities to operate a sterile syringe access program in accordance with the provisions of the bill. The commissioner is directed to 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.
- The commissioner is to:
 - (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 the bill;
 - (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;
 - (3) support and facilitate, to the maximum extent practicable, the linkage of sterile syringe access programs to such health care facilities and programs as may provide appropriate health care services, including mental health and substance abuse treatment, and to housing assistance, career employment-related counseling, and education counseling to consumers participating in any such 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; and

(5) maintain a record of the data reported to the commissioner by sterile syringe access programs pursuant to the bill.

- The commissioner is authorized to accept such funding as may be made available from the private sector to effectuate the purposes of the bill.
- A municipality may establish or authorize establishment of a sterile syringe access program that is approved by the commissioner to provide for the exchange of hypodermic syringes and needles.

(1) A municipality may operate the program directly or contract with one or more of the following entities to operate the program: a hospital or other licensed health care facility, a federally qualified health center, a public health agency, a substance abuse treatment program, an AIDS service organization, or another nonprofit entity designated by the municipality. These entities will also be authorized to contract directly with the commissioner in any municipality in which the governing body has authorized, by ordinance, the operation of sterile syringe access program. The municipality or entity under contract is to implement the sterile syringe access program in consultation with a federally qualified health center and the New Jersey Office on Minority and Multicultural Health, and in a culturally competent manner.

(2) A municipality whose governing body has authorized the operation of a sterile syringe access program may require within the authorizing ordinance that an entity obtain approval from the municipality to operate a sterile syringe access program prior to obtaining approval from the commissioner to operate the program, or may permit the entity to obtain approval to operate the program by application directly to the commissioner without obtaining prior approval from the municipality.

(3) Two or more municipalities may jointly establish or authorize establishment of a sterile syringe access program that operates within those municipalities pursuant to adoption of an ordinance by each participating municipality.

- A sterile syringe access program must comply with the following requirements. The program is to:

(1) Provide sterile syringes and needles at no cost to consumers 18 years of age and older;

(2) Train and regularly supervise program staff in: harm reduction; substance abuse, medical and social service referrals; and infection control procedures, including universal precautions and needle stick injury protocol; and programs are to maintain records of staff and volunteer training and of hepatitis C and tuberculosis screening provided to volunteers and staff;

(3) Offer information about HIV, hepatitis C and other bloodborne pathogens, and prevention materials, at no cost to consumers, and seek to educate all consumers about safe and proper

disposal of needles and syringes;

(4) Provide information and referrals to consumers, including HIV testing options, access to drug abuse treatment programs, and available health and social service options relevant to the consumer's needs, encourage consumers to receive an HIV test, and, when appropriate, develop an individualized drug abuse treatment plan for each participating consumer;

(5) Screen out consumers under 18 years of age from access to syringes and needles, and refer them to drug abuse treatment and other appropriate programs for youth;

(6) Develop a plan for the handling and disposal of used syringes and needles in accordance with requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated medical waste disposal pursuant to the "Comprehensive Regulated Medical Waste Management Act," and also develop and maintain protocols for post-exposure treatment;

(7) Maintain the confidentiality of consumers by the use of confidential identifiers, which are to consist of the first two letters of the first name of the consumer's mother and the two-digit day of birth and two-digit year of birth of the consumer, or by the use of such other uniform Statewide mechanism as may be approved by the commissioner for this purpose;

(8) Provide a uniform identification card that has been approved by the commissioner to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or provide for such other uniform Statewide means of identification as may be approved by the commissioner for this purpose;

(9) Provide consumers at the time of enrollment with a schedule of program operation hours and locations, in addition to information about prevention and harm reduction and drug abuse treatment services; and

(10) Establish and implement accurate data collection methods and procedures as required by the commissioner for the purpose of evaluating the programs, including the monitoring and evaluation on a quarterly basis of:

(a) sterile syringe access program participation rates, including the number of consumers who enter drug abuse treatment programs and the status of their treatment;

(b) the effectiveness of the programs in meeting their objectives, including, but not limited to, return rates of syringes and needles distributed to consumers and the impact of the sterile syringe access programs on intravenous drug use; and

(c) the number and type of referrals provided by the programs and the specific actions taken by the programs on behalf of each consumer.

- A municipality may terminate a sterile syringe access program operating within that municipality if its governing body approves such an action by ordinance, in which case the municipality is to notify the commissioner of its action in a manner prescribed by regulation of the commissioner.
- The commissioner is directed to report to the Governor and the Legislature, no later than one year after the effective date of the bill and biennially (every two years) thereafter, on the status of sterile syringe access programs established pursuant to the bill, and is to include in that report the data provided to the commissioner by each sterile syringe access program.

For the purpose of each biennial report, the commissioner is to:

(1) 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

(2) 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.

- The commissioner is further directed to report to the Governor and the Legislature no later than six months after the date that the initial sterile syringe access program commences its operations, and is to include in that report:

(1) an assessment of whether an adequate number of drug abuse treatment program slots is available to meet the treatment needs of persons who have been referred by sterile syringe access programs pursuant to the bill; and

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

- The commissioner is to contract with an entity that is independent of the Department of Health and Senior Services to prepare a detailed analysis of the sterile syringe access programs, and to report on the results of that analysis to the Governor, the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and the Legislature no later than 24 months after the adoption of regulations required pursuant to the bill and annually thereafter. The analysis is to include, but not be limited to:

(1) any increase or decrease in the spread of HIV, hepatitis C and other blood-borne 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.

- Within 90 days after receipt of the third report from the independent entity, the commissioner is to submit to the Governor and the Legislature, on a day when both Houses of the Legislature are meeting in the course of a regular or special session, the commissioner's recommendations regarding whether or not to continue the demonstration program established pursuant to the bill. The commissioner's recommendations will be effective unless the Legislature passes a concurrent resolution overriding the commissioner's recommendations no later than the 45th day after its receipt of those recommendations.
- The Commissioner of Human Services is directed to develop a plan for establishing and funding regional substance abuse treatment facilities. The plan is to include a strategy for soliciting proposals from nonprofit agencies and organizations in the State, including State-licensed health care facilities, with experience in the provision of long-term care or outpatient substance abuse treatment services to meet the post-acute health, social, and educational needs of persons living with HIV/AIDS. The commissioner is to submit the plan to the Governor and the Legislature no later than the 120th day after the effective date of the bill, and to report biannually thereafter to the Governor and the Legislature on the implementation of the plan.
- 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 the bill will not constitute an offense pursuant to N.J.S.A.2C:36-1 et seq. (drug paraphernalia). This provision extends to a hypodermic syringe or needle that contains a residual amount of a controlled dangerous substance or controlled substance analog.
- Each county freeholder board and the New Jersey Meadowlands Commission, in accordance with standards adopted by regulation of the Commissioner of Environmental Protection in consultation with the Commissioner of Health and Senior Services, is to prepare and adopt a sharps disposal component as an amendment to the district

solid waste management plan required pursuant to the "Solid Waste Management Act" to provide for the proper and safe disposal of medical waste generated at home within the district.

- The bill directs the Commissioners of Health and Senior Services and Environmental Protection to adopt rules and regulations, pursuant to the "Administrative Procedure Act," to effectuate the purposes of the bill.
- The bill appropriates \$10,000,000 from the General Fund to the Division of Addiction Services in the Department of Human Services for inpatient and outpatient drug abuse treatment program slots and outreach.

FISCAL IMPACT:

The bill establishes standards by which up to six municipalities may implement sterile syringe access programs. Because the programs are implemented at the option of the municipalities and because levels of staffing and services may vary by municipality, no estimates of municipal program costs can be made at this time.

The bill appropriates \$10,000,000 from the General Fund to the Division of Addiction Services in the Department of Human Services for inpatient or outpatient residential substance abuse treatment program slots and outreach. The bill also requires the Commissioner of Human Services to make a recommendation for such appropriation as the commissioner determines necessary to ensure the provision of an adequate number of substance abuse treatment program slots for the treatments needs of persons referred by sterile syringe access programs within six months after the first program commences operations.

No information is currently available to determine the State or municipal costs, if any, of a program's providing a uniform identification card that has been approved by the commissioner to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or whether existing uniform Statewide means of identification, such as the identification cards issued by the Motor Vehicle Commission, may be approved by the commissioner for this purpose.

No information is available to determine the county costs, if any, of implementing the sharps disposal component of the district solid waste management plan.

No information is available to determine the expenses associated with the Department of Human Services contract with an entity that is independent of the department to prepare a detailed analysis of the sterile syringe access programs.

ASSEMBLY, No. 1852

STATE OF NEW JERSEY

212th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2006 SESSION

Sponsored by:

Assemblyman JOSEPH J. ROBERTS, JR.

District 5 (Camden and Gloucester)

Assemblyman FRANCIS J. BLEE

District 2 (Atlantic)

Assemblyman REED GUSCIORA

District 15 (Mercer)

Assemblyman WILFREDO CARABALLO

District 29 (Essex and Union)

Assemblyman PETER J. BARNES, JR.

District 18 (Middlesex)

Assemblyman ALFRED E. STEELE

District 35 (Bergen and Passaic)

Co-Sponsored by:

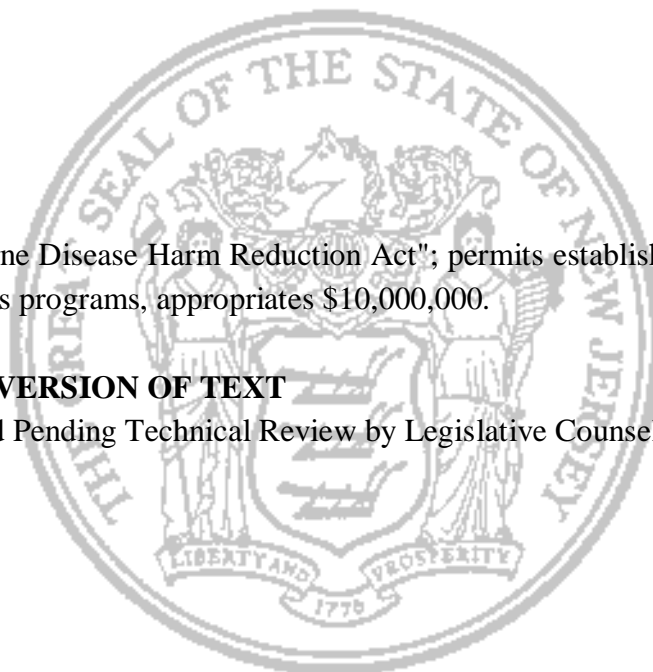
Assemblywoman Cruz-Perez, Assemblymen Gordon, Diegnan, Giblin and Payne

SYNOPSIS

"Bloodborne Disease Harm Reduction Act"; permits establishment of sterile syringe access programs, appropriates \$10,000,000.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



(Sponsorship Updated As Of: 10/20/2006)

1 AN ACT providing for sterile syringe access programs,
2 supplementing Title 26 of the Revised Statutes and Title 2C of
3 the New Jersey Statutes and amending P.L.1989, c.34 and
4 making an appropriation.

5

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

8

9 1. (New section) This act shall be known and may be cited as
10 the "Bloodborne Disease Harm Reduction Act."

11

12 2. (New section) The Legislature finds and declares that:

13 a. New Jersey, in comparison with other states nationwide, has
14 the highest rate of HIV infection among women, the third highest
15 pediatric HIV rate, the fifth highest adult HIV rate, and a rate of
16 injection-related HIV infection that is almost twice the national
17 average;

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

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

23 d. Sterile syringe access programs have been proven effective in
24 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 one of only two states nationwide
27 that provide no access to sterile syringes in order to prevent the
28 spread 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 such programs in this State in accordance with
42 statutory guidelines designed to ensure the safety of consumers who
43 use these programs, the health care workers who operate them, and
44 the members of the general public.

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 3. (New section) The Commissioner of Health and Senior
2 Services shall prescribe by regulation requirements for a
3 municipality to establish, or otherwise authorize the operation
4 within that municipality of, a sterile syringe access program to
5 provide for the exchange of hypodermic syringes and needles in
6 accordance with the provisions of this act.

7 a. The commissioner shall:

8 (1) request an application, to be submitted on a form and in a
9 manner to be prescribed by the commissioner, from any
10 municipality that seeks to establish a sterile syringe access program,
11 or from other entities authorized to operate a sterile syringe access
12 program within that municipality as provided in paragraph (2) of
13 subsection a. of section 4 of this act;

14 (2) approve those applications that meet the requirements
15 established by regulation of the commissioner and contract with the
16 municipalities or entities whose applications are approved to
17 establish a sterile syringe access program as provided in paragraph
18 (2) of subsection a. of section 4 of this act to operate a sterile
19 syringe access program in any municipality in which the governing
20 body has authorized the operation of sterile syringe access programs
21 within that municipality by ordinance;

22 (3) support and facilitate, to the maximum extent practicable, the
23 linkage of sterile syringe access programs to such health care
24 facilities and programs as may provide appropriate health care
25 services, including mental health and substance abuse treatment,
26 and to housing assistance, career employment-related counseling,
27 and education counseling, to consumers participating in any such
28 program;

29 (4) provide for the adoption of a uniform identification card or
30 other uniform Statewide means of identification for consumers,
31 staff and volunteers of a sterile syringe access program pursuant to
32 paragraph (8) of subsection b. of section 4 of this act; and

33 (5) maintain a record of the data reported to the commissioner by
34 sterile syringe access programs pursuant to paragraph (10) of
35 subsection b. of section 4 of this act.

36 b. The commissioner shall be authorized to accept such funding
37 as may be made available from the private sector to effectuate the
38 purposes of this act.

39

40 4. (New section) a. In accordance with the provisions of
41 section 3 of P.L. , c. (C.) (pending before the Legislature
42 as this bill), a municipality may establish or authorize establishment
43 of a sterile syringe access program that is approved by the
44 commissioner to provide for the exchange of hypodermic syringes
45 and needles.

46 (1) A municipality that establishes a sterile syringe access
47 program, at a fixed location or through a mobile access component,
48 may operate the program directly or contract with one or more of

1 the following entities to operate the program: a hospital or other
2 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
3 et seq.), a federally qualified health center, a public health agency, a
4 substance abuse treatment program, an AIDS service organization,
5 or another nonprofit entity designated by the municipality. These
6 entities shall also be authorized to contract directly with the
7 commissioner in any municipality in which the governing body has
8 authorized the operation of sterile syringe access programs by
9 ordinance pursuant to paragraph (2) of this subsection. The
10 municipality or entity under contract shall implement the sterile
11 syringe access program in consultation with a federally qualified
12 health center and the New Jersey Office on Minority and
13 Multicultural Health in the Department of Health and Senior
14 Services and in a culturally competent manner.

15 (2) Pursuant to paragraph (2) of subsection a. of section 3 of
16 P.L. , c. (C.) (pending before the Legislature as this bill), a
17 municipality whose governing body has authorized the operation of
18 sterile syringe access programs within the municipality may require
19 within the authorizing ordinance that an entity as described in
20 paragraph (1) of this subsection obtain approval from the
21 municipality, in a manner prescribed by the authorizing ordinance,
22 to operate a sterile syringe access program prior to obtaining
23 approval from the commissioner to operate such a program, or may
24 permit the entity to obtain approval to operate such a program by
25 application directly to the commissioner without obtaining prior
26 approval from the municipality.

27 (3) Two or more municipalities may jointly establish or authorize
28 establishment of a sterile syringe access program that operates
29 within those municipalities pursuant to adoption of an ordinance by
30 each participating municipality pursuant to this section.

31 b. A sterile syringe access program shall comply with the
32 following requirements:

33 (1) Sterile syringes and needles shall be provided at no cost to
34 consumers 18 years of age and older;

35 (2) Program staff shall be trained and regularly supervised in:
36 harm reduction; substance abuse, medical and social service
37 referrals; and infection control procedures, including universal
38 precautions and needle stick injury protocol; and programs shall
39 maintain records of staff and volunteer training and of hepatitis C
40 and tuberculosis screening provided to volunteers and staff;

41 (3) The program shall offer information about HIV, hepatitis C
42 and other bloodborne pathogens and prevention materials at no cost
43 to consumers, and shall seek to educate all consumers about safe
44 and proper disposal of needles and syringes;

45 (4) The program shall provide information and referrals to
46 consumers, including HIV testing options, access to substance
47 abuse treatment programs, and available health and social service
48 options relevant to the consumer's needs, shall encourage

1 consumers to receive an HIV test, and shall also, when appropriate,
2 develop an individualized substance abuse treatment plan for each
3 participating consumer;

4 (5) The program shall screen out consumers under 18 years of
5 age from access to syringes and needles, and shall refer them to
6 substance abuse treatment and other appropriate programs for
7 youth;

8 (6) The program shall develop a plan for the handling and
9 disposal of used syringes and needles in accordance with
10 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
11 medical waste disposal pursuant to the "Comprehensive Regulated
12 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
13 al.), and shall also develop and maintain protocols for post-
14 exposure treatment;

15 (7) The program shall maintain the confidentiality of consumers
16 by the use of confidential identifiers, which shall consist of the first
17 two letters of the first name of the consumer's mother and the two-
18 digit day of birth and two-digit year of birth of the consumer, or by
19 the use of such other uniform Statewide mechanism as may be
20 approved by the commissioner for this purpose;

21 (8) The program shall provide a uniform identification card that
22 has been approved by the commissioner to consumers and to staff
23 and volunteers involved in transporting, exchanging or possessing
24 syringes and needles, or shall provide for such other uniform
25 Statewide means of identification as may be approved by the
26 commissioner for this purpose;

27 (9) The program shall provide consumers at the time of
28 enrollment with a schedule of program operation hours and
29 locations, in addition to information about prevention and harm
30 reduction and substance abuse treatment services; and

31 (10) The program shall establish and implement accurate data
32 collection methods and procedures as required by the commissioner
33 for the purpose of evaluating the sterile syringe access programs,
34 including the monitoring and evaluation on a quarterly basis of:

35 (a) sterile syringe access program participation rates, including
36 the number of consumers who enter substance abuse treatment
37 programs and the status of their treatment;

38 (b) the effectiveness of the sterile syringe access programs in
39 meeting its objectives, including, but not limited to, return rates of
40 syringes and needles distributed to consumers and the impact of the
41 sterile syringe access programs on intravenous drug use; and

42 (c) the number and type of referrals provided by the sterile
43 syringe access programs and the specific actions taken by the sterile
44 syringe access programs on behalf of each consumer.

45 c. A municipality may terminate a sterile syringe access
46 program established or authorized pursuant to this act, which is
47 operating within that municipality, if its governing body approves
48 such an action by ordinance, in which case the municipality shall

1 notify the commissioner of its action in a manner prescribed by
2 regulation of the commissioner.

3

4 5. (New section) a. The Commissioner of Health and Senior
5 Services shall report to the Governor and the Legislature, no later
6 than one year after the effective date of this act and biannually
7 thereafter, on the status of sterile syringe access programs
8 established pursuant to sections 3 and 4 of P.L. , c. (C.)(pending
9 before the Legislature as this bill), and shall include in that report
10 the data provided to the commissioner by each sterile syringe access
11 program pursuant to paragraph (10) of subsection b. of section 4 of
12 P.L. , c. (C.)(pending before the Legislature as this bill).

13 b. The commissioner shall report to the Governor and the
14 Legislature no later than six months after the date that the initial
15 sterile syringe access program, which is approved by the
16 commissioner pursuant to section 3 of P.L. , c. (C.)(pending
17 before the Legislature as this bill), commences its operations, and
18 shall include in that report:

19 (1) an assessment of whether an adequate number of substance
20 abuse treatment program slots is available to meet the treatment
21 needs of persons who have been referred to substance abuse
22 treatment programs by sterile syringe access programs pursuant to
23 paragraph (4) of subsection b. of section 4 of P.L. , c.
24 (C.) (pending before the Legislature as this bill); and

25 (2) a recommendation for such appropriation as the
26 commissioner determines necessary to ensure the provision of an
27 adequate number of substance abuse treatment program slots for
28 those persons.

29 c. The commissioner shall contract with an entity that is
30 independent of the department to prepare a detailed analysis of the
31 sterile syringe access programs, and to report on the results of that
32 analysis to the Governor, the Legislature and the Governor's
33 Advisory Council on HIV/AIDS and Related Blood-Borne
34 Pathogens no later than 24 months after the adoption of regulations
35 required pursuant to subsection b. of section 6 of P.L. , c. (C.)
36 (pending before the Legislature as this bill). The analysis shall
37 include, but not be limited to:

38 (1) any increase or decrease in the spread of HIV, hepatitis C
39 and other blood-borne pathogens that may be transmitted by the use
40 of contaminated syringes and needles;

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

44 (3) the number of consumers participating in the sterile syringe
45 access programs and an assessment of their reasons for participating
46 in the programs;

47 (4) the number of consumers in the sterile syringe access
48 programs who participated in substance abuse treatment programs;

1 and

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

6
7 6. (New section) a. The Commissioner of Health and Senior
8 Services, in consultation with the Commissioner of Environmental
9 Protection and pursuant to the "Administrative Procedure Act,"
10 P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and
11 regulations to effectuate the purposes of sections 3 and 4 of
12 P.L. , c. (C.)(pending before the Legislature as this bill).

13 b. Notwithstanding any provision of P.L.1968, c.410 to the
14 contrary, the commissioner shall adopt, immediately upon filing
15 with the Office of Administrative Law and no later than the 90th
16 day after the effective date of this act, such regulations as the
17 commissioner deems necessary to implement the provisions of
18 sections 3 and 4 of P.L. , c. (C.)(pending before the
19 Legislature as this bill), which shall be effective until the adoption
20 of rules and regulations pursuant to subsection a. of this section and
21 may be amended, adopted or readopted by the commissioner in
22 accordance with the requirements of P.L.1968, c.410.

23
24 7. (New section) The possession of a hypodermic syringe or
25 needle by a consumer who participates in, or an employee or
26 volunteer of, a sterile syringe access program established pursuant
27 to sections 3 and 4 of P.L. , c. (C.)(pending before the
28 Legislature as this bill) shall not constitute an offense pursuant to
29 N.J.S.2C:36-1 et seq. This provision shall extend to a hypodermic
30 syringe or needle that contains a residual amount of a controlled
31 dangerous substance or controlled substance analog.

32
33 8. Section 3 of P.L.1989, c.34 (C.13:1E-48.3) is amended to
34 read as follows:

35 3. As used in sections 1 through 25 of this act:

36 "Board" means the Board of Public Utilities.

37 "Collection" means the activity related to pick-up and
38 transportation of regulated medical waste from a generator, or from
39 an intermediate location, to a facility, or to a site outside the State,
40 for disposal.

41 "Commissioners" means the Commissioner of Environmental
42 Protection and the Commissioner of Health and Senior Services.

43 "Departments" means the Department of Environmental
44 Protection and the Department of Health and Senior Services.

45 "Dispose" or "disposal" means the storage, treatment, utilization,
46 processing, resource recovery of, or the discharge, deposit,
47 injection, dumping, spilling, leaking, or placing of any regulated
48 medical waste into or on any land or water so that the regulated

1 medical waste or any constituent thereof may enter the environment
2 or be emitted into the air or discharged into any waters, including
3 groundwaters.

4 "Facility" means a solid waste facility as defined in section 3 of
5 P.L. 1970, c. 39 (C. 13:1E-3); or any other incinerator or
6 commercial or noncommercial regulated medical waste disposal
7 facility in this State that accepts regulated medical waste for
8 disposal.

9 "Federal Act" means the "Medical Waste Tracking Act of 1988"
10 (42 U.S.C. s. 6903 et seq.), or any rule or regulation adopted
11 pursuant thereto.

12 "Generator" means an ambulatory surgical or care facility,
13 community health center, medical doctor's office, dentist's office,
14 podiatrist's office, home health care agency, health care facility,
15 hospital, medical clinic, morgue, nursing home, urgent care center,
16 sterile syringe access program operating pursuant to sections 3 and
17 4 of P.L. , c. (C.)(pending before the Legislature as this bill),
18 veterinary office or clinic, animal, biological, clinical, medical,
19 microbiological, or pathological diagnostic or research laboratory,
20 any of which generates regulated medical waste, or any other
21 facility identified by the departments that generates regulated
22 medical waste. "Generator" shall not include individual households
23 utilizing home self-care.

24 "Regulated medical waste" means blood vials; cultures and
25 stocks of infectious agents and associated biologicals, including
26 cultures from medical and pathological laboratories, cultures and
27 stocks of infectious agents from research and industrial laboratories,
28 wastes from the production of biologicals, discarded live and
29 attenuated vaccines, and culture dishes and devices used to transfer,
30 inoculate, and mix cultures; pathological wastes, including tissues,
31 organs, and body parts that are removed during surgery or autopsy;
32 waste human blood and products of blood, including serum, plasma,
33 and other blood components; sharps that have been used in patient
34 care or in medical, research, or industrial laboratories engaged in
35 medical research, testing, or analysis of diseases affecting the
36 human body, including hypodermic needles, syringes, Pasteur
37 pipettes, broken glass, and scalpel blades; contaminated animal
38 carcasses, body parts, and bedding of animals that were exposed to
39 infectious agents during research, production of biologicals, or
40 testing of pharmaceuticals; any other substance or material related
41 to the transmission of disease as may be deemed appropriate by the
42 departments; and any other substance or material as may be
43 required to be regulated by, or permitted to be exempted from, the
44 Federal Act. The departments may adopt, by rule or regulation and
45 pursuant to the "Administrative Procedure Act," P.L. 1968, c.
46 410 (C. 52:14B-1 et seq.), a more specific definition of regulated
47 medical waste upon the expiration of the demonstration program
48 established under the Federal Act.

1 "Noncommercial facility" means a facility or on-site generator,
2 as the case may be, which accepts regulated medical waste from
3 other generators for on-site disposal for a cost-based fee not in
4 excess of the costs actually incurred by the facility or on-site
5 generator for the treatment or disposal of the regulated medical
6 waste.

7 "Transporter" means a person engaged in the collection or
8 transportation of regulated medical waste.

9 (cf: P.L.1989, c.34, s.3)

10

11 9. (New section) a. The board of chosen freeholders of each
12 county and the New Jersey Meadowlands Commission, in
13 accordance with standards adopted by the Commissioner of
14 Environmental Protection in consultation with the Commissioner of
15 Health and Senior Services, shall prepare and adopt a sharps
16 disposal component as an amendment to the district solid waste
17 management plan required pursuant to the provisions of the "Solid
18 Waste Management Act," P.L.1970, c.39 (C.13:1E-1 et seq.) to
19 provide for the proper and safe disposal of medical waste generated
20 at home within the district.

21 b. The sharps disposal component of each district solid waste
22 management plan shall be developed in consultation with a work
23 group established by the governing body of the affected county and
24 the New Jersey Meadowlands Commission, in the case of the
25 Hackensack Meadowlands District, that includes persons not
26 employed by or affiliated with the county or the commission, as the
27 case may be, who have a demonstrated interest or expertise in the
28 use and disposal of sharps, including, but not limited to,
29 representatives of waste management companies, persons with
30 diabetes and licensed health care facilities.

31 c. The Commissioner of Environment Protection shall provide
32 such financial assistance as may be available to the commissioner
33 for the purpose of this section to the various counties to implement
34 the sharps disposal component of the district solid waste
35 management plan. The commissioner shall be authorized to accept
36 such funding as may be made available from the private sector to
37 effectuate the purposes of this section.

38

39 10. (New section) a. The Commissioner of Environmental
40 Protection, in consultation with the Commissioner of Health and
41 Senior Services and pursuant to the "Administrative Procedure
42 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and
43 regulations to effectuate the purposes of section 9 of P.L. , c.
44 (C.)(pending before the Legislature as this bill).

45 b. Notwithstanding any provision of P.L.1968, c.410 to the
46 contrary, the commissioner shall adopt, immediately upon filing
47 with the Office of Administrative Law and no later than the 90th
48 day after the effective date of this act, such regulations as the

1 commissioner deems necessary to implement the provisions of
2 section 9 of P.L. , c. (C.)(pending before the Legislature as
3 this bill), which shall be effective until the adoption of rules and
4 regulations pursuant to subsection a. of this section and may be
5 amended, adopted or readopted by the commissioner in accordance
6 with the requirements of P.L.1968, c.410.

7
8 11. (New section) There is appropriated \$10,000,000 from the
9 General Fund to the Division of Addiction Services in the
10 Department of Human Services for inpatient or residential
11 substance abuse treatment programs for patients with a primary
12 diagnosis of drug problems.

13
14 12. This act shall take effect immediately.

15
16
17 STATEMENT

18
19 This bill is designated the "Bloodborne Disease Harm Reduction
20 Act." The bill permits the establishment of municipal sterile
21 syringe access programs to prevent the spread of HIV/AIDS,
22 hepatitis C and other bloodborne diseases.

23 - - AUTHORIZATION OF STERILE SYRINGE ACCESS PROGRAMS. The
24 bill directs the Commissioner of Health and Senior Services to
25 prescribe by regulation requirements for a municipality to establish,
26 or otherwise authorize the operation within that municipality of, a
27 sterile syringe access program to provide for the exchange of
28 hypodermic syringes and needles.

29 Under the bill the commissioner is to:

30 (1) request an application, to be submitted on a form and in a
31 manner to be prescribed by the commissioner, from any
32 municipality that seeks to establish a sterile syringe access program,
33 or from other entities authorized to operate a sterile syringe access
34 program within that municipality as provided in the bill;

35 (2) approve those applications that meet the requirements
36 established by regulation of the commissioner and contract with the
37 municipalities or entities whose applications are approved to
38 operate a sterile syringe access program in any municipality in
39 which the governing body has authorized the operation of sterile
40 syringe access programs by ordinance;

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

48 (4) provide for the adoption of a uniform identification card or

1 other uniform Statewide means of identification for consumers,
2 staff and volunteers of a sterile syringe access program; and

3 (5) maintain a record of the data reported to the commissioner
4 by sterile syringe access programs pursuant to the bill.

5 The bill authorizes the commissioner to accept such funding as
6 may be made available from the private sector to effectuate the
7 purposes of the bill.

8 The bill authorizes the commissioner to require for a program
9 that the number of syringes and needles provided be equal to the
10 number returned by the participating consumer.

11 -- MUNICIPAL PROGRAM ESTABLISHMENT. The bill permits a
12 municipality to establish, or authorize establishment of, a sterile
13 syringe access program that is approved by the commissioner
14 pursuant to the bill to provide for the exchange of hypodermic
15 syringes and needles.

16 (1) A municipality that establishes a sterile syringe access
17 program may operate the program directly or contract with one or
18 more of the following entities to operate the program: a hospital or
19 other licensed health care facility, a federally qualified health
20 center, a public health agency, a substance abuse treatment
21 program, an AIDS service organization, or another nonprofit entity
22 designated by the municipality. The bill also authorizes these
23 entities to contract directly with the commissioner in any
24 municipality in which the governing body has authorized the
25 operation of sterile syringe access programs by ordinance pursuant
26 to the bill. The municipality or entity must implement the program
27 in consultation with a federally qualified health center and the New
28 Jersey Office on Minority and Multicultural Health in the
29 Department of Health and Senior Services and in a culturally
30 competent manner.

31 (2) The bill allows a municipality whose governing body has
32 authorized the operation of sterile syringe access programs within
33 the municipality to require within the authorizing ordinance that an
34 entity as described in the bill obtain approval from the municipality,
35 in a manner prescribed by the authorizing ordinance, to operate a
36 sterile syringe access program prior to obtaining approval from the
37 commissioner to operate such a program, or the bill allows a
38 municipality to permit the entity to obtain approval to operate such
39 a program by application directly to the commissioner without
40 obtaining prior approval from the municipality to operate such a
41 program.

42 (3) The bill allows two or more municipalities to jointly establish
43 or authorize establishment of a sterile syringe access program that
44 operates within those municipalities pursuant to adoption of an
45 ordinance by each participating municipality.

46 -- STERILE SYRINGE ACCESS PROGRAM STANDARDS. The bill
47 requires a sterile syringe access program to comply with the
48 following requirements:

- 1 (1) Sterile syringes and needles are to be provided at no cost to
2 consumers 18 years of age and older;
- 3 (2) Program staff are to be trained and regularly supervised in:
4 harm reduction; substance abuse, medical and social service
5 referrals; and infection control procedures, including universal
6 precautions and needle stick injury protocol; and programs are to
7 maintain records of staff and volunteer training and of hepatitis C
8 and tuberculosis screening provided to volunteers and staff;
- 9 (3) The program is to offer information about HIV, hepatitis C
10 and other bloodborne pathogens and prevention materials at no cost
11 to consumers, and seek to educate all consumers about safe and
12 proper disposal of needles and syringes;
- 13 (4) The program is to provide information and referrals to
14 consumers, including HIV testing options, access to substance
15 abuse treatment programs, and available health and social service
16 options relevant to the consumer's needs. The program shall
17 encourage consumers to receive an HIV test and, when appropriate,
18 develop and individualized substance abuse treatment plan for each
19 participating consumer;
- 20 (5) The program is to screen out consumers under 18 years of
21 age from access to syringes and needles, and refer them to
22 substance abuse treatment and other appropriate programs for
23 youth;
- 24 (6) The program is to develop a plan for the handling and
25 disposal of used syringes and needles in accordance with
26 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
27 medical waste disposal pursuant to the "Comprehensive Regulated
28 Medical Waste Management Act," and also develop and maintain
29 protocols for post-exposure treatment;
- 30 (7) The program is to maintain the confidentiality of consumers
31 by the use of confidential identifiers, which are to consist of the
32 first two letters of the first name of the consumer's mother and the
33 two-digit day of birth and two-digit year of birth of the consumer,
34 or by the use of such other uniform Statewide mechanism as may be
35 approved by the commissioner for this purpose;
- 36 (8) The program is to provide a uniform identification card that
37 has been approved by the commissioner to consumers and to staff
38 and volunteers involved in transporting, exchanging or possessing
39 syringes and needles, or provide for such other uniform Statewide
40 means of identification as may be approved by the commissioner
41 for this purpose;
- 42 (9) The program is to provide consumers at the time of
43 enrollment with a schedule of program operation hours and
44 locations, in addition to information about prevention and harm
45 reduction and substance abuse treatment services; and
- 46 (10) The program is to establish and implement accurate data
47 collection methods and procedures as required by the commissioner
48 for the purpose of evaluating the sterile syringe access programs,

1 including the monitoring and evaluation on a quarterly basis of:
2 sterile syringe access program participation rates, including the
3 number of consumers who enter substance abuse treatment
4 programs and the status of their treatment;
5 the effectiveness of the sterile syringe access programs in
6 meeting its objectives, including, but not limited to, return
7 rates of syringes and needles distributed to consumers and
8 the impact of the sterile syringe access programs on
9 intravenous drug use; and
10 the number and type of referrals provided by the sterile syringe
11 access programs and the specific actions taken by the sterile
12 syringe access programs on behalf of each consumer.

13 A municipality may terminate a sterile syringe access program
14 established or authorized pursuant to the bill, which is operating
15 within that municipality, if its governing body approves such an
16 action by ordinance, in which case the municipality is to notify the
17 commissioner of its action in a manner prescribed by regulation of
18 the commissioner.

19 -- DEPARTMENTAL REPORTS. The bill directs the Commissioner
20 of Health and Senior Services to report to the Governor and the
21 Legislature, no later than one year after the effective date of the bill
22 and biannually thereafter, on the status of sterile syringe access
23 programs established pursuant to the bill, and is to include in that
24 report the data provided to the commissioner by each sterile syringe
25 access program pursuant to the bill.

26 The bill further directs the commissioner to report to the
27 Governor and the Legislature no later than six months after the date
28 that the initial sterile syringe access program, which is approved by
29 the commissioner pursuant to the bill, commences its operations,
30 and is to include in that report:

31 (1) an assessment of whether an adequate number of substance
32 abuse treatment program slots is available to meet the treatment
33 needs of persons who have been referred to substance abuse
34 treatment programs by sterile syringe access programs pursuant to
35 the bill; and

36 (2) a recommendation for such appropriation as the
37 commissioner determines necessary to ensure the provision of an
38 adequate number of substance abuse treatment program slots for
39 those persons.

40 The bill directs the commissioner to contract with an entity that
41 is independent of the department to prepare a detailed analysis of
42 the sterile syringe access programs, and to report on the results of
43 that analysis to the Governor, the Legislature and the Governor's
44 Advisory Council on HIV/AIDS and Related Blood-Borne
45 Pathogens no later than 24 months after the adoption of regulations
46 required by the bill. The analysis shall include, but not be limited
47 to:

48 any increase or decrease in the spread of HIV, hepatitis C and

1 other blood-borne pathogens that may be transmitted by the
2 use of contaminated syringes and needles;
3 the number of exchanged syringes and needles and an evaluation
4 of the disposal of syringes and needles that are not returned
5 by consumers;
6 the number of consumers participating in the sterile syringe
7 access programs and an assessment of their reasons for
8 participating in the programs;
9 the number of consumers in the sterile syringe access programs
10 who participated in substance abuse treatment programs; and
11 the number of consumers in the sterile syringe access
12 programs who benefited from counseling and referrals to
13 programs and entities that are relevant to their health,
14 housing, social service, employment and other needs.

15 -- EXEMPTION FROM DRUG PARAPHERNALIA LAWS. Under the
16 bill, the possession of a hypodermic syringe or needle by a
17 consumer who participates in, or an employee or volunteer of, a
18 sterile syringe access program established pursuant to the bill will
19 not constitute an offense pursuant to N.J.S.A.2C:36-1 et seq. This
20 provision extends to a hypodermic syringe or needle that contains a
21 residual amount of a controlled dangerous substance or controlled
22 substance analog.

23 -- SHARPS DISPOSAL PLAN. The bill directs each county
24 freeholder board and the New Jersey Meadowlands Commission, in
25 accordance with standards adopted by regulation of the
26 Commissioner of Environmental Protection in consultation with the
27 Commissioner of Health and Senior Services, to prepare and adopt
28 a sharps disposal component as an amendment to the district solid
29 waste management plan required pursuant to the "Solid Waste
30 Management Act" to provide for the proper and safe disposal of
31 medical waste generated at home within the district.

32 (1) The bill directs that the sharps disposal component of each
33 district solid waste management plan be developed in consultation
34 with a work group established by the governing body of the affected
35 county and the New Jersey Meadowlands Commission, in the case
36 of the Hackensack Meadowlands District, that includes persons not
37 employed by or affiliated with the county or the commission, as the
38 case may be, who have a demonstrated interest or expertise in the
39 use and disposal of sharps, including, but not limited to,
40 representatives of waste management companies, persons with
41 diabetes and licensed health care facilities.

42 (2) The bill directs the Commissioner of Environmental
43 Protection to provide such financial assistance as may be available
44 to the commissioner to the various counties to implement the sharps
45 disposal component of the district solid waste management plan,
46 and is authorized to accept such funding as may be made available
47 from the private sector for this purpose.

48 -- REGULATIONS. The bill directs the Commissioners of Health

1 and Senior Services and Environmental Protection to adopt rules
2 and regulations, pursuant to the "Administrative Procedure Act"
3 (APA), to effectuate the purposes of the bill; however,
4 notwithstanding any provision of the APA to the contrary, the
5 commissioners are to adopt, immediately upon filing with the
6 Office of Administrative Law and no later than the 90th day after
7 the effective date of the bill, such regulations as they deem
8 necessary to implement the bill, which are to be effective until the
9 adoption of rules and regulations pursuant to the APA and may be
10 amended, adopted or readopted by the commissioners in accordance
11 with the APA. (It is the sponsors' intent that the Commissioner of
12 Health and Senior Services may consult with the Public Health
13 Council established pursuant to N.J.S.A.26:1A-4 in the adoption of
14 rules and regulations to effectuate the purposes of the bill.)

15 -- SUBSTANCE ABUSE TREATMENT FUNDING. The bill appropriates
16 \$10,000,000 for inpatient and residential substance abuse treatment
17 programs for patients with a primary diagnosis of drug problems.

18 It is the opinion of the sponsors that a municipality which
19 establishes or authorizes a sterile syringe access program pursuant
20 to this bill and its employees would be covered by the provisions of
21 N.J.S.A.59:6-3, which provides as follows: "Neither a public entity
22 nor a public employee is liable for an injury resulting from the
23 decision to perform or not to perform any act to promote the public
24 health of the community by preventing disease or controlling the
25 communication of disease within the community."

26 It is the position of the sponsors that the commissioner's
27 responsibility to support and facilitate the linkage of sterile syringe
28 access programs to other services, established pursuant to section 3
29 of the bill, shall be accomplished in conjunction with the assistance
30 of other relevant departments of State government.

31 It is the position of the sponsors that the consultation of the
32 municipality or entity under contract with a federally qualified
33 health center, as required pursuant to 4 of the bill, does not entail
34 any type of oversight or provision of services by the federally
35 qualified health center, and shall involve only consultation
36 regarding ancillary, non-needle exchange, services of the federally
37 qualified health center.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1852

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 19, 2006

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 1852.

As amended by the committee, this bill, which is designated the "Bloodborne Disease Harm Reduction Act," provides for a Statewide demonstration program to permit the operation in certain municipalities of sterile syringe access programs to prevent the spread of HIV/AIDS, hepatitis C and other bloodborne diseases.

The bill provides specifically as follows:

AUTHORIZATION OF STERILE SYRINGE ACCESS PROGRAMS

- The Commissioner of Health and Senior Services is to establish a demonstration program to permit up to six municipalities to operate a sterile syringe access program in accordance with the provisions of the bill.
- The commissioner is directed to 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.
- The commissioner is to:
 - 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 the bill;
 - 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 operate a sterile syringe access program in any municipality in which the governing body has authorized the operation of sterile syringe access programs by ordinance;
 - support and facilitate, to the maximum extent practicable, the linkage of sterile syringe access programs to such health care facilities and programs as may provide appropriate health care services,

including mental health and substance abuse treatment, and to housing assistance, career employment-related counseling, and education counseling, to consumers participating in any such program;

-- 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; and

-- maintain a record of the data reported to the commissioner by sterile syringe access programs pursuant to the bill.

- The bill authorizes the commissioner to accept such funding as may be made available from the private sector to effectuate the purposes of the bill.

MUNICIPAL PROGRAM ESTABLISHMENT

- A municipality may establish, or authorize establishment of, a sterile syringe access program that is approved by the commissioner pursuant to the bill to provide for the exchange of hypodermic syringes and needles.
- A municipality that establishes a sterile syringe access program may operate the program directly or contract with one or more of the following entities to operate the program: a hospital or other licensed health care facility; a federally qualified health center; a public health agency; a substance abuse treatment program; an AIDS service organization; or another nonprofit entity designated by the municipality. The bill also authorizes these entities to contract directly with the commissioner in any municipality in which the governing body has authorized the operation of sterile syringe access programs by ordinance pursuant to the bill.
- The municipality or entity must implement the program in consultation with a federally qualified health center and the New Jersey Office on Minority and Multicultural Health in the Department of Health and Senior Services and in a culturally competent manner.
- A municipality whose governing body has authorized the operation of sterile syringe access programs within the municipality may require within the authorizing ordinance that an entity as described in the bill obtain approval from the municipality, in a manner prescribed by the authorizing ordinance, to operate a sterile syringe access program prior to obtaining approval from the commissioner to operate such a program, or the municipality may permit the entity to obtain approval to operate such a program by application directly to the commissioner without obtaining prior approval from the municipality to operate such a program.
- Two or more municipalities may jointly establish or authorize establishment of a sterile syringe access program that operates within those municipalities pursuant to adoption of an ordinance by each participating municipality.

STERILE SYRINGE ACCESS PROGRAM STANDARDS

A sterile syringe access program established pursuant to the bill must comply with the following requirements:

- Sterile syringes and needles are to be provided at no cost to consumers 18 years of age and older;
- Program staff are to be trained and regularly supervised in: harm reduction; substance abuse, medical and social service referrals; and infection control procedures, including universal precautions and needle stick injury protocol; and programs are to maintain records of staff and volunteer training and of hepatitis C and tuberculosis screening provided to volunteers and staff;
- The program is to offer information about HIV, hepatitis C and other bloodborne pathogens and prevention materials at no cost to consumers, and seek to educate all consumers about safe and proper disposal of needles and syringes;
- The program is to provide information and referrals to consumers, including HIV testing options, access to drug abuse treatment programs, and available health and social service options relevant to the consumer's needs; and the program is to encourage consumers to receive an HIV test and, when appropriate, develop an individualized drug abuse treatment plan for each participating consumer;
- The program is to screen out consumers under 18 years of age from access to syringes and needles, and refer them to drug abuse treatment and other appropriate programs for youth;
- The program is to develop a plan for the handling and disposal of used syringes and needles in accordance with requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated medical waste disposal pursuant to the "Comprehensive Regulated Medical Waste Management Act," and also develop and maintain protocols for post-exposure treatment;
- The program is to maintain the confidentiality of consumers by the use of confidential identifiers, which are to consist of the first two letters of the first name of the consumer's mother and the two-digit day of birth and two-digit year of birth of the consumer, or by the use of such other uniform Statewide mechanism as may be approved by the commissioner for this purpose;
- The program is to provide a uniform identification card that has been approved by the commissioner to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or provide for such other uniform Statewide means of identification as may be approved by the commissioner for this purpose;
- The program is to provide consumers at the time of enrollment with a schedule of program operation hours and locations, in addition to information about prevention and harm reduction and drug abuse treatment services; and

- The program is to establish and implement accurate data collection methods and procedures as required by the commissioner for the purpose of evaluating the sterile syringe access programs, including the monitoring and evaluation on a quarterly basis of:
 - sterile syringe access program participation rates, including the number of consumers who enter drug abuse treatment programs and the status of their treatment:
 - the effectiveness of the sterile syringe access program in meeting its objectives, including, but not limited to, return rates of syringes and needles distributed to consumers and the impact of the sterile syringe access program on intravenous drug use; and
 - the number and type of referrals provided by the sterile syringe access program and the specific actions taken by the sterile syringe access programs on behalf of each consumer.
- A municipality may terminate a sterile syringe access program established or authorized pursuant to the bill, which is operating within that municipality, if its governing body approves such an action by ordinance, in which case the municipality is to notify the commissioner of its action in a manner prescribed by regulation of the commissioner.

REPORTS TO THE GOVERNOR AND THE LEGISLATURE

- The Commissioner of Health and Senior Services is to report to the Governor and the Legislature, no later than one year after the effective date of the bill and biennially thereafter, on the status of sterile syringe access programs established pursuant to the bill, and is to include in that report the data provided to the commissioner by each sterile syringe access program pursuant to the bill.
- For the purpose of each biennial report, the commissioner is to:
 - 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
 - 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.
- The commissioner is further directed to report to the Governor and the Legislature no later than six months after the date that the initial sterile syringe access program, which is approved by the commissioner pursuant to the bill, commences its operations, and is to include in that report:
 - an assessment of whether an adequate number of drug abuse treatment program slots is available to meet the treatment needs of persons who have been referred to drug abuse treatment programs by sterile syringe access programs pursuant to the bill; and

-- a recommendation for such appropriation as the commissioner determines necessary to ensure the provision of an adequate number of drug abuse treatment program slots for those persons.

- The commissioner is to contract with an entity that is independent of the Department of Health and Senior Services to prepare a detailed analysis of the sterile syringe access programs, and to report on the results of that analysis to the Governor, the Legislature and the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens no later than 24 months after the adoption of regulations required by the bill and annually thereafter. The analysis is to include, but not be limited to:

-- any increase or decrease in the spread of HIV, hepatitis C and other blood-borne pathogens that may be transmitted by the use of contaminated syringes and needle:

-- the number of exchanged syringes and needles and an evaluation of the disposal of syringes and needles that are not returned by consumers:

-- the number of consumers participating in the sterile syringe access programs and an assessment of their reasons for participating in the programs;

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

-- 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.

- Within 90 days after receipt of the third report from the independent entity, the commissioner is to submit to the Governor and the Legislature, on a day when both Houses of the Legislature are meeting in the course of a regular or special session, the commissioner's recommendations regarding whether or not to continue the demonstration program established pursuant to the bill. The commissioner's recommendations will be effective unless the Legislature passes a concurrent resolution overriding the commissioner's recommendations no later than the 45th day after its receipt of those recommendations.

REGIONAL SUBSTANCE ABUSE TREATMENT FACILITIES

- The Commissioner of Human Services is directed to develop a plan for establishing and funding regional substance abuse treatment facilities.
- The plan is to include a strategy for soliciting proposals from nonprofit agencies and organizations in the State, including State-licensed health care facilities, with experience in the provision of long-term care or outpatient substance abuse treatment services to meet the post-acute health, social, and educational needs of persons living with HIV/AIDS.

- The commissioner is to submit the plan to the Governor and the Legislature no later than the 120th day after the effective date of the bill, and to report biannually thereafter to the Governor and the Legislature on the implementation of the plan.

EXEMPTION FROM DRUG PARAPHERNALIA LAWS

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 the bill will not constitute an offense pursuant to N.J.S.2C:36-1 et seq. This provision extends to a hypodermic syringe or needle that contains a residual amount of a controlled dangerous substance or controlled substance analog.

SHARPS DISPOSAL PLAN

- Each county freeholder board and the New Jersey Meadowlands Commission, in accordance with standards adopted by regulation of the Commissioner of Environmental Protection in consultation with the Commissioner of Health and Senior Services, is to prepare and adopt a sharps disposal component as an amendment to the district solid waste management plan required pursuant to the "Solid Waste Management Act" to provide for the proper and safe disposal of medical waste generated at home within the district.
- The sharps disposal component of each district solid waste management plan is to be developed in consultation with a work group established by the governing body of the affected county and the New Jersey Meadowlands Commission, in the case of the Hackensack Meadowlands District, that includes persons not employed by or affiliated with the county or the commission, as the case may be, who have a demonstrated interest or expertise in the use and disposal of sharps, including, but not limited to, representatives of waste management companies, persons with diabetes and licensed health care facilities.
- The Commissioner of Environmental Protection is to provide such financial assistance as may be available to the commissioner to the various counties to implement the sharps disposal component of the district solid waste management plan, and is authorized to accept such funding as may be made available from the private sector for this purpose.

REGULATIONS

The Commissioners of Health and Senior Services and Environmental Protection are to adopt rules and regulations, pursuant to the "Administrative Procedure Act" (APA), to effectuate the purposes of the bill; however, notwithstanding any provision of the APA to the contrary, the commissioners are to adopt, immediately upon filing with the Office of Administrative Law and no later than the 90th day after the effective date of the bill, such regulations as they

deem necessary to implement the bill, which are to be effective until the adoption of rules and regulations pursuant to the APA and may be amended, adopted or readopted by the commissioners in accordance with the APA. (It is the sponsors' intent that the Commissioner of Health and Senior Services may consult with the Public Health Council in the adoption of rules and regulations to effectuate the purposes of the bill.)

DRUG ABUSE TREATMENT FUNDING

The bill appropriates \$10 million to the Division of Addiction Services in the Department of Human Services for inpatient and outpatient drug abuse treatment program slots and outreach.

As reported by the committee, this bill is identical to Senate Bill No. 494 (1R) (Gill/Gormley), which is pending before the Senate.

This bill was pre-filed for introduction in the 2006-2007 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS

The committee amendments to the bill:

- update the information included in the legislative findings and declarations (section 1);
- direct the Commissioner of Health and Senior Services to establish a demonstration program to permit up to six municipalities to operate a sterile syringe access program in accordance with the provisions of the bill (section 3);
- provide that the commissioner, for the purpose of each required biennial report to the Governor and the Legislature on the status of sterile syringe access programs established pursuant to the bill, is to:
 - 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
 - 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 (section 5);
- require the commissioner, within 90 days after receipt of the third report from the independent entity with which the commissioner contracts to prepare a detailed analysis of the sterile syringe access programs, to submit to the Governor and the Legislature the commissioner's recommendations regarding whether or not to continue the demonstration program established pursuant to the bill; and stipulate that the commissioner's recommendations will be effective unless the Legislature passes a concurrent resolution overriding the commissioner's recommendations (section 5);

- require the Commissioner of Human Services to develop a plan for establishing and funding regional substance abuse treatment facilities (section 6); and
- stipulate that the \$10 million to be appropriated from the General Fund to the Division of Addiction Services in the Department of Human Services is to be used for inpatient and outpatient drug abuse treatment program slots and outreach (section 12).

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 1852

STATE OF NEW JERSEY

DATED: DECEMBER 4, 2006

The Assembly Appropriations Committee reports favorably Assembly Bill No. 1852 (1R).

This bill, which is designated the "Bloodborne Disease Harm Reduction Act," provides for a Statewide demonstration program to permit the operation in certain municipalities of sterile syringe access programs to prevent the spread of HIV/AIDS, hepatitis C and other bloodborne diseases.

Specifically, the bill provides as follows:

- The Commissioner of Health and Senior Services is to establish a demonstration program to permit up to six municipalities to operate a sterile syringe access program in accordance with the provisions of the bill. The commissioner is directed to 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.
- The commissioner is to:
 - (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 the bill;
 - (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;
 - (3) support and facilitate, to the maximum extent practicable, the linkage of sterile syringe access programs to such health care facilities and programs as may provide appropriate health care services, including mental health and substance abuse treatment, and to housing assistance, career employment-related counseling, and education counseling to consumers participating in any such 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; and

(5) maintain a record of the data reported to the commissioner by sterile syringe access programs pursuant to the bill.

- The commissioner is authorized to accept such funding as may be made available from the private sector to effectuate the purposes of the bill.
- A municipality may establish or authorize establishment of a sterile syringe access program that is approved by the commissioner to provide for the exchange of hypodermic syringes and needles.

(1) A municipality may operate the program directly or contract with one or more of the following entities to operate the program: a hospital or other licensed health care facility, a federally qualified health center, a public health agency, a substance abuse treatment program, an AIDS service organization, or another nonprofit entity designated by the municipality. These entities will also be authorized to contract directly with the commissioner in any municipality in which the governing body has authorized, by ordinance, the operation of sterile syringe access program. The municipality or entity under contract is to implement the sterile syringe access program in consultation with a federally qualified health center and the New Jersey Office on Minority and Multicultural Health, and in a culturally competent manner.

(2) A municipality whose governing body has authorized the operation of a sterile syringe access program may require within the authorizing ordinance that an entity obtain approval from the municipality to operate a sterile syringe access program prior to obtaining approval from the commissioner to operate the program, or may permit the entity to obtain approval to operate the program by application directly to the commissioner without obtaining prior approval from the municipality.

(3) Two or more municipalities may jointly establish or authorize establishment of a sterile syringe access program that operates within those municipalities pursuant to adoption of an ordinance by each participating municipality.

- A sterile syringe access program must comply with the following requirements. The program is to:

(1) Provide sterile syringes and needles at no cost to consumers 18 years of age and older;

(2) Train and regularly supervise program staff in: harm reduction; substance abuse, medical and social service referrals; and infection control procedures, including universal precautions and needle stick injury protocol; and programs are to maintain records of staff and volunteer training and of hepatitis C and tuberculosis screening provided to volunteers and staff;

(3) Offer information about HIV, hepatitis C and other bloodborne pathogens, and prevention materials, at no cost to consumers, and seek to educate all consumers about safe and proper

disposal of needles and syringes;

(4) Provide information and referrals to consumers, including HIV testing options, access to drug abuse treatment programs, and available health and social service options relevant to the consumer's needs, encourage consumers to receive an HIV test, and, when appropriate, develop an individualized drug abuse treatment plan for each participating consumer;

(5) Screen out consumers under 18 years of age from access to syringes and needles, and refer them to drug abuse treatment and other appropriate programs for youth;

(6) Develop a plan for the handling and disposal of used syringes and needles in accordance with requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated medical waste disposal pursuant to the "Comprehensive Regulated Medical Waste Management Act," and also develop and maintain protocols for post-exposure treatment;

(7) Maintain the confidentiality of consumers by the use of confidential identifiers, which are to consist of the first two letters of the first name of the consumer's mother and the two-digit day of birth and two-digit year of birth of the consumer, or by the use of such other uniform Statewide mechanism as may be approved by the commissioner for this purpose;

(8) Provide a uniform identification card that has been approved by the commissioner to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or provide for such other uniform Statewide means of identification as may be approved by the commissioner for this purpose;

(9) Provide consumers at the time of enrollment with a schedule of program operation hours and locations, in addition to information about prevention and harm reduction and drug abuse treatment services; and

(10) Establish and implement accurate data collection methods and procedures as required by the commissioner for the purpose of evaluating the programs, including the monitoring and evaluation on a quarterly basis of:

(a) sterile syringe access program participation rates, including the number of consumers who enter drug abuse treatment programs and the status of their treatment;

(b) the effectiveness of the programs in meeting their objectives, including, but not limited to, return rates of syringes and needles distributed to consumers and the impact of the sterile syringe access programs on intravenous drug use; and

(c) the number and type of referrals provided by the programs and the specific actions taken by the programs on behalf of each consumer.

- A municipality may terminate a sterile syringe access program operating within that municipality if its governing body approves such an action by ordinance, in which case the municipality is to notify the commissioner of its action in a manner prescribed by regulation of the commissioner.
- The commissioner is directed to report to the Governor and the Legislature, no later than one year after the effective date of the bill and biennially (every two years) thereafter, on the status of sterile syringe access programs established pursuant to the bill, and is to include in that report the data provided to the commissioner by each sterile syringe access program.

For the purpose of each biennial report, the commissioner is to:

(1) 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

(2) 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.

- The commissioner is further directed to report to the Governor and the Legislature no later than six months after the date that the initial sterile syringe access program commences its operations, and is to include in that report:

(1) an assessment of whether an adequate number of drug abuse treatment program slots is available to meet the treatment needs of persons who have been referred by sterile syringe access programs pursuant to the bill; and

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

- The commissioner is to contract with an entity that is independent of the Department of Health and Senior Services to prepare a detailed analysis of the sterile syringe access programs, and to report on the results of that analysis to the Governor, the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and the Legislature no later than 24 months after the adoption of regulations required pursuant to the bill and annually thereafter. The analysis is to include, but not be limited to:

(1) any increase or decrease in the spread of HIV, hepatitis C and other blood-borne 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.

- Within 90 days after receipt of the third report from the independent entity, the commissioner is to submit to the Governor and the Legislature, on a day when both Houses of the Legislature are meeting in the course of a regular or special session, the commissioner's recommendations regarding whether or not to continue the demonstration program established pursuant to the bill. The commissioner's recommendations will be effective unless the Legislature passes a concurrent resolution overriding the commissioner's recommendations no later than the 45th day after its receipt of those recommendations.
- The Commissioner of Human Services is directed to develop a plan for establishing and funding regional substance abuse treatment facilities. The plan is to include a strategy for soliciting proposals from nonprofit agencies and organizations in the State, including State-licensed health care facilities, with experience in the provision of long-term care or outpatient substance abuse treatment services to meet the post-acute health, social, and educational needs of persons living with HIV/AIDS. The commissioner is to submit the plan to the Governor and the Legislature no later than the 120th day after the effective date of the bill, and to report biannually thereafter to the Governor and the Legislature on the implementation of the plan.
- 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 the bill will not constitute an offense pursuant to N.J.S.A.2C:36-1 et seq. (drug paraphernalia). This provision extends to a hypodermic syringe or needle that contains a residual amount of a controlled dangerous substance or controlled substance analog.
- Each county freeholder board and the New Jersey Meadowlands Commission, in accordance with standards adopted by regulation of the Commissioner of Environmental Protection in consultation with the Commissioner of Health and Senior Services, is to prepare and adopt a sharps disposal component as an amendment to the district

solid waste management plan required pursuant to the "Solid Waste Management Act" to provide for the proper and safe disposal of medical waste generated at home within the district.

- The bill directs the Commissioners of Health and Senior Services and Environmental Protection to adopt rules and regulations, pursuant to the "Administrative Procedure Act," to effectuate the purposes of the bill.
- The bill appropriates \$10,000,000 from the General Fund to the Division of Addiction Services in the Department of Human Services for inpatient and outpatient drug abuse treatment program slots and outreach.

As reported, this bill is identical to Senate Bill No. 494 (1R) of 2006 currently on second reading in the Senate.

FISCAL IMPACT:

The bill establishes standards by which up to six municipalities may implement sterile syringe access programs. Because the programs are implemented at the option of the municipalities and because levels of staffing and services may vary by municipality, no estimates of municipal program costs can be made at this time.

The bill appropriates \$10,000,000 from the General Fund to the Division of Addiction Services in the Department of Human Services for inpatient or outpatient residential substance abuse treatment program slots and outreach. The bill also requires the Commissioner of Human Services to make a recommendation for such appropriation as the commissioner determines necessary to ensure the provision of an adequate number of substance abuse treatment program slots for the treatments needs of persons referred by sterile syringe access programs within six months after the first program commences operations.

No information is currently available to determine the State or municipal costs, if any, of a program's providing a uniform identification card that has been approved by the commissioner to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or whether existing uniform Statewide means of identification, such as the identification cards issued by the Motor Vehicle Commission, may be approved by the commissioner for this purpose.

No information is available to determine the county costs, if any, of implementing the sharps disposal component of the district solid waste management plan.

No information is available to determine the expenses associated with the Department of Human Services contract with an entity that is independent of the department to prepare a detailed analysis of the sterile syringe access programs.

Dec-19-06 Governor Corzine Signs Legislation Establishing Needle Exchange Pilot Programs

FOR IMMEDIATE RELEASE
DATE: December 19, 2006

CONTACT: Anthony Coley
Brendan Gilfillan
PHONE: 609-777-2600

GOVERNOR CORZINE SIGNS LEGISLATION ESTABLISHING NEEDLE EXCHANGE PILOT PROGRAMS

TRENTON – Governor Jon S. Corzine today signed the “Bloodborne Disease Harm Reduction Act,” which allows up to six municipalities to establish needle exchange programs as part of a demonstration project. The bill also appropriates \$10 million for drug treatment.

“Quite simply, this bill will save lives,” said Governor Corzine. “The science is clear: Needle exchange programs have been proven effective in reducing the spread of HIV and hepatitis C and serve as gateways to treatment.”

The demonstration project requires that municipalities interested in participating adopt an ordinance and that participants in the needle exchange program be given information and referrals for HIV counseling and testing, drug abuse treatment programs and health and social services.

“Today ends New Jersey's dubious reign as our nation's only hold-out on progressive and common-sense policies that will save lives,” said Speaker Joseph J. Roberts, Jr. (D-Camden). “Now we can begin to reverse our state's near-epidemic rates of HIV/AIDS and Hepatitis C. The needle exchange programs and enhanced access to addiction treatment we authorize today are a glimmer of hope to many who may otherwise have known only death and despair.”

“Today we have taken responsibility to help prevent the spread of HIV/AIDS in this state by making access to clean needles part of our comprehensive strategy to combat this public health epidemic,” said Senator Nia H. Gill, (D-Essex), a Senate sponsor of this legislation.

The Department of Health and Senior Services (DHSS) will establish the parameters of the needle exchange program by regulation. The Commissioner of

the Department of Human Services is required under the legislation to develop a plan to create and fund regional drug abuse treatment facilities.

"This is a great day for public health in New Jersey," said DHSS Commissioner Fred M. Jacob, M.D., J.D. "This legislation gives us another weapon in the growing arsenal we now have to fight harder to save lives and prevent HIV transmission."

New Jersey has the highest rate of cumulative HIV/AIDS cases among women, the third highest rate of pediatric HIV/AIDS cases, the fifth highest rate of adult HIV/AIDS cases and a rate of injection-related HIV infection that is nearly twice the national average.

The legislation (S-494/A-1852) was also sponsored in the Senate by William L. Gormley and in the Assembly by Francis J. Blee, Reed Gusciora, Wilfredo Caraballo, Peter J. Barnes Jr., Alfred E. Steele and William D. Payne.