

COMMITTEE STATEMENT: **ASSEMBLY:** No

SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

Brent Johnson and Susan K. Livio - For South Jersey Times, 'State's needle exchanges will expand', South Jersey Times (online), 21 Jan 2022 001

Kaitlyn Kanzler, NorthJersey.com, 'MURPHY SIGNS BILLS TO FIGHT OPIOID EPIDEMIC', Record, The (online), 19 Jan2022

RWH/JA.

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

1 AN ACT concerning harm reduction ¹**[programs and]** services
2 ²**[, ¹] and²** supplementing and amending P.L.2006, c.99 ²**[¹, and**
3 making an appropriation¹]².

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

7
8 1. (New section) As used in P.L.2006, c.99 (C.26:5C-25 et al.):
9 “Authorized harm reduction ¹**[program]** services¹ ” means a
10 suite of¹ harm reduction ¹**[program]** services,¹ approved by the
11 ¹**[Commissioner]** Department¹ of Health ¹and provided in a manner
12 that is consistent with State and federal law, which services shall
13 include, but shall not be limited to: syringe access, syringe
14 disposal, referrals to health and social services, ²**[overdose**
15 prevention] harm reduction² counseling and supplies ²including,
16 but not limited to, fentanyl test strips² , and HIV and hepatitis C
17 testing¹ .

18 “Eligible entity” means a federally qualified health center, a
19 public health agency, a substance abuse treatment program, an
20 AIDS service organization, or another entity with the capacity to
21 ¹**[implement a] provide¹** harm reduction ¹**[program]** services¹ as
22 determined by the Department of Health.

23 ¹**[“Harm reduction program”** means a program with the primary
24 purpose of providing sterile syringe access to intravenous drug
25 users, which additionally provides services including disposing of
26 syringes and referring and linking intravenous drug users to HIV
27 and viral hepatitis prevention services, substance use disorder
28 treatment, medical and mental health care, and other health care
29 services that are essential to addressing the health and well-being of
30 individuals who use intravenous drugs in a manner that is consistent
31 with State and federal law.]¹

32 ²**[“Harm reduction supplies”** means any materials or equipment
33 designed to identify or analyze the presence, strength, effectiveness,

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted March 9, 2021.

²Senate SBA committee amendments adopted January 6, 2022.

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

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

11 2. The Legislature finds and declares that:

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

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

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

21 d. ~~【Sterile syringe access】~~ Harm reduction ¹~~【programs】~~
22 services¹ have been proven effective in reducing the spread of HIV,
23 hepatitis C, and other bloodborne pathogens, and in reducing
24 overdoses and overdose deaths without increasing ¹~~【drug abuse】~~
25 rates of substance use¹ or ¹causing¹ other adverse social impacts;

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

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

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

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

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

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

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

30 k. The federal Centers for Disease Control and Prevention
31 describe harm reduction ¹programs ¹ services¹ as an effective
32 component of a comprehensive and integrated approach to HIV
33 prevention. Such ¹programs offer clean needles ¹ services include
34 providing consumers with sterile syringes¹ ² , fentanyl test strips² ,
35 resources for critical services such as HIV care, treatment, pre- and
36 post-exposure prophylaxis services, screening for other sexually
37 transmitted diseases, hepatitis C testing and treatment, hepatitis A
38 and B vaccinations, and other medical, social, and mental health
39 services. In addition ²to providing ¹clean needles ¹ sterile
40 syringes¹ and testing services, ¹most¹ programs ¹ routinely¹ offer
41 other services, ¹such as ¹ including¹ , harm reduction services
42 include² education concerning safe injection practices, wound care,
43 and overdose prevention;

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

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

4 m. Harm reduction ¹["programs"] services¹ do not promote drug
 5 use and do not minimize the harm and danger associated with
 6 lawful and unlawful drug use. Individuals utilizing harm reduction
 7 "[programs] services" are often ill, in pain, and have experienced
 8 trauma ¹["], and are served] . Harm reduction services are offered to
 9 these individuals¹ by professionals who ¹["offer services"] treat the
 10 individuals¹ with compassion and ¹["who provide these necessary
 11 services¹ without judgment;

12 n. There is evidence demonstrating that crime does not increase
 13 in areas ¹["surrounding"] in which¹ harm reduction ¹["programs"]
 14 services locations are situated¹ ;

15 o. Harm reduction ¹["programs"] services¹ do not interfere with
 16 substance use disorder treatment efforts. The ¹["programs"]
 17 services¹ provide a bridge to substance use disorder treatment and
 18 other social services ¹["for individuals with substance use disorders"] ;

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

25 q. Research shows that the provision of ¹["clean"] sterile¹
 26 syringes is associated with an estimated 50 percent reduction in the
 27 incidence of HIV and hepatitis C, a greater likelihood that
 28 individuals will seek treatment, and decreased overdose rates; and

29 r. "[Harm] Entities offering harm¹ reduction ¹["programs"]
 30 services" in New Jersey provide ¹["clean"] sterile¹ syringes and
 31 operate under a philosophy of harm reduction, which honors the
 32 dignity of those who use drugs or are living with a substance use
 33 disorder, reduces the negative consequences of injection drug use,
 34 and provides a stigma-free environment for people who use drugs
 35 by providing the care they desire and need.

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

37

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

40 3. The ¹["Commissioner"] Department¹ of Health shall
 41 ¹["establish a program to"]¹ permit [a municipality to operate a
 42 sterile syringe access program] the establishment and operation of
 43 harm reduction ¹["programs"] services¹ in accordance with the
 44 provisions of P.L.2006, c.99 (C.26:5C-25 et ¹["seq."] al.¹) ¹["], as
 45 amended by P.L.2016, c.36] . The ¹["commissioner"] department¹
 46 shall prescribe by regulation requirements for [a municipality to

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

8 a. The ¹[commissioner] department¹ shall:

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

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

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

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

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

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

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

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

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

25 (1) **1** **[A municipality that establishes a sterile syringe access**
 26 **program,]** An **1** **entity**¹ authorized **1** to provide **1** harm reduction
 27 **1** **[program] services**¹ may **1** operate the program] provide the
 28 services¹ at a fixed location or through a mobile access component,
 29 and may operate the program directly or contract with one or more
 30 of the following entities to operate the program: a hospital or other
 31 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
 32 et seq.), a federally qualified health center, a public health agency, a
 33 substance abuse treatment program, an AIDS service organization,
 34 or another nonprofit entity designated by the **1** **[municipality]**
 35 **1** **[commissioner] department**¹. **1** **[These entities shall also be**
 36 **authorized to contract directly with the commissioner in any**
 37 **municipality in which the governing body has authorized the**
 38 **operation of sterile syringe access programs by ordinance pursuant**
 39 **to paragraph (2) of this subsection. The municipality or entity**
 40 **under contract shall implement the sterile syringe access program in**
 41 **consultation with a federally qualified health center and the New**
 42 **Jersey Office on Minority and Multicultural Health in the**
 43 **Department of Health, and]** An **1** **entity**¹ authorized **1** to provide¹
 44 harm reduction **1** **[program] services**¹ shall be managed in
 45 2 **[consultation] accordance**² with **2** standards or guidance issued by²
 46 the Division of HIV, STD, and TB Services in the Department of

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

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

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

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

30 b. ¹**【A】** An entity authorized to provide¹ **【sterile syringe**
 31 **access】** harm reduction ¹**【program】** services¹ shall comply with the
 32 following requirements:

33 (1) Sterile syringes and needles shall be provided at no cost to
 34 consumers 18 years of age and older ¹, provided that the department
 35 may authorize sterile syringes and needles to be provided at no cost
 36 to consumers under 18 years of age in limited circumstances, at the
 37 department's discretion¹ ;

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

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

5 (3) **1** [The program] Entities authorized to provide harm
6 reduction services¹ shall offer information about HIV, hepatitis C
7 and other bloodborne pathogens and **1** [prevention materials]
8 information concerning the safe use of drugs by intravenous
9 injection¹ at no cost to consumers, and shall seek to educate all
10 consumers about safe and proper disposal of needles and syringes;

11 (4) **1** [The program] Entities authorized to provide harm
12 reduction services¹ shall provide information and referrals to
13 consumers, including HIV, hepatitis C, and sexually transmitted
14 infection testing options, access to medication-assisted substance
15 use disorder treatment programs and other substance use disorder
16 treatment programs, and available health and social service options
17 relevant to the **1** [consumer's]¹ needs ¹of consumers¹ . The
18 **1** [program] entity¹ shall encourage consumers to receive [an] HIV
19 [test, and shall, when appropriate, develop an individualized
20 substance use disorder treatment plan for each participating
21 consumer] , hepatitis C, and sexually transmitted infection tests;

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

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

36 (7) (a) **1** [The program] Entities authorized to provide harm
37 reduction services¹ may obtain **2** [a standing order, pursuant to the
38 "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et **1** [seq.]
39 al.¹), authorizing **1** [program]¹ staff ¹of the entity¹ to carry]² and
40 **2** [dispense] distribute² naloxone hydrochloride or another opioid
41 antidote to consumers **2** [and] , ² **1** [the] to¹ family members and
42 friends **1** [thereof] of consumers^{1 2} , and to any member of the
43 general public, in accordance with the "Overdose Prevention Act,"
44 P.L.2013, c.46 (C.24:6J-1 et al.) and P.L.2021, c.152² ;

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

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

7 (8) ¹ [The program] Entities authorized to provide harm
 8 reduction services¹ shall maintain the confidentiality ¹ and security¹
 9 of ¹ information about¹ consumers ¹ [by the use of confidential
 10 identifiers, which shall consist of the first two letters of the first
 11 name of the consumer's mother and the two-digit day of birth and
 12 two-digit year of birth of the consumer, or by the use of such other
 13 uniform Statewide mechanism as may be approved by the
 14 commissioner for this purpose] receiving harm reduction services
 15 through appropriate administrative, technical, and physical controls
 16 and safeguards that protect the confidentiality, integrity, and
 17 availability of individually identifiable information about
 18 consumers¹ ;

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

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

32 (11) ¹ [The program] Entities authorized to provide harm
 33 reduction services¹ shall establish and implement accurate data
 34 collection methods and procedures as required by the
 35 ¹ [commissioner] department¹ for the purpose of evaluating the
 36 [sterile syringe access] ¹ provision of¹ harm reduction ¹ [programs,
 37 including the monitoring and evaluation on a quarterly basis of:]
 38 services.¹

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

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

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

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

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

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

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

43
 44 5. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read
 45 as follows:

1 5. a. (1) The Commissioner of Health shall report to the
2 Governor and, pursuant to section 2 of P.L.1991, 164 (C.52:14-
3 19.1), the Legislature, no later than one year after the effective date
4 of P.L.2006, c.99 (C.26:5C-25 et ¹ **["seq."] al.** ¹) and biennially
5 thereafter, on the status of **["sterile syringe access"]** harm reduction
6 ¹ **["programs established"]** services provided by entities authorized to
7 provide those services ¹ pursuant to sections 3 and 4 ¹ **["of"] of**
8 P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28), **["as amended by**
9 **P.L.2016, c.36,"]** and shall include in that report the data provided to
10 the ¹ **["commissioner"]** department ¹ by each **["sterile syringe access"]**
11 ¹ entity authorized to provide ¹ harm reduction ¹ **["program"]** services ¹
12 pursuant to paragraph (11) of subsection b. of section 4 of
13 P.L.2006, c.99 (C.26:5C-28) **["as amended by P.L.2016, c.36"]**.

14 (2) For the purpose of each biennial report pursuant to
15 paragraph (1) of this subsection, the ¹ **["commissioner"]** department ¹
16 shall:

17 (a) ¹ **["consult with local law enforcement authorities regarding**
18 **the impact of the** **["sterile syringe access"]** harm reduction **programs**
19 **on the rate and volume of crime in the affected municipalities and**
20 **include that information in the report** **["collaborate with local**
21 **stakeholders, including healthcare providers, healthcare systems,**
22 **social services providers, and law enforcement, to provide**
23 **education and collect data on the value of providing harm reduction**
24 **services in municipalities in which the services are provided** ¹ ; and

25 (b) ¹ **["seek to obtain data from public safety and emergency**
26 **medical services providers Statewide regarding"]** determine the type
27 of data to be reported and shared, which may include the number of
28 consumers served, the number of syringes distributed, the number
29 of referrals made to social support services and healthcare
30 providers, overall crime statistics, and ¹ **["the incidence and**
31 **["location"]** locations ¹ **of needle stick injuries** ¹ **["to their personnel**
32 **and include that information in the report"]** ¹ .

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

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

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

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

4 (3) the number of consumers ¹【participating in the】 receiving¹
5 【sterile syringe access】 harm reduction ¹【programs】 services¹ and
6 an assessment of their reasons for ¹【participating in the programs】
7 accessing those services¹ ;

8 (4) the number of consumers ¹【in the】 receiving¹ 【sterile
9 syringe access】 harm reduction ¹【programs】 services¹ who
10 participated in substance use disorder treatment programs; and

11 (5) the number of consumers ¹【in the】 receiving¹ 【sterile
12 syringe access】 harm reduction ¹【programs】 services¹ who
13 benefited from counseling and referrals to programs and entities
14 that are relevant to their health, housing, social service, employment
15 and other needs.

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

18
19 6. Section 7 of P.L.2006, c.99 (C.26:5C-31) is amended to read
20 as follows:

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

28 b. Notwithstanding any provision of P.L.1968, c.410
29 【(C.52:14B-1 et seq.)】¹ to the contrary, the commissioner 【shall】
30 【may】 shall¹ adopt, immediately upon filing with the Office of
31 Administrative Law 【and no later than the 90th day after the
32 effective date of this act,】 ¹and no later than the 90th day after the
33 effective date of P.L.2006, c.99 (C.26:2C-25 et al.),¹ such
34 regulations as the commissioner deems necessary to implement the
35 provisions of 【sections 3 and 4 of P.L.2006, c.99 (C.26:5C-27 and
36 C.26:5C-28),】 ¹【this act】 sections 3 and 4 of P.L.2006, c.99
37 (C.26:5C-27 and C.26:5C-28),¹ which shall be effective 【until the
38 adoption of rules and regulations pursuant to subsection a. of this
39 section】 ¹【for a period not to exceed 180 days】 until the adoption
40 of rules and regulations pursuant to subsection a. of this section¹
41 and 【thereafter】¹ may be amended, adopted or readopted by the
42 commissioner in accordance with the requirements of P.L.1968,
43 c.410 【(C.52:14B-1 et seq.)】¹ .

44 ¹c. Notwithstanding any provision of P.L.1968, c.410
45 (C.52:14B-1 et seq.) to the contrary, the commissioner may adopt,
46 immediately upon filing with the Office of Administrative Law,

1 such regulations as the commissioner deems necessary to
2 implement the provisions of P.L. , c. (C.) (pending before
3 the Legislature as this bill), which shall be effective for a period not
4 to exceed 180 days and thereafter may be amended, adopted or
5 readopted by the commissioner in accordance with the requirements
6 of P.L.1968, c.410 (C.52:14B-1 et seq.).¹
7 (cf: P.L.2006, c.99, s.7)

8 ²[¹7. There is appropriated from the General Fund to the
9 Department of Health the sum of \$5,000,000 for use by the
10 department in supporting harm reduction services provided pursuant
11 to this act. There is appropriated from the General Fund to the
12 Division of Mental Health and Addiction Services in the
13 Department of Human Services the sum of \$10,000,000 for
14 inpatient and outpatient substance use disorder treatment program
15 slots and outreach.¹]²

16
17 ¹[^{7.}]²[^{8.}¹]^{7.}² This act shall take effect immediately.

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

SENATE, No. 3009

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED OCTOBER 8, 2020

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator VIN GOPAL

District 11 (Monmouth)

Senator NIA H. GILL

District 34 (Essex and Passaic)

Co-Sponsored by:

Senator Diegnan

SYNOPSIS

Permits establishment of additional harm reduction programs to distribute clean syringes and provide support services to injection drug users.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/22/2020)

1 AN ACT concerning harm reduction programs and supplementing
2 and amending P.L.2006, c.99.

3

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

6

7 1. (New section) As used in P.L.2006, c.99 (C.26:5C-25 et al.):
8 “Authorized harm reduction program” means a harm reduction
9 program approved by the Commissioner of Health.

10 “Eligible entity” means a federally qualified health center, a
11 public health agency, a substance abuse treatment program, an
12 AIDS service organization, or another entity with the capacity to
13 implement a harm reduction program as determined by the
14 Department of Health.

15 “Harm reduction program” means a program with the primary
16 purpose of providing sterile syringe access to intravenous drug
17 users, which additionally provides services including disposing of
18 syringes and referring and linking intravenous drug users to HIV
19 and viral hepatitis prevention services, substance use disorder
20 treatment, medical and mental health care, and other health care
21 services that are essential to addressing the health and well-being of
22 individuals who use intravenous drugs in a manner that is consistent
23 with State and federal law.

24

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

27 2. The Legislature finds and declares that:

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

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

32 c. More than a million people in the United States **[are**
33 frequent intravenous drug users] use drugs at a cost to society in
34 health care, lost productivity, accidents, and crime of more than \$50
35 billion annually;

36 d. **[Sterile syringe access]** Harm reduction programs have been
37 proven effective in reducing the spread of HIV, hepatitis C, and
38 other bloodborne pathogens, and in reducing overdoses and
39 overdose deaths without increasing drug abuse or other adverse
40 social impacts;

41 e. Every scientific, medical, and professional agency or
42 organization that has studied this issue, including the federal
43 Centers for Disease Control and Prevention, the American Medical
44 Association, the American Public Health Association, the National
45 Academy of Sciences, the National Institutes of Health Consensus

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 Panel, the American Academy of Pediatrics, and the United States
2 Conference of Mayors, has found **sterile syringe access** harm
3 reduction programs to be effective in reducing the transmission of
4 HIV; **and**

5 f. **sterile syringe access** Harm reduction programs are
6 designed to prevent the spread of HIV, hepatitis C, and other
7 bloodborne pathogens, and to provide a bridge to **drug abuse**
8 substance use disorder treatment and other social services **for drug**
9 **users**; and it is in the public interest to establish such programs in
10 this State in accordance with statutory guidelines designed to ensure
11 the safety of consumers who use these programs, the health care
12 workers who operate them, and the members of the general public;

13 g. Despite the attention that substance use disorders and
14 overdose deaths are receiving Statewide, the number of overdose
15 deaths in New Jersey has steadily risen. There was a 40 percent
16 increase in overdose deaths in 2016. In 2018, there were roughly
17 3,000 overdose deaths in New Jersey and 70,000 overdose deaths
18 nationwide;

19 h. The COVID-19 pandemic has increased the urgency of
20 maintaining and expanding harm reduction services. Now more
21 than ever, harm reduction expansion is critical. According to the
22 federal Centers for Disease Control and Prevention's June 24-30,
23 2020 mortality and morbidity weekly report, 13 percent of U.S.
24 residents began substance use or increased substance use during the
25 pandemic. New Jersey has already started to see the consequences
26 of the intersecting opioid and COVID-19 crises. As of July 2020
27 there have been over 1,800 overdose deaths in 2020. If this trend
28 continues, New Jersey will lose 3,144 individuals to overdose in
29 2020, which would be New Jersey's highest drug-related fatality
30 count in the past decade;

31 i. The opioid epidemic is part of a syndemic and is associated
32 with increased rates of HIV and hepatitis infection, as well as other
33 social complexities;

34 j. New Jersey enacted the "Bloodborne Disease Harm
35 Reduction Act" P.L.2006, c.99 (C.26:5C-25 et al.) in 2006 to allow
36 for the establishment of sterile syringe access programs, which are
37 hereafter referred to as harm reduction programs. New Jersey now
38 has seven such programs operating throughout the State;

39 k. The federal Centers for Disease Control and Prevention
40 describe harm reduction programs as an effective component of a
41 comprehensive and integrated approach to HIV prevention. Such
42 programs offer clean needles, resources for critical services such as
43 HIV care, treatment, pre- and post-exposure prophylaxis services,
44 screening for other sexually transmitted diseases, hepatitis C testing
45 and treatment, hepatitis A and B vaccinations, and other medical,
46 social, and mental health services. In addition to providing clean
47 needles and testing services, most programs offer other services,

1 such as education concerning safe injection practices, wound care,
2 and overdose prevention;

3 l. The U.S. Department of Health and Human Services has
4 stated that “there is conclusive scientific evidence that clean syringe
5 programs, as part of a comprehensive HIV prevention strategy, are
6 an effective public health intervention that reduces the transmission
7 of HIV and does not encourage the use of illegal drugs”;

8 m. Harm reduction programs do not promote drug use and do
9 not minimize the harm and danger associated with lawful and
10 unlawful drug use. Individuals utilizing harm reduction programs
11 are often ill, in pain, have experienced trauma, and are served by
12 professionals who offer services with compassion and without
13 judgment;

14 n. There is evidence demonstrating that crime does not increase
15 in areas surrounding harm reduction programs;

16 o. Harm reduction programs do not interfere with substance use
17 disorder treatment efforts. The programs provide a bridge to
18 substance use disorder treatment and other social services;

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

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

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

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

36

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

39 3. The Commissioner of Health shall establish a program to
40 permit **【a municipality to operate a sterile syringe access program】**
41 the establishment and operation of harm reduction programs in
42 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et
43 seq.) **【, as amended by P.L.2016, c.36】** . The commissioner shall
44 prescribe by regulation requirements for **【a municipality to**
45 **establish, or otherwise authorize the operation within that**
46 **municipality of, a sterile syringe access program】** the establishment
47 and operation of harm reduction programs to provide **【for the**
48 **exchange of】** hypodermic syringes and needles in accordance with

1 the provisions of P.L.2006, c.99 (C.26:5C-25 et seq.), and
2 consistent with the rules adopted at N.J.A.C.8:63-1.1 et seq.,
3 effective April 9, 2007.

4 a. The commissioner shall:

5 (1) request an application, to be submitted on a form and in a
6 manner to be prescribed by the commissioner, from any
7 **【municipality】 entity** that seeks to establish or operate a **【sterile**
8 **syringe access】** harm reduction program **【,** or from other entities
9 authorized to operate a sterile syringe access program within that
10 municipality as provided in paragraph (2) of subsection a. of section
11 4 of P.L.2006, c.99 (C.26:5C-28), as amended by P.L.2016, c.36**】**;

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

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

32 (4) provide for the adoption of a uniform **【identification】**
33 membership card or other uniform Statewide means of
34 identification for consumers, staff, and volunteers of a **【sterile**
35 **syringe access】** harm reduction program pursuant to paragraph (9)
36 of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) **【,** as
37 amended by P.L.2016, c.36**】**; and

38 (5) maintain a record of the data reported to the commissioner
39 by **【sterile syringe access】** harm reduction programs pursuant to
40 paragraph (11) of subsection b. of section 4 of P.L.2006, c.99
41 (C.26:5C-28)**【,** as amended by P.L.2016, c.36**】**.

42 b. The commissioner shall be authorized to accept funding as
43 may be made available from the private sector to effectuate the
44 purposes of P.L.2006, c.99 (C.26:5C-25 et seq.)**【,** as amended by
45 P.L.2016, c.36**】**.

46 (cf: P.L.2016, c.36, s.2)

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

3 4. a. In accordance with the provisions of section 3 of
4 P.L.2006, c.99 (C.26:5C-27), an eligible entity may be approved by
5 the Commissioner of Health to **【a municipality may】** establish **【or**
6 authorize establishment of**】** a **【sterile syringe access】** harm
7 reduction program **【that is approved by the commissioner to**
8 provide for the exchange of hypodermic syringes and needles**】**.

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

29 (2) **【Pursuant to paragraph (2) of subsection a. of section 3 of**
30 P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body
31 has authorized the operation of sterile syringe access programs
32 within the municipality may require within the authorizing
33 ordinance that an entity as described in paragraph (1) of this
34 subsection obtain approval from the municipality, in a manner
35 prescribed by the authorizing ordinance, to operate a sterile syringe
36 access program prior to obtaining approval from the commissioner
37 to operate such a program, or may permit the entity to obtain
38 approval to operate such a program by application directly to the
39 commissioner without obtaining prior approval from the
40 municipality.**】** (deleted by amendment, P.L. , c.) (pending
41 before the Legislature as this bill)

42 (3) **【Two or more municipalities may jointly establish or**
43 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 pursuant to this
46 section.**】** (deleted by amendment, P.L. , c.) (pending before the
47 Legislature as this bill)

- 1 b. A **sterile syringe access** harm reduction program shall
2 comply with the following requirements:
- 3 (1) Sterile syringes and needles shall be provided at no cost to
4 consumers 18 years of age and older;
- 5 (2) **Program staff shall be trained and regularly supervised in**
6 An authorized harm reduction program shall be responsible for
7 training program staff in the following subjects: harm reduction;
8 substance use disorder**;** ; medical and social service referrals;
9 **and** infection control procedures, including universal precautions
10 and needle stick injury protocol; and **programs** other subjects as
11 determined by the authorized harm reduction program and the
12 Department of Health. Programs shall maintain records of staff and
13 volunteer training and of hepatitis C and tuberculosis screening
14 provided to volunteers and staff;
- 15 (3) The program shall offer information about HIV, hepatitis C
16 and other bloodborne pathogens and prevention materials at no cost
17 to consumers, and shall seek to educate all consumers about safe
18 and proper disposal of needles and syringes;
- 19 (4) The program shall provide information and referrals to
20 consumers, including HIV, hepatitis C, and sexually transmitted
21 infection testing options, access to medication-assisted substance
22 use disorder treatment programs and other substance use disorder
23 treatment programs, and available health and social service options
24 relevant to the consumer's needs. The program shall encourage
25 consumers to receive **an** HIV **test**, and shall, when appropriate,
26 develop an individualized substance use disorder treatment plan for
27 each participating consumer **], hepatitis C, and sexually transmitted**
28 infection tests;
- 29 (5) The program shall screen out consumers under 18 years of
30 age from access to syringes and needles, and shall refer them to
31 substance use disorder treatment and other appropriate programs for
32 youth;
- 33 (6) The program shall develop a plan for the handling and
34 disposal of used syringes and needles in accordance with
35 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
36 medical waste disposal pursuant to the "Comprehensive Regulated
37 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
38 al.), and shall also develop and maintain protocols for post-
39 exposure treatment;
- 40 (7) (a) The program may obtain a standing order, pursuant to
41 the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.),
42 authorizing program staff to carry and dispense naloxone
43 hydrochloride or another opioid antidote to consumers and the
44 family members and friends thereof;
- 45 (b) The program shall provide overdose prevention information
46 to consumers, the family members and friends thereof, and other
47 persons associated therewith, as appropriate, in accordance with the

1 provisions of section 5 of the "Overdose Prevention Act,"
2 P.L.2013, c.46 (C.24:6J-5);

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

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

15 (10) The program shall provide consumers at the time of
16 enrollment with a schedule of program operation hours and
17 locations, in addition to information about prevention and harm
18 reduction and substance use disorder treatment services; and

19 (11) The program shall establish and implement accurate data
20 collection methods and procedures as required by the commissioner
21 for the purpose of evaluating the **【sterile syringe access】** harm
22 reduction programs, including the monitoring and evaluation on a
23 quarterly basis of:

24 (a) **【sterile syringe access】** harm reduction program
25 participation rates **【**, including the number of consumers who enter
26 substance use disorder treatment programs and the status of their
27 treatment**】** and referrals made to substance use disorder treatment
28 programs;

29 (b) the effectiveness of **【the sterile syringe access】** harm
30 reduction programs in meeting their objectives, including, but not
31 limited to, return rates of syringes and needles distributed to
32 consumers and the impact of the **【sterile syringe access】** harm
33 reduction programs on intravenous drug use; and

34 (c) the number and type of referrals provided by the **【sterile**
35 syringe access】 harm reduction programs and the specific actions
36 taken by the **【sterile syringe access】** harm reduction programs on
37 behalf of each consumer.

38 c. **【A municipality may terminate a sterile syringe access**
39 program established or authorized pursuant to this act, which is
40 operating within that municipality, if its governing body approves
41 such an action by ordinance, in which case the municipality shall
42 notify the commissioner of its action in a manner prescribed by
43 regulation of the commissioner.】 The commissioner shall have sole
44 authority to terminate a harm reduction program authorized or
45 established by the commissioner without the need for application or
46 approval by the host municipality. Prior to establishing a harm
47 reduction program in a municipality, the commissioner shall meet
48 with the municipality's mayor and council, as appropriate, in-

1 person or through video or phone conference, and present to the
2 municipality detailed plans for the harm reduction program,
3 including information on the expected benefits from the
4 establishment of a harm reduction program. The commissioner
5 shall maintain direct and open communication with the municipality
6 prior to and during the establishment of a harm reduction program
7 in the municipality and shall promptly respond to concerns and
8 other issues raised by the municipality.

9 (cf: P.L.2017, c.131, s.104)

10

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

13 5. a. (1) The Commissioner of Health shall report to the
14 Governor and, pursuant to section 2 of P.L.1991, 164 (C.52:14-
15 19.1), the Legislature, no later than one year after the effective date
16 of P.L.2006, c.99 (C.26:5C-25 et seq.) and biennially thereafter, on
17 the status of **【sterile syringe access】** harm reduction programs
18 established pursuant to sections 3 and 4 of **】** P.L.2006, c.99
19 (C.26:5C-27 and C.26:5C-28), **【as amended by P.L.2016, c.36,】**
20 and shall include in that report the data provided to the
21 commissioner by each **【sterile syringe access】** harm reduction
22 program pursuant to paragraph (11) of subsection b. of section 4 of
23 P.L.2006, c.99 (C.26:5C-28) **【, as amended by P.L.2016, c.36】**.

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

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

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

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

35 c. The commissioner shall prepare a detailed analysis of the
36 **【sterile syringe access】** harm reduction programs, and report on the
37 results of that analysis to the Governor, the Governor's Advisory
38 Council on HIV/AIDS and Related Blood-Borne Pathogens, and,
39 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the
40 Legislature annually. The analysis shall include, but not be limited
41 to:

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

45 (2) the number of exchanged syringes and needles and an
46 evaluation of the disposal of syringes and needles that are not
47 returned by consumers;

1 (3) the number of consumers participating in the **sterile syringe**
2 **access** harm reduction programs and an assessment of their
3 reasons for participating in the programs;

4 (4) the number of consumers in the **sterile syringe access**
5 harm reduction programs who participated in substance use disorder
6 treatment programs; and

7 (5) the number of consumers in the **sterile syringe access**
8 harm reduction programs who benefited from counseling and
9 referrals to programs and entities that are relevant to their health,
10 housing, social service, employment and other needs.

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

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

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

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

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

35
36 7. This act shall take effect immediately.

37

38

39

STATEMENT

40

41 This bill permits the establishment of additional harm reduction
42 programs, ~~rug~~ which are currently known as "syringe access
43 programs," to distribute clean syringes to injection drug users and
44 provide those individuals with additional support services. The bill
45 renames the current syringe access programs as "harm reduction
46 programs."

1 Current law provides that municipalities may establish a harm
2 reduction program, subject to certain requirements, including a
3 requirement that harm reduction programs link to: health care
4 facilities and programs that may provide appropriate health care
5 services, including mental health services, medication-assisted drug
6 treatment services, and other substance abuse treatment services to
7 consumers participating in a harm reduction program, as well as
8 housing assistance programs, career and employment-related
9 counseling programs, and education counseling programs.
10 Programs are to additionally provide for the adoption of a uniform
11 identification card or other uniform Statewide means of
12 identification for consumers, staff, and volunteers of a harm
13 reduction program and maintain a record of the data reported to the
14 commissioner by programs.

15 This bill revises the current law to allow any entity to establish a
16 harm reduction program upon application to the Commissioner of
17 Health (commissioner), subject to the same general operational
18 requirements as currently apply, including certain training
19 requirements for program staff related to harm reduction, substance
20 use disorder, medical and social service referrals, infection control
21 procedures, including universal precautions and needle stick injury
22 protocols, and other subjects as determined by the authorized harm
23 reduction program and the Department of Health. Programs are to
24 maintain records of staff and volunteer training and of hepatitis C
25 and tuberculosis screening provided to volunteers and staff. Other
26 requirements include age restrictions for participation, consumer
27 information and service requirements concerning consumer
28 confidentiality, and data collection requirements.

29 The commissioner will have sole authority to terminate a harm
30 reduction program.

31 The bill provides that an authorized harm reduction program is to
32 be managed in consultation with the Division of HIV, STD, and TB
33 Services in the Department of Health in a culturally competent
34 manner.

35 Prior to establishing a harm reduction program in a municipality,
36 the commissioner is to meet with the municipality's mayor and
37 council, as appropriate, in-person or through video or phone
38 conference and present to the municipality detailed plans for the
39 harm reduction program, including information on the expected
40 benefits from the establishment of a harm reduction program. The
41 commissioner is to maintain direct and open communication with
42 the municipality prior to and during the establishment of a harm
43 reduction program in the municipality and is to promptly respond to
44 concerns and other issues raised by the municipality.

45 Injection drug use is one of the most common methods of
46 transmission of HIV, hepatitis C, and other bloodborne pathogens.
47 About one in every three persons living with HIV or AIDS is

1 female. More than a million people in the United States are
2 frequent drug users at a cost to society in health care, lost
3 productivity, accidents, and crime of more than \$50 billion
4 annually. Harm reduction programs have been proven effective in
5 reducing the spread of HIV, hepatitis C, and other bloodborne
6 pathogens without increasing drug abuse or other adverse social
7 impacts. Every scientific, medical, and professional agency or
8 organization that has studied this issue, including the federal
9 Centers for Disease Control and Prevention (CDC), the American
10 Medical Association, the American Public Health Association, the
11 National Academy of Sciences, the National Institutes of Health
12 Consensus Panel, the American Academy of Pediatrics, and the
13 United States Conference of Mayors, has found harm reduction
14 programs to be effective in reducing the transmission of HIV.
15 Harm reduction programs are designed to prevent the spread of
16 HIV, hepatitis C, and other bloodborne pathogens, and to provide a
17 bridge to substance use disorder treatment and other social services
18 for individuals with a substance use disorder; and it is in the public
19 interest to establish such programs in this State in accordance with
20 statutory guidelines designed to ensure the safety of consumers who
21 use these programs, the health care workers who operate them, and
22 the members of the general public.

23 Despite the attention that substance use disorder and overdose
24 are receiving Statewide, the number of overdose deaths in New
25 Jersey has steadily risen. There was a 40 percent increase in
26 overdose deaths in 2016. In 2018, there were roughly 3,000
27 overdose deaths in New Jersey and 70,000 overdose deaths
28 nationwide. The COVID-19 pandemic has increased the urgency of
29 maintaining and expanding harm reduction services. Now more
30 than ever, harm reduction expansion is critical. According to the
31 federal CDC's June 24-30, 2020 mortality and morbidity weekly
32 report, 13 percent of U.S. residents began substance use or
33 increased substance use during the pandemic. New Jersey has
34 already started to see the consequences of the intersecting overdose
35 and COVID-19 crises. As of July 2020 there have been over 1,800
36 overdose deaths in 2020. If this trend continues, New Jersey will
37 lose 3,144 individuals to overdose in 2020, which would be New
38 Jersey's highest drug-related fatality count in the past decade. The
39 opioid epidemic is part of a syndemic and is associated with
40 increased rates of HIV and hepatitis as well as other social
41 complexities and increased rates of sexually transmitted infections.
42 New Jersey enacted the "Bloodborne Disease Harm Reduction Act"
43 in 2006 to allow for the establishment of harm reduction programs.
44 New Jersey now has seven such programs throughout the State.

45 According to the CDC, people with access to harm reduction
46 programs are 50 percent less likely to acquire HIV or Hepatitis C;
47 five times more likely to start a drug treatment program; and three
48 times more likely to stop chaotic substance use. Despite these

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13

1 benefits, New Jersey is currently implementing enough harm
2 reduction programs.

3 If New Jersey had the same level of per-capita syringe access
4 that Kentucky has, New Jersey would have 105 harm reduction
5 centers as compared to the seven programs currently operating in
6 the State. Residents of 14 New Jersey counties are still without
7 access to harm reduction services.

8 The Department of Health has invested in efforts to expand harm
9 reduction programs. It is the sponsor's belief that this bill will give
10 the commissioner the authority to establish new harm reduction
11 programs in areas of need throughout the State.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 3009

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 9, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3009.

As amended by the committee, this bill authorizes expanded access to harm reduction services, which describes a range of services provided to persons who use drugs intravenously, including providing those individuals with sterile syringes, testing those individuals for bloodborne pathogens such as HIV and hepatitis C, and providing those individuals with additional support services. Currently, these services are provided through programs known as “syringe access programs.”

Current law provides that municipalities may establish a harm reduction program, subject to certain requirements, including a requirement that harm reduction programs work with certain entities to provide a broad range of support services to consumers, including: health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted treatment, and other substance use disorder treatment services; housing assistance programs; career and employment-related counseling programs; and education counseling programs. Programs are to additionally provide for the adoption of a uniform identification card or other uniform Statewide means of identification for consumers, staff, and volunteers of a harm reduction program and maintain, records related to program activity, and report certain data to the Commissioner of Health to assist in evaluating the impact of the programs.

This bill revises the current law to allow any entity to provide a harm reduction services upon registration with the Department of Health (DOH), subject to the same general operational requirements as currently apply, including certain training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, infection control procedures, including universal precautions and needle stick injury protocols, and other subjects as determined by the entity providing harm reduction services and the

DOH. Entities providing harm reduction services are to maintain records of staff and volunteer training. Other requirements include age restrictions for participation, which are subject to exceptions as may be approved by the DOH, requirements related to the security and confidentiality of individually identifiable information related to consumers, and data collection requirements.

The DOH will have the sole authority to terminate an authorization to provide harm reduction services under the bill.

The bill provides that harm reduction services are to be managed in consultation with the Division of HIV, STD, and TB Services in the DOH.

Prior to authorizing an entity to provide harm reduction services in a municipality, the DOH is to meet with the municipality's mayor and council, as appropriate, in person or through video or phone conference, and present to the municipality detailed plans for the provision of harm reduction services, including information on the expected benefits from the provision of harm reduction services in the municipality. The DOH will be required to maintain direct and open communication with the municipality prior to and during the initiation of harm reduction services in the municipality, and promptly respond to concerns and other issues raised by the municipality.

As amended, the bill appropriates \$5 million from the General Fund to the DOH to support harm reduction services, and \$10 million from the General Fund to the Division of Mental Health and Addiction Services in the Department of Human Services for inpatient and outpatient substance use disorder treatment program slots and outreach.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to change references to "harm reduction programs" to "entities providing harm reduction services."

The committee amendments revise the findings and declarations section of the original 2006 "Bloodborne Disease Prevention Act" to reflect more current data and the revised terminology used in the bill.

The committee amendments replace references to the Commissioner of Health that concern establishing requirements for entities providing harm reduction services under the bill, to instead read the Department of Health.

The committee amendments remove a requirement that harm reduction services be provided in a culturally competent manner, and instead provide that the services are to be provided in a manner consistent with national best practices for the provision of harm reduction services.

The committee amendments revise a provision of current law that prohibits persons under 18 years of age from participating in a harm

reduction program, to allow the DOH to waive the age restriction in limited circumstances, at the DOH's discretion.

The committee amendments remove language requiring staff at entities authorized to provide harm reduction services to be screened for hepatitis C and tuberculosis.

The committee amendments provide that, in lieu of "prevention materials," consumers receiving harm reduction services are to be provided information concerning the safe administration of drugs by intravenous injection.

The committee amendments revise the current statutory requirements related to the confidentiality of consumer information to provide that individually identifiable information is to be protected through appropriate controls and safeguards, which requirements replace existing language specifying the method for developing individual identifiers for consumers.

The committee amendments revise the reporting requirements under existing law to provide the DOH with greater discretion in mandating the data to be reported, and the manner in which reported data will be made public.

The committee amendments revise the rulemaking authority in the bill to provide that the DOH will have the authority to adopt emergency rules to implement the bill, subject to the standard requirements for adopting final rules and regulations.

The committee amendments add an appropriation of \$15 million, with \$5 million going to the DOH and \$10 million going to the DMHAS.

The committee amendments revise the title and synopsis of the bill to reflect the amendments.

The committee amendments make a number of technical changes to correct certain statutory citations and to make corrections involving syntax.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 3009

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 6, 2022

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 3009 (1R).

As amended, this bill authorizes expanded access to harm reduction services, which describes a range of services provided to persons who use drugs intravenously, including providing those individuals with sterile syringes and fentanyl test strips, testing those individuals for bloodborne pathogens such as HIV and hepatitis C, and providing those individuals with additional support services. Currently, these services are provided through programs known as “syringe access programs.”

Current law provides that municipalities may establish a harm reduction program, subject to certain requirements, including a requirement that harm reduction programs work with certain entities to provide a broad range of support services to consumers, including: health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted treatment, and other substance use disorder treatment services; housing assistance programs; career and employment-related counseling programs; and education counseling programs. Programs are to additionally provide for the adoption of a uniform identification card or other uniform Statewide means of identification for consumers, staff, and volunteers of a harm reduction program; maintain records related to program activity; and report certain data to the Commissioner of Health to assist in evaluating the impact of the programs.

This bill revises the current law to allow any entity to provide authorized harm reduction services in this State upon registration with the Department of Health (DOH), subject to the same general operational requirements as currently apply, including certain training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, infection control procedures, including universal precautions and needle stick injury protocols, and other subjects as determined by the entity providing harm reduction services and the DOH. Entities providing harm

reduction services are to maintain records of staff and volunteer training. Other requirements include age restrictions for participation, which are subject to exceptions as may be approved by the DOH, requirements related to the security and confidentiality of individually identifiable information related to consumers, and data collection requirements.

The DOH will have the sole authority to terminate an authorization to provide harm reduction services under the bill.

The bill provides that harm reduction services are to be managed in accordance with standards or guidance issued by the Division of HIV, STD, and TB Services in the DOH and in a manner that is consistent with national best practices for the provision of harm reduction services and all applicable State laws and regulations that are not otherwise to the contrary.

As amended, to the extent permitted under federal law and subject to the requirements of federal law, an authorized entity may deliver harm reduction services or other related supplies to consumers via postal mail or other delivery services.

As amended, the provisions of the bill are not to be construed as preempting the powers and the authority granted to municipalities under the “Municipal Land Use Law,” P.L.1975, c.291 (C.40:55D-1 et seq.), nor as requiring a determination that the provision of harm reduction services is an inherently beneficial use thereunder.

COMMITTEE AMENDMENTS:

The committee amendments clarify that the definition of “authorized harm reduction services” will include services that provide harm reduction counseling and supplies, including but not limited to, fentanyl test strips, as opposed to “overdose prevention” counseling and supplies.

The committee amendments add a definition for the term “harm reductions supplies.”

The committee amendments revise the findings and declarations section of the original 2006 “Bloodborne Disease Prevention Act” to reflect more current and accurate data and information.

The committee amendments remove a reference to the regulations concerning the previous sterile syringe access program.

The committee amendments clarify that the Department of Health (DOH) will permit an entity seeking to provide harm reduction services in New Jersey to register with the DOH, as opposed to requesting that an entity register with the DOH.

The committee amendments clarify that the DOH will have the authority to approve or deny a registration request based upon the requirements established by regulation of the DOH.

The committee amendments clarify that the records of data reported to the DOH by entities offering authorized harm reduction

services are to be maintained in a de-identified statistical aggregate format.

The committee amendments clarify that an entity authorized to provide harm reduction services will be managed in accordance with standards or guidance issued by the Division of HIV, STD, and TB Services in the DOH, as opposed to in consultation with that division, and in a manner that is consistent with national best practices for the provision of harm reduction services and all applicable State laws and regulations that are not otherwise to the contrary.

The committee amendments provide that, to the extent permitted under federal law and subject to the requirements of federal law, the DOH may permit an authorized entity to deliver harm reduction services or other related supplies, as determined by the commissioner, to consumers via postal mail or other delivery service.

The committee amendments remove language that requires the DOH to meet with the municipality's mayor and council to present plans for the provision of harm reduction services prior to authorizing those services, to maintain direct and open communication with the municipality prior to and during the initiation of harm reduction services in the municipality, and to respond to concerns and other issues raised by the municipality. The committee amendments instead provide that the provisions of the bill are not to be construed as preempting the powers and the authority granted to municipalities under the "Municipal Land Use Law," P.L.1975, c.291 (C.40:55D-1 et seq.), nor as requiring a determination that the provision of harm reduction services is an inherently beneficial use thereunder.

The committee amendments remove the bill's appropriation of \$5 million from the General Fund to the DOH to support harm reduction services and appropriation of \$10 million from the General Fund to the Division of Mental Health and Addiction Services in the Department of Human Services for inpatient and outpatient substance use disorder treatment program slots and outreach.

The committee amendments revise the title and synopsis of the bill to reflect the amendments.

The committee amendments make various technical changes updating statutory language that had been amended by recently enacted legislation, concerning syntax, and harmonizing terminology throughout the bill.

FISCAL IMPACT:

Fiscal information is currently unavailable for this bill.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 3009

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: DECEMBER 13, 2021

SUMMARY

- Synopsis:** Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously; appropriates \$15 million.
- Type of Impact:** Annual State expenditure and revenue increases.
- Agencies Affected:** Department of Health, Department of Human Services

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost Increase	Up to \$15 million	Indeterminate	Indeterminate
State Revenue Increase	Indeterminate	Indeterminate	Indeterminate

- The Office of Legislative Services (OLS) concludes that the bill will increase annual State costs by an indeterminate amount for the Department of Health (DOH) to perform administrative functions that support the establishment and operation of additional harm reduction programs. The bill includes a one-time appropriation of \$5 million to the department for this purpose.
- The Department of Human Services (DHS), in turn, will incur additional expenses to the extent that the bill increases the department's provision of inpatient and outpatient substance use disorder treatment services. The DHS may also experience additional costs for public outreach related to the provisions of the bill. The bill includes a one-time appropriation of \$10 million to the DHS to support these efforts.
- The State will receive federal matching funds for eligible State Medicaid expenditures under the NJ FamilyCare program for inpatient and outpatient treatment services. Federal cost reimbursements represent a revenue gain to the State.

BILL DESCRIPTION

This bill makes possible the creation of additional harm reduction programs in New Jersey. These programs provide health and social services to persons who use drugs intravenously.

Currently, these services are provided through syringe access programs and may only be established by municipalities, subject to certain conditions, including a requirement that the program works with certain entities to provide a broad range of support services to clients.

This bill allows any entity to provide harm reduction services upon registration with the DOH, without requiring the approval by the municipality in which the services will be offered. Operators of the new harm reduction programs will be subject to the same general operational requirements that currently apply, including training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, and infection control procedures. The DOH may terminate an authorization to provide harm reduction services that it grants under the bill.

Prior to authorizing the provision of harm reduction services in a municipality for the first time, the DOH is to meet with the municipality's mayor and council and present to the municipality detailed plans for the provision of harm reduction services. The DOH additionally will be required to maintain communication with the municipality prior to and during the initiation of harm reduction services, and promptly respond to concerns and other issues raised by the municipality.

The bill appropriates \$5 million from the General Fund to the DOH to support harm reduction services, and \$10 million from the General Fund to the DHS for inpatient and outpatient substance use disorder treatment program slots and public outreach.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the bill will increase annual State costs by an indeterminate amount for the DOH to perform administrative functions that support the establishment and operation of additional harm reduction programs. The department's responsibilities include prescribing requirements for the establishment and operation of entities providing harm reduction services; facilitating linkages between these entities and other health care facilities and programs; the adoption of a uniform membership card for clients, staff, and volunteers of these entities; and the ongoing collection and dissemination of relevant data. The bill includes a one-time appropriation of \$5 million to the department for these purposes.

The DHS, in turn, will incur additional expenses to the extent that the bill increases the department's provision of inpatient and outpatient substance use disorder treatment services. The DHS may also experience additional costs for public outreach related to the provisions of the bill. The bill includes a one-time appropriation of \$10 million to the DHS to support these efforts.

To the extent the State's Medicaid program, commonly known as the NJ FamilyCare program, covers the resultant additional outpatient and inpatient substance use disorder treatment expenditures, the federal government will reimburse 50 percent of the additional eligible State expenditures. The State is currently receiving enhanced federal funds from the 6.2 percent increase to its federal matching fund percentage for State Medicaid expenditures through the end of the

current federal public health emergency. Federal cost reimbursements represent a revenue gain to the State.

Section: Human Services

*Analyst: Anne Hunt Cappabianca
Associate Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

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

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

ASSEMBLY, No. 4847

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED OCTOBER 19, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Co-Sponsored by:

Assemblywomen Jasey, Downey, Assemblymen Armato and Stanley

SYNOPSIS

Permits establishment of additional harm reduction programs to distribute clean syringes and provide support services to injection drug users.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/15/2021)

1 AN ACT concerning harm reduction programs and supplementing
2 and amending P.L.2006, c.99.

3

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

6

7 1. (New section) As used in P.L.2006, c.99 (C.26:5C-25 et al.):
8 “Authorized harm reduction program” means a harm reduction
9 program approved by the Commissioner of Health.

10 “Eligible entity” means a federally qualified health center, a
11 public health agency, a substance abuse treatment program, an
12 AIDS service organization, or another entity with the capacity to
13 implement a harm reduction program as determined by the
14 Department of Health.

15 “Harm reduction program” means a program with the primary
16 purpose of providing sterile syringe access to intravenous drug
17 users, which additionally provides services including disposing of
18 syringes and referring and linking intravenous drug users to HIV
19 and viral hepatitis prevention services, substance use disorder
20 treatment, medical and mental health care, and other health care
21 services that are essential to addressing the health and well-being of
22 individuals who use intravenous drugs in a manner that is consistent
23 with State and federal law.

24

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

27 2. The Legislature finds and declares that:

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

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

32 c. More than a million people in the United States **[are**
33 frequent intravenous drug users] use drugs at a cost to society in
34 health care, lost productivity, accidents, and crime of more than \$50
35 billion annually;

36 d. **[Sterile syringe access]** Harm reduction programs have been
37 proven effective in reducing the spread of HIV, hepatitis C, and
38 other bloodborne pathogens, and in reducing overdoses and
39 overdose deaths without increasing drug abuse or other adverse
40 social impacts;

41 e. Every scientific, medical, and professional agency or
42 organization that has studied this issue, including the federal
43 Centers for Disease Control and Prevention, the American Medical
44 Association, the American Public Health Association, the National

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 Academy of Sciences, the National Institutes of Health Consensus
2 Panel, the American Academy of Pediatrics, and the United States
3 Conference of Mayors, has found **sterile syringe access** harm
4 reduction programs to be effective in reducing the transmission of
5 HIV; **and**

6 f. **sterile syringe access** Harm reduction programs are
7 designed to prevent the spread of HIV, hepatitis C, and other
8 bloodborne pathogens, and to provide a bridge to **drug abuse**
9 substance use disorder treatment and other social services **for drug**
10 **users**; and it is in the public interest to establish such programs in
11 this State in accordance with statutory guidelines designed to ensure
12 the safety of consumers who use these programs, the health care
13 workers who operate them, and the members of the general public;

14 g. Despite the attention that substance use disorders and
15 overdose deaths are receiving Statewide, the number of overdose
16 deaths in New Jersey has steadily risen. There was a 40 percent
17 increase in overdose deaths in 2016. In 2018, there were roughly
18 3,000 overdose deaths in New Jersey and 70,000 overdose deaths
19 nationwide;

20 h. The COVID-19 pandemic has increased the urgency of
21 maintaining and expanding harm reduction services. Now more
22 than ever, harm reduction expansion is critical. According to the
23 federal Centers for Disease Control and Prevention's June 24-30,
24 2020 mortality and morbidity weekly report, 13 percent of U.S.
25 residents began substance use or increased substance use during the
26 pandemic. New Jersey has already started to see the consequences
27 of the intersecting opioid and COVID-19 crises. As of July 2020
28 there have been over 1,800 overdose deaths in 2020. If this trend
29 continues, New Jersey will lose 3,144 individuals to overdose in
30 2020, which would be New Jersey's highest drug-related fatality
31 count in the past decade;

32 i. The opioid epidemic is part of a syndemic and is associated
33 with increased rates of HIV and hepatitis infection, as well as other
34 social complexities;

35 j. New Jersey enacted the "Bloodborne Disease Harm
36 Reduction Act" P.L.2006, c.99 (C.26:5C-25 et al.) in 2006 to allow
37 for the establishment of sterile syringe access programs, which are
38 hereafter referred to as harm reduction programs. New Jersey now
39 has seven such programs operating throughout the State;

40 k. The federal Centers for Disease Control and Prevention
41 describe harm reduction programs as an effective component of a
42 comprehensive and integrated approach to HIV prevention. Such
43 programs offer clean needles, resources for critical services such as
44 HIV care, treatment, pre- and post-exposure prophylaxis services,
45 screening for other sexually transmitted diseases, hepatitis C testing
46 and treatment, hepatitis A and B vaccinations, and other medical,
47 social, and mental health services. In addition to providing clean
48 needles and testing services, most programs offer other services,

1 such as education concerning safe injection practices, wound care,
2 and overdose prevention;

3 l. The U.S. Department of Health and Human Services has
4 stated that “there is conclusive scientific evidence that clean syringe
5 programs, as part of a comprehensive HIV prevention strategy, are
6 an effective public health intervention that reduces the transmission
7 of HIV and does not encourage the use of illegal drugs”;

8 m. Harm reduction programs do not promote drug use and do
9 not minimize the harm and danger associated with lawful and
10 unlawful drug use. Individuals utilizing harm reduction programs
11 are often ill, in pain, have experienced trauma, and are served by
12 professionals who offer services with compassion and without
13 judgment;

14 n. There is evidence demonstrating that crime does not increase
15 in areas surrounding harm reduction programs;

16 o. Harm reduction programs do not interfere with substance use
17 disorder treatment efforts. The programs provide a bridge to
18 substance use disorder treatment and other social services;

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

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

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

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

36

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

39 3. The Commissioner of Health shall establish a program to
40 permit **【a municipality to operate a sterile syringe access program】**
41 the establishment and operation of harm reduction programs in
42 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et
43 seq.) **【, as amended by P.L.2016, c.36】** . The commissioner shall
44 prescribe by regulation requirements for **【a municipality to**
45 **establish, or otherwise authorize the operation within that**
46 **municipality of, a sterile syringe access program】** the establishment
47 and operation of harm reduction programs to provide **【for the**
48 **exchange of】** hypodermic syringes and needles in accordance with

1 the provisions of P.L.2006, c.99 (C.26:5C-25 et seq.), and
2 consistent with the rules adopted at N.J.A.C.8:63-1.1 et seq.,
3 effective April 9, 2007.

4 a. The commissioner shall:

5 (1) request an application, to be submitted on a form and in a
6 manner to be prescribed by the commissioner, from any
7 **【municipality】 entity** that seeks to establish or operate a **【sterile**
8 **syringe access】** harm reduction program **【,** or from other entities
9 authorized to operate a sterile syringe access program within that
10 municipality as provided in paragraph (2) of subsection a. of section
11 4 of P.L.2006, c.99 (C.26:5C-28), as amended by P.L.2016, c.36**】**;

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

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

32 (4) provide for the adoption of a uniform **【identification】**
33 membership card or other uniform Statewide means of
34 identification for consumers, staff, and volunteers of a **【sterile**
35 **syringe access】** harm reduction program pursuant to paragraph (9)
36 of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) **【,** as
37 amended by P.L.2016, c.36**】**; and

38 (5) maintain a record of the data reported to the commissioner
39 by **【sterile syringe access】** harm reduction programs pursuant to
40 paragraph (11) of subsection b. of section 4 of P.L.2006, c.99
41 (C.26:5C-28)**【,** as amended by P.L.2016, c.36**】**.

42 b. The commissioner shall be authorized to accept funding as
43 may be made available from the private sector to effectuate the
44 purposes of P.L.2006, c.99 (C.26:5C-25 et seq.)**【,** as amended by
45 P.L.2016, c.36**】**.

46 (cf: P.L.2016, c.36, s.2)

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

3 4. a. In accordance with the provisions of section 3 of
4 P.L.2006, c.99 (C.26:5C-27), an eligible entity may be approved by
5 the Commissioner of Health to **【a municipality may】** establish **【or**
6 authorize establishment of**】** a **【sterile syringe access】** harm
7 reduction program **【that is approved by the commissioner to**
8 provide for the exchange of hypodermic syringes and needles**】**.

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

29 (2) **【Pursuant to paragraph (2) of subsection a. of section 3 of**
30 P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body
31 has authorized the operation of sterile syringe access programs
32 within the municipality may require within the authorizing
33 ordinance that an entity as described in paragraph (1) of this
34 subsection obtain approval from the municipality, in a manner
35 prescribed by the authorizing ordinance, to operate a sterile syringe
36 access program prior to obtaining approval from the commissioner
37 to operate such a program, or may permit the entity to obtain
38 approval to operate such a program by application directly to the
39 commissioner without obtaining prior approval from the
40 municipality.**】** (deleted by amendment, P.L. , c.) (pending
41 before the Legislature as this bill)

42 (3) **【Two or more municipalities may jointly establish or**
43 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 pursuant to this
46 section.**】** (deleted by amendment, P.L. , c.) (pending before the
47 Legislature as this bill)

- 1 b. A **sterile syringe access** harm reduction program shall
2 comply with the following requirements:
- 3 (1) Sterile syringes and needles shall be provided at no cost to
4 consumers 18 years of age and older;
- 5 (2) **Program staff shall be trained and regularly supervised in**
6 An authorized harm reduction program shall be responsible for
7 training program staff in the following subjects: harm reduction;
8 substance use disorder**;** ; medical and social service referrals;
9 **and** infection control procedures, including universal precautions
10 and needle stick injury protocol; and **programs** other subjects as
11 determined by the authorized harm reduction program and the
12 Department of Health. Programs shall maintain records of staff and
13 volunteer training and of hepatitis C and tuberculosis screening
14 provided to volunteers and staff;
- 15 (3) The program shall offer information about HIV, hepatitis C
16 and other bloodborne pathogens and prevention materials at no cost
17 to consumers, and shall seek to educate all consumers about safe
18 and proper disposal of needles and syringes;
- 19 (4) The program shall provide information and referrals to
20 consumers, including HIV, hepatitis C, and sexually transmitted
21 infection testing options, access to medication-assisted substance
22 use disorder treatment programs and other substance use disorder
23 treatment programs, and available health and social service options
24 relevant to the consumer's needs. The program shall encourage
25 consumers to receive **an** HIV **test**, and shall, when appropriate,
26 develop an individualized substance use disorder treatment plan for
27 each participating consumer **], hepatitis C, and sexually transmitted**
28 **infection tests**;
- 29 (5) The program shall screen out consumers under 18 years of
30 age from access to syringes and needles, and shall refer them to
31 substance use disorder treatment and other appropriate programs for
32 youth;
- 33 (6) The program shall develop a plan for the handling and
34 disposal of used syringes and needles in accordance with
35 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
36 medical waste disposal pursuant to the "Comprehensive Regulated
37 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
38 al.), and shall also develop and maintain protocols for post-
39 exposure treatment;
- 40 (7) (a) The program may obtain a standing order, pursuant to
41 the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.),
42 authorizing program staff to carry and dispense naloxone
43 hydrochloride or another opioid antidote to consumers and the
44 family members and friends thereof;
- 45 (b) The program shall provide overdose prevention information
46 to consumers, the family members and friends thereof, and other
47 persons associated therewith, as appropriate, in accordance with the

1 provisions of section 5 of the "Overdose Prevention Act," P.L.2013,
2 c.46 (C.24:6J-5);

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

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

15 (10) The program shall provide consumers at the time of
16 enrollment with a schedule of program operation hours and
17 locations, in addition to information about prevention and harm
18 reduction and substance use disorder treatment services; and

19 (11) The program shall establish and implement accurate data
20 collection methods and procedures as required by the commissioner
21 for the purpose of evaluating the **【sterile syringe access】** harm
22 reduction programs, including the monitoring and evaluation on a
23 quarterly basis of:

24 (a) **【sterile syringe access】** harm reduction program
25 participation rates **【**, including the number of consumers who enter
26 substance use disorder treatment programs and the status of their
27 treatment**】** and referrals made to substance use disorder treatment
28 programs;

29 (b) the effectiveness of **【the sterile syringe access】** harm
30 reduction programs in meeting their objectives, including, but not
31 limited to, return rates of syringes and needles distributed to
32 consumers and the impact of the **【sterile syringe access】** harm
33 reduction programs on intravenous drug use; and

34 (c) the number and type of referrals provided by the **【sterile**
35 syringe access】 harm reduction programs and the specific actions
36 taken by the **【sterile syringe access】** harm reduction programs on
37 behalf of each consumer.

38 c. **【A municipality may terminate a sterile syringe access**
39 program established or authorized pursuant to this act, which is
40 operating within that municipality, if its governing body approves
41 such an action by ordinance, in which case the municipality shall
42 notify the commissioner of its action in a manner prescribed by
43 regulation of the commissioner.】 The commissioner shall have sole
44 authority to terminate a harm reduction program authorized or
45 established by the commissioner without the need for application or
46 approval by the host municipality. Prior to establishing a harm
47 reduction program in a municipality, the commissioner shall meet

1 with the municipality's mayor and council, as appropriate, in-
2 person or through video or phone conference, and present to the
3 municipality detailed plans for the harm reduction program,
4 including information on the expected benefits from the
5 establishment of a harm reduction program. The commissioner
6 shall maintain direct and open communication with the municipality
7 prior to and during the establishment of a harm reduction program
8 in the municipality and shall promptly respond to concerns and
9 other issues raised by the municipality.

10 (cf: P.L.2017, c.131, s.104)

11
12 5. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read
13 as follows:

14 5. a. (1) The Commissioner of Health shall report to the
15 Governor and, pursuant to section 2 of P.L.1991, 164 (C.52:14-
16 19.1), the Legislature, no later than one year after the effective date
17 of P.L.2006, c.99 (C.26:5C-25 et seq.) and biennially thereafter, on
18 the status of **【sterile syringe access】** harm reduction programs
19 established pursuant to sections 3 and 4 of **】** P.L.2006, c.99
20 (C.26:5C-27 and C.26:5C-28), **【as amended by P.L.2016, c.36,】**
21 and shall include in that report the data provided to the
22 commissioner by each **【sterile syringe access】** harm reduction
23 program pursuant to paragraph (11) of subsection b. of section 4 of
24 P.L.2006, c.99 (C.26:5C-28) **【, as amended by P.L.2016, c.36】**.

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

27 (a) consult with local law enforcement authorities regarding the
28 impact of the **【sterile syringe access】** harm reduction programs on
29 the rate and volume of crime in the affected municipalities and
30 include that information in the report; and

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

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

36 c. The commissioner shall prepare a detailed analysis of the
37 **【sterile syringe access】** harm reduction programs, and report on the
38 results of that analysis to the Governor, the Governor's Advisory
39 Council on HIV/AIDS and Related Blood-Borne Pathogens, and,
40 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the
41 Legislature annually. The analysis shall include, but not be limited
42 to:

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

46 (2) the number of exchanged syringes and needles and an
47 evaluation of the disposal of syringes and needles that are not
48 returned by consumers;

1 (3) the number of consumers participating in the **sterile syringe**
2 **access** harm reduction programs and an assessment of their
3 reasons for participating in the programs;

4 (4) the number of consumers in the **sterile syringe access**
5 harm reduction programs who participated in substance use disorder
6 treatment programs; and

7 (5) the number of consumers in the **sterile syringe access**
8 harm reduction programs who benefited from counseling and
9 referrals to programs and entities that are relevant to their health,
10 housing, social service, employment and other needs.

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

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

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

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

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

35
36 7. This act shall take effect immediately.

37

38

39

STATEMENT

40

41 This bill permits the establishment of additional harm reduction
42 programs, ~~rug~~ which are currently known as "syringe access
43 programs," to distribute clean syringes to injection drug users and
44 provide those individuals with additional support services. The bill
45 renames the current syringe access programs as "harm reduction
46 programs."

1 Current law provides that municipalities may establish a harm
2 reduction program, subject to certain requirements, including a
3 requirement that harm reduction programs link to: health care
4 facilities and programs that may provide appropriate health care
5 services, including mental health services, medication-assisted drug
6 treatment services, and other substance abuse treatment services to
7 consumers participating in a harm reduction program, as well as
8 housing assistance programs, career and employment-related
9 counseling programs, and education counseling programs.
10 Programs are to additionally provide for the adoption of a uniform
11 identification card or other uniform Statewide means of
12 identification for consumers, staff, and volunteers of a harm
13 reduction program and maintain a record of the data reported to the
14 commissioner by programs.

15 This bill revises the current law to allow any entity to establish a
16 harm reduction program upon application to the Commissioner of
17 Health (commissioner), subject to the same general operational
18 requirements as currently apply, including certain training
19 requirements for program staff related to harm reduction, substance
20 use disorder, medical and social service referrals, infection control
21 procedures, including universal precautions and needle stick injury
22 protocols, and other subjects as determined by the authorized harm
23 reduction program and the Department of Health. Programs are to
24 maintain records of staff and volunteer training and of hepatitis C
25 and tuberculosis screening provided to volunteers and staff. Other
26 requirements include age restrictions for participation, consumer
27 information and service requirements concerning consumer
28 confidentiality, and data collection requirements.

29 The commissioner will have sole authority to terminate a harm
30 reduction program.

31 The bill provides that an authorized harm reduction program is to
32 be managed in consultation with the Division of HIV, STD, and TB
33 Services in the Department of Health in a culturally competent
34 manner.

35 Prior to establishing a harm reduction program in a municipality,
36 the commissioner is to meet with the municipality's mayor and
37 council, as appropriate, in-person or through video or phone
38 conference and present to the municipality detailed plans for the
39 harm reduction program, including information on the expected
40 benefits from the establishment of a harm reduction program. The
41 commissioner is to maintain direct and open communication with
42 the municipality prior to and during the establishment of a harm
43 reduction program in the municipality and is to promptly respond to
44 concerns and other issues raised by the municipality.

45 Injection drug use is one of the most common methods of
46 transmission of HIV, hepatitis C, and other bloodborne pathogens.
47 About one in every three persons living with HIV or AIDS is
48 female. More than a million people in the United States are

1 frequent drug users at a cost to society in health care, lost
2 productivity, accidents, and crime of more than \$50 billion
3 annually. Harm reduction programs have been proven effective in
4 reducing the spread of HIV, hepatitis C, and other bloodborne
5 pathogens without increasing drug abuse or other adverse social
6 impacts. Every scientific, medical, and professional agency or
7 organization that has studied this issue, including the federal
8 Centers for Disease Control and Prevention (CDC), the American
9 Medical Association, the American Public Health Association, the
10 National Academy of Sciences, the National Institutes of Health
11 Consensus Panel, the American Academy of Pediatrics, and the
12 United States Conference of Mayors, has found harm reduction
13 programs to be effective in reducing the transmission of HIV.
14 Harm reduction programs are designed to prevent the spread of
15 HIV, hepatitis C, and other bloodborne pathogens, and to provide a
16 bridge to substance use disorder treatment and other social services
17 for individuals with a substance use disorder; and it is in the public
18 interest to establish such programs in this State in accordance with
19 statutory guidelines designed to ensure the safety of consumers who
20 use these programs, the health care workers who operate them, and
21 the members of the general public.

22 Despite the attention that substance use disorder and overdose
23 are receiving Statewide, the number of overdose deaths in New
24 Jersey has steadily risen. There was a 40 percent increase in
25 overdose deaths in 2016. In 2018, there were roughly 3,000
26 overdose deaths in New Jersey and 70,000 overdose deaths
27 nationwide. The COVID-19 pandemic has increased the urgency of
28 maintaining and expanding harm reduction services. Now more
29 than ever, harm reduction expansion is critical. According to the
30 federal CDC's June 24-30, 2020 mortality and morbidity weekly
31 report, 13 percent of U.S. residents began substance use or
32 increased substance use during the pandemic. New Jersey has
33 already started to see the consequences of the intersecting overdose
34 and COVID-19 crises. As of July 2020 there have been over 1,800
35 overdose deaths in 2020. If this trend continues, New Jersey will
36 lose 3,144 individuals to overdose in 2020, which would be New
37 Jersey's highest drug-related fatality count in the past decade. The
38 opioid epidemic is part of a syndemic and is associated with
39 increased rates of HIV and hepatitis as well as other social
40 complexities and increased rates of sexually transmitted infections.
41 New Jersey enacted the "Bloodborne Disease Harm Reduction Act"
42 in 2006 to allow for the establishment of harm reduction programs.
43 New Jersey now has seven such programs throughout the State.

44 According to the CDC, people with access to harm reduction
45 programs are 50 percent less likely to acquire HIV or Hepatitis C;
46 five times more likely to start a drug treatment program; and three
47 times more likely to stop chaotic substance use. Despite these

1 benefits, New Jersey is currently implementing enough harm
2 reduction programs.

3 If New Jersey had the same level of per-capita syringe access
4 that Kentucky has, New Jersey would have 105 harm reduction
5 centers as compared to the seven programs currently operating in
6 the State. Residents of 14 New Jersey counties are still without
7 access to harm reduction services.

8 The Department of Health has invested in efforts to expand harm
9 reduction programs. It is the sponsor's belief that this bill will give
10 the commissioner the authority to establish new harm reduction
11 programs in areas of need throughout the State.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4847

with committee amendments

STATE OF NEW JERSEY

DATED: NOVEMBER 15, 2021

The Assembly Human Services Committee reports favorably and with committee amendments Assembly Bill No. 4847.

As amended by the committee, this bill authorizes expanded access to harm reduction services, which describes a range of services provided to persons who use drugs intravenously, including providing those individuals with sterile syringes, testing those individuals for bloodborne pathogens such as HIV and hepatitis C, and providing those individuals with additional support services. Currently, these services are provided through programs known as “syringe access programs.”

Current law provides that municipalities may establish a harm reduction program, subject to certain requirements, including a requirement that harm reduction programs work with certain entities to provide a broad range of support services to consumers, including: health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted treatment, and other substance use disorder treatment services; housing assistance programs; career and employment-related counseling programs; and education counseling programs. Programs are to additionally provide for the adoption of a uniform identification card or other uniform Statewide means of identification for consumers, staff, and volunteers of a harm reduction program and maintain, records related to program activity, and report certain data to the Commissioner of Health to assist in evaluating the impact of the programs.

This bill revises the current law to allow any entity to provide a harm reduction services upon registration with the Department of Health (DOH), subject to the same general operational requirements as currently apply, including certain training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, infection control procedures, including universal precautions and needle stick injury protocols, and other subjects as determined by the entity providing harm reduction services and the DOH. Entities providing harm reduction services are to maintain records of staff and volunteer training. Other requirements include age restrictions for participation, which are subject to exceptions as may be

approved by the DOH, requirements related to the security and confidentiality of individually identifiable information related to consumers, and data collection requirements.

The DOH will have the sole authority to terminate an authorization to provide harm reduction services under the bill.

The bill provides that harm reduction services are to be managed in consultation with the Division of HIV, STD, and TB Services in the DOH.

Prior to authorizing an entity to provide harm reduction services in a municipality, the DOH is to meet with the municipality's mayor and council, as appropriate, in person or through video or phone conference, and present to the municipality detailed plans for the provision of harm reduction services, including information on the expected benefits from the provision of harm reduction services in the municipality. The DOH will be required to maintain direct and open communication with the municipality prior to and during the initiation of harm reduction services in the municipality, and promptly respond to concerns and other issues raised by the municipality.

As amended, the bill appropriates \$5 million from the General Fund to the DOH to support harm reduction services, and \$10 million from the General Fund to the Division of Mental Health and Addiction Services in the Department of Human Services for inpatient and outpatient substance use disorder treatment program slots and outreach.

COMMITTEE AMENDMENTS:

The committee amendments:

1) revise the bill to change references to "harm reduction programs" to "entities providing harm reduction services;"

2) revise the findings and declarations section of the original 2006 "Bloodborne Disease Prevention Act" to reflect more current data and the revised terminology used in the bill;

3) replace references to the Commissioner of Health that concern establishing requirements for entities providing harm reduction services under the bill, to instead read the Department of Health;

4) remove a requirement that harm reduction services be provided in a culturally competent manner, and instead provide that the services are to be provided in a manner consistent with national best practices for the provision of harm reduction services;

5) revise a provision of current law that prohibits persons under 18 years of age from participating in a harm reduction program, to allow the DOH to waive the age restriction in limited circumstances, at the DOH's discretion;

6) remove language requiring staff at entities authorized to provide harm reduction services to be screened for hepatitis C and tuberculosis;

7) provide that, in lieu of “prevention materials,” consumers receiving harm reduction services are to be provided information concerning the safe administration of drugs by intravenous injection;

8) revise the current statutory requirements related to the confidentiality of consumer information to provide that individually identifiable information is to be protected through appropriate controls and safeguards, which requirements replace existing language specifying the method for developing individual identifiers for consumers;

9) revise the reporting requirements under existing law to provide the DOH with greater discretion in mandating the data to be reported, and the manner in which reported data will be made public;

10) provide the DOH the authority to adopt emergency rules subject to the standard requirements for adopting final rules and regulations;

11) add an appropriation of \$15 million, with \$5 million to the DOH and \$10 million to the DMHAS;

12) revise the title and synopsis of the bill to reflect the amendments; and

13) make technical changes to correct citation and syntax.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 4847

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 6, 2022

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 4847 (1R).

As amended by the committee, this bill authorizes expanded access to harm reduction services, which describes a range of services provided to persons who use drugs intravenously, including providing those individuals with sterile syringes and fentanyl test strips, testing those individuals for bloodborne pathogens such as HIV and hepatitis C, and providing those individuals with additional support services. Currently, these services are provided through programs known as “syringe access programs.”

Current law provides that municipalities may establish a harm reduction program, subject to certain requirements, including a requirement that harm reduction programs work with certain entities to provide a broad range of support services to consumers, including: health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted treatment, and other substance use disorder treatment services; housing assistance programs; career and employment-related counseling programs; and education counseling programs. Programs are to additionally provide for the adoption of a uniform identification card or other uniform Statewide means of identification for consumers, staff, and volunteers of a harm reduction program; maintain records related to program activity; and report certain data to the Commissioner of Health to assist in evaluating the impact of the programs.

This bill revises the current law to allow any entity to provide authorized harm reduction services in this State upon registration with the Department of Health (DOH), subject to the same general operational requirements as currently apply, including certain training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, infection control procedures, including universal precautions and needle stick injury protocols, and other subjects as determined by the entity providing harm reduction services and the DOH. Entities providing harm

reduction services are to maintain records of staff and volunteer training. Other requirements include age restrictions for participation, which are subject to exceptions as may be approved by the DOH, requirements related to the security and confidentiality of individually identifiable information related to consumers, and data collection requirements.

The DOH will have the sole authority to terminate an authorization to provide harm reduction services under the bill.

The bill provides that harm reduction services are to be managed in accordance with standards or guidance issued by the Division of HIV, STD, and TB Services in the DOH and in a manner that is consistent with national best practices for the provision of harm reduction services and all applicable State laws and regulations that are not otherwise to the contrary.

As amended, to the extent permitted under federal law and subject to the requirements of federal law, an authorized entity may deliver harm reduction services or other related supplies to consumers via postal mail or other delivery services.

As amended, the provisions of the bill are not to be construed as preempting the powers and the authority granted to municipalities under the “Municipal Land Use Law,” P.L.1975, c.291 (C.40:55D-1 et seq.), nor as requiring a determination that the provision of harm reduction services is an inherently beneficial use thereunder.

COMMITTEE AMENDMENTS:

The committee amendments clarify that the definition of “authorized harm reduction services” will include services that provide harm reduction counseling and supplies, including but not limited to, fentanyl test strips, as opposed to “overdose prevention” counseling and supplies.

The committee amendments add a definition for the term “harm reductions supplies.”

The committee amendments revise the findings and declarations section of the original 2006 “Bloodborne Disease Prevention Act” to reflect more current and accurate data and information.

The committee amendments remove a reference to the regulations concerning the previous sterile syringe access program.

The committee amendments clarify that the Department of Health (DOH) will permit an entity seeking to provide harm reduction services in New Jersey to register with the DOH, as opposed to requesting that an entity register with the DOH.

The committee amendments clarify that the DOH will have the authority to approve or deny a registration request based upon the requirements established by regulation of the DOH.

The committee amendments clarify that the records of data reported to the DOH by entities offering authorized harm reduction services are to be maintained in a de-identified statistical aggregate format.

The committee amendments clarify that an entity authorized to provide harm reduction services will be managed in accordance with standards or guidance issued by the Division of HIV, STD, and TB Services in the DOH, as opposed to in consultation with that division, and in a manner that is consistent with national best practices for the provision of harm reduction services and all applicable State laws and regulations that are not otherwise to the contrary.

The committee amendments provide that, to the extent permitted under federal law and subject to the requirements of federal law, the DOH may permit an authorized entity to deliver harm reduction services or other related supplies, as determined by the commissioner, to consumers via postal mail or other delivery service.

The committee amendments remove language that requires the DOH to meet with the municipality's mayor and council to present plans for the provision of harm reduction services prior to authorizing those services, to maintain direct and open communication with the municipality prior to and during the initiation of harm reduction services in the municipality, and to respond to concerns and other issues raised by the municipality. The committee amendments instead provide that the provisions of the bill are not to be construed as preempting the powers and the authority granted to municipalities under the "Municipal Land Use Law," P.L.1975, c.291 (C.40:55D-1 et seq.), nor as requiring a determination that the provision of harm reduction services is an inherently beneficial use thereunder.

The committee amendments remove the bill's appropriation of \$5 million from the General Fund to the DOH to support harm reduction services and appropriation of \$10 million from the General Fund to the Division of Mental Health and Addiction Services in the Department of Human Services for inpatient and outpatient substance use disorder treatment program slots and outreach.

The committee amendments revise the title and synopsis of the bill to reflect the amendments.

The committee amendments make various technical changes updating statutory language that had been amended by recently enacted legislation, concerning syntax, and harmonizing terminology throughout the bill.

FISCAL IMPACT:

Fiscal information for this bill is currently unavailable.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 4847

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: NOVEMBER 22, 2021

SUMMARY

Synopsis: Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously; appropriates \$15 million.

Type of Impact: Annual State expenditure and revenue increases.

Agencies Affected: Department of Health, Department of Human Services

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that the bill will increase annual State costs by an indeterminate amount for the Department of Health (DOH) to perform administrative functions that support the establishment and operation of additional harm reduction programs. The bill includes a one-time appropriation of \$5 million to the department for this purpose.
- The Department of Human Services (DHS), in turn, will incur additional expenses to the extent that the bill increases the department's provision of inpatient and outpatient substance use disorder treatment services. The DHS may also experience additional costs for public outreach related to the provisions of the bill. The bill includes a one-time appropriation of \$10 million to the DHS to support these efforts.
- The State will receive federal matching funds for eligible State Medicaid expenditures under the NJ FamilyCare program for inpatient and outpatient treatment services. Federal cost reimbursements represent a revenue gain to the State.

BILL DESCRIPTION

This bill makes possible the creation of additional harm reduction programs in New Jersey. These programs provide health and social services to persons who use drugs intravenously.

Currently, these services are provided through syringe access programs and may only be established by municipalities, subject to certain conditions, including a requirement that the program works with certain entities to provide a broad range of support services to clients.

This bill allows any entity to provide harm reduction services upon registration with the DOH, without requiring the approval by the municipality in which the services will be offered. Operators of the new harm reduction programs will be subject to the same general operational requirements that currently apply, including training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, and infection control procedures. The DOH may terminate an authorization to provide harm reduction services that it grants under the bill.

Prior to authorizing an entity to provide harm reduction services in a municipality, the DOH is to meet with the municipality's mayor and council and present to the municipality detailed plans for the provision of harm reduction services. The DOH additionally will be required to maintain communication with the municipality prior to and during the initiation of harm reduction services, and promptly respond to concerns and other issues raised by the municipality.

The bill appropriates \$5 million from the General Fund to the DOH to support harm reduction services, and \$10 million from the General Fund to the DHS for inpatient and outpatient substance use disorder treatment program slots and public outreach.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the bill will increase annual State costs by an indeterminate amount for the DOH to perform administrative functions that support the establishment and operation of additional harm reduction programs. The department's responsibilities include prescribing requirements for the establishment and operation of entities providing harm reduction services; facilitating linkages between these entities and other health care facilities and programs; the adoption of a uniform membership card for clients, staff, and volunteers of these entities; and the ongoing collection and dissemination of relevant data. The bill includes a one-time appropriation of \$5 million to the department for these purposes.

The DHS, in turn, will incur additional expenses to the extent that the bill increases the department's provision of inpatient and outpatient substance use disorder treatment services. The DHS may also experience additional costs for public outreach related to the provisions of the bill. The bill includes a one-time appropriation of \$10 million to the DHS to support these efforts.

To the extent the State's Medicaid program, commonly known as the NJ FamilyCare program, covers the resultant additional outpatient and inpatient substance use disorder treatment expenditures, the federal government will reimburse 50 percent of the additional eligible State expenditures. The State is currently receiving enhanced federal funds from the 6.2 percent increase to its federal matching fund percentage for State Medicaid expenditures through the end of the current federal public health emergency. Federal cost reimbursements represent a revenue gain to the State.

Section: Human Services

*Analyst: Anne Hunt Cappabianca
Associate Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

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

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

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

ASSEMBLY, No. 4847

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: JANUARY 13, 2022

SUMMARY

Synopsis: Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously.

Type of Impact: Annual State expenditure and revenue increases.

Agencies Affected: Department of Health, Department of Human Services

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that the bill will increase annual State costs by an indeterminate amount for the Department of Health (DOH) to perform administrative functions that support the establishment and operation of additional harm reduction services programs.
- The Department of Human Services (DHS), in turn, will incur additional expenses to the extent that the bill increases the department's provision of inpatient and outpatient substance use disorder treatment services. The magnitude of these costs will depend upon the additional number of NJ FamilyCare enrollees that initiate treatment following interaction with these newly-authorized harm reduction services programs. The DHS may also experience additional costs for public outreach related to the provisions of the bill.
- To the extent that NJ FamilyCare costs for substance use disorder treatment increase under the bill, the State will receive additional federal matching funds for eligible State Medicaid expenditures. Federal cost reimbursements represent a revenue gain to the State.

BILL DESCRIPTION

This bill makes possible the creation of additional harm reduction services programs in New Jersey. The harm reduction services offered by such programs provide health and social services to persons who use drugs intravenously.

Currently, these harm reduction services are provided through syringe access programs and may only be established by municipalities, subject to certain conditions, including a requirement that the program works with certain entities to provide a broad range of support services to clients.

This bill allows any entity to provide harm reduction services upon registration with the DOH, without requiring the approval by the municipality in which the services will be offered. The bill specifies that the provisions therein shall not be construed to limit the authority of a municipality's governing body or planning board to authorize municipal land use and development planning, zoning, or preservation.

Pursuant to the bill, entities operating the new harm reduction services programs will be subject to the same general operational requirements that currently apply, including training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, and infection control procedures. The DOH may terminate an authorization to provide harm reduction services that it grants under the bill. Furthermore, the DOH, to the extent permitted under federal law, may allow an authorized entity to deliver harm reduction services or related supplies to consumers through the United States Postal Service or other delivery services.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the bill will increase annual State costs by an indeterminate amount for the DOH to perform administrative functions that support the establishment and operation of additional harm reduction services programs. The department's responsibilities include prescribing requirements for the establishment and operation of entities providing harm reduction services; facilitating linkages between these entities and other health care facilities and social services programs; the adoption of a uniform membership card for clients, staff, and volunteers of these entities; and the ongoing collection and dissemination of relevant data.

The DHS, in turn, will incur additional expenses to the extent that the bill increases the department's provision of inpatient and outpatient substance use disorder treatment services. The DHS may also experience additional costs for public outreach related to the provisions of the bill.

To the extent the State's Medicaid program, commonly known as the NJ FamilyCare program, covers the resultant additional outpatient and inpatient substance use disorder treatment expenditures, the federal government will reimburse 50 percent of the additional eligible State expenditures. The State is currently receiving enhanced federal funds from the 6.2 percent increase to its federal matching fund percentage for State Medicaid expenditures through the end of the current federal public health emergency. Federal cost reimbursements represent a revenue gain to the State.

Section: Human Services

Analyst: Anne Hunt Cappabianca
Associate Fiscal Analyst

Approved: Thomas Koenig
Legislative Budget and Finance Officer

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

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

Governor Murphy Signs Legislative Package to Expand Harm Reduction Efforts, Further Commitment to End New Jersey's Opioid Epidemic

01/18/2022

TRENTON – Furthering his commitment to end the opioid epidemic, Governor Phil Murphy today signed a series of bills to combat the state's opioid crisis and expand harm reduction efforts. The three bills reflect Governor Murphy's comprehensive approach to end New Jersey's opioid epidemic and increase access to lifesaving resources for individuals with substance use disorders. These bills remove long-standing barriers to expanding access to harm reduction services and supplies at a critical time when a total of 3,081 New Jersey residents died from suspected drug overdoses in 2021. This package will build on investments included in the Governor's budget in recent years to bring services to residents in need of access to clean syringes and prevent transmission of HIV and hepatitis, provide health screenings, and connect individuals to treatment, vaccination, education, and recovery supports.

The original law authorizing the establishment of syringe access programs was enacted 15 years ago and has only enabled seven centers in the state to offer comprehensive harm reduction services. Though an important step forward, it did not adequately address the barriers that stigmatize syringe access services and treat them different from all other public health strategies. As a result, there is limited access to harm reduction services, which further deepens the gaps in care experienced by people who use drugs. These individuals face judgment and stigma which prevents them from accessing critical health services and linking to treatment for problematic substance use. Through this package, more harm reduction centers can be authorized to offer a comprehensive array of services in a compassionate and welcoming environment. Harm reduction centers build hope and dignity among clients and create healthier communities- something all residents deserve.

The package also creates multidisciplinary local overdose fatality review teams, which will provide invaluable insight into the circumstances surrounding fatal drug overdoses and identify opportunities for intervention that may prevent these fatalities in the future.

"Over the last four years, my Administration has prioritized a comprehensive, data-driven approach to ending New Jersey's opioid epidemic," **said Governor Murphy**. "Harm reduction is a cornerstone of our strategy, and through this legislation, we are paving the way for long-overdue expansion of syringe access and other critical services to help people with substance use disorders stay healthy, stay alive, and thrive. Furthermore, by decriminalizing syringes and fentanyl test strips, we are acknowledging that this crisis cannot be ended through criminalizing critical harm reduction supplies that prevent fatal overdose and transmission of disease. In 2021, there were 3,081 suspected drug-related deaths in New Jersey. While this was not a significant increase over 2020, it shows this crisis is ever-present and demands that we increase access to every service that is proven to save lives, starting with harm reduction. These bills, coupled with the creation of local drug overdose fatality review teams, will strengthen our ability to save lives and further our commitment to ending the opioid crisis in New Jersey."

Governor Murphy signed the following bills into law:

S3009/A4847 (Vitale, Gopal, Gill/Vainieri Huttle, Quijano, Verrelli) – Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who

use drugs intravenously.

S3493/A5458 (Vitale, Gill/Vainieri Huttle, Mukherji, McKnight) – Permits expungement of possession or distribution of hypodermic syringe or needle offense in cases of previous expungement; repeals criminal offense of possession of syringe.

A798/S52 (Verrelli, Vainieri Huttle, Armato/Singer, Greenstein) – Establishes local drug overdose fatality review teams.

“The principles of harm reduction are simple. We must accept that there is drug use in our communities. Some ways of using drugs are more dangerous than other ways. We need to meet people where they are, rather than forcing on them some preconceived notion of what their life should look like,” **said Senator Joe Vitale**. “The signing of these bills into law will help us reinforce the truth that harm reduction policies are successful because they help us to meet people who use drugs where they are, without judgment.”

“In order for us to accurately know how many deaths are attributed to drug overdose, we must have the proper protocols in place,” **said Senator Linda Greenstein**. “This law will help counties track overdose fatalities, helping health officials have a better understanding of the extent of drug addiction within the state.”

“In order to more effectively confront drug use in our state, we have to wake up to the fact that harm reduction policies are effective, humane ways to begin to better tackle the problem of substance abuse and to minimize the spread of disease,” **said Senator Vin Gopal**. “These bills are a good and practical step in that direction. Clean syringes, for example, have shown to be widely effective in preventing the spread of HIV, hepatitis C, and other blood-borne pathogens.”

“These laws will establish vital programs that will aid in the management and care of those battling addiction, while also giving them a second chance if found in possession of a syringe,” **said Senator Nia Gill**. “Not only will these measures help to save lives but they will provide support with the dignity everyone should expect when seeking treatment and receiving care.”

“From every tragic overdose, we can learn valuable lessons that can help avert similar deaths in the future,” **said Senator Robert Singer**. “Overdose fatality review teams have been deployed effectively in other states. With the signing of this bill, we will do the same in New Jersey, and lives will be saved.”

“Research has shown time and again that harm reduction measures work,” **said former Assemblywoman Valerie Vainieri Huttle**. “People struggling with addiction will often find a way to obtain and use drugs regardless of the potential risks. Our state loses thousands of residents each year to overdoses alone. If we want to help our fellow community members avoid these tragic outcomes, we must offer the resources and safer alternatives they need.”

“Harm reduction sites provide critical services to local residents while honoring the dignity of those living with a substance use disorder,” **said Assemblywoman Annette Quijano**. “These programs are staffed by professionals who can help limit the risks of intravenous drug use, such as HIV or hepatitis infections and overdoses, while providing a safe, stigma-free environment in which to receive care. This legislation will help make it easier for these programs to be approved and maintained going forward.”

“Both compassion and logic are at the heart of harm reduction programs,” **said Assemblyman Anthony Verrelli**. “With countless New Jerseyans struggling with addiction every day throughout our state, we cannot turn a blind eye to their needs. Making it easier for qualified entities to start – and continue – providing clean needles, overdose antidotes, and resources that can connect individuals with other support services is how we save lives.”

“This this critical new law will allow the expungement of a criminal record of unlawful possession or

distribution of a hypodermic syringe or needle in cases where the person has had a previous expungement. This new law allows a second chance at a successful and prosperous new life for countless New Jerseyans who need a hand up,” **said Assembly sponsors Valerie Vainieri Huttle, Raj Mukherji, and Angela McKnight of A5458.**

“Alcohol Use Disorder and Substance Use Disorder is a serious issue that impacts too many New Jerseyans. Establishing a local drug overdose fatality review team for each county is a common sense approach to address the problem. With this new law, local drug overdose fatality review teams will consist of people with experience and knowledge regarding health, social services, law enforcement, education, emergency medicine, mental health, juvenile delinquency, and drug and alcohol abuse. Together, we can help one another,” **said Assembly sponsors Anthony Verrelli, Valerie Vainieri Huttle, and John Armato of A798.**

“This legislation is a game-changer for people who use drugs and people at-risk of a fatal overdose. Harm reduction is the best tool we have to end the overdose crisis, and this legislation will make sure residents in every corner of New Jersey have access to this lifesaving care. The leadership of the Murphy Administration will make New Jersey a national leader in embracing evidence-informed policies to end the overdose crisis — policies that are lifesaving for our family members, loved ones, and neighbors. I commend Governor Murphy and the bill sponsors for championing harm reduction and enacting policies that prioritize public health over punishment and stigma,” **said Jenna Mellor, Executive Director of New Jersey Harm Reduction Coalition**

“This is a joyous moment for people who use drugs all across our state. Many lives will be saved with the expansion of harm reduction centers and the decriminalization of syringes in New Jersey, and many peoples’ inherent value and humanity will be reinforced. This is a vital step towards New Jersey ending the overdose crisis, repairing the harms of the racist drug war, and finally building the systems of care that will keep all of us alive and safer — no matter where we lay our heads,” **said Caitlin O’Neill, Director of Harm Reduction Services at New Jersey Harm Reduction Coalition**

“A huge thanks to Governor Murphy and New Jersey legislative champions who put public health over stigma and enacted harm reduction laws that will improve health outcomes and save our neighbors’ lives. Everyone deserves access to evidence-based syringe access services, and this legislation will make that access possible,” **said Jennifer Oliva, Professor and Director of the Center for Health and Pharmaceutical Law at Seton Hall University School of Law.**

“South Jersey AIDS Alliance applauds Governor Murphy’s bold act in protecting and expanding syringe access in New Jersey. This legislation secures health services for some of the state of New Jersey’s most vulnerable residents, from Atlantic County to Sussex County, who are all too often overlooked by policymakers. By expanding syringe access and protecting health services for people living with a substance use disorder and who are living with or at-risk of HIV, New Jersey lawmakers are saving lives,” **said Carol Harney, CEO of South Jersey AIDS Alliance.**

Governor Murphy Takes Action on Legislation

01/18/2022

TRENTON – Governor Murphy today signed the following bills:

S-384/A-1964 (Weinberg, Singleton/Stanley, Munoz, McKeon, Sumter, Lampitt, Vainieri Huttle, Wimberly, Mosquera, Downey, Chiaravalloti) – Expands training for judges, law enforcement officers and assistant county prosecutors concerning handling of domestic violence cases

S-386/A-1763 (Weinberg, Singleton/Munoz, Vainieri Huttle, Downey, Mosquera, Lampitt, Benson) - Establishes mandatory domestic violence training for municipal prosecutors

S-396/A-4903 (Weinberg, Addiego/Johnson, Mukherji) – Adjusts statute of limitations on damage claim for construction defect in common interest communities

S-705/A-1077 (Ruiz, Cunningham/Speight, Vainieri Huttle, Downey) – Requires DOH to develop and implement plan to improve access to perinatal mood and anxiety disorder screening

SCS for S-844 and 2533/ACS for A-4635 (Pou, Greenstein/Zwicker, Lopez) – Revises reporting requirements for charitable organizations and non-profit corporations

S-867/A-2316 (Pou/Jimenez, Giblin, Johnson) – Permits physical therapists to perform dry needling under certain circumstances

S-896/A-2396 (Pou, Turner/Wimberly, Timberlake, Murphy) – Expands Office of Public Defender representation of juveniles; repeals section 4 of P.L.1968, c.371

S-969WGR/ACS for A-2687 (Ruiz, Turner/Mazzeo, Lampitt, Moen) – Establishes loan redemption program for certain teachers to redeem loan amounts received under New Jersey College Loans to Assist State Students Loan Program through employment in certain schools; makes annual appropriation of \$1 million

S-994/A-6248 (Sweeney, Singleton/Lopez) – Requires State agencies and political subdivisions to make good faith effort to purchase five percent of goods and services from Central Nonprofit Agency

SCS for S-1016/ACS for A-2070 (Smith, Bateman/Calabrese, Mukherji, Benson) – Restricts use of neonicotinoid pesticides

S-1020/AS for ACS for A-1184 and 4414 (Ruiz, Gopal/Zwicker, Conaway, Verrelli, Caputo) – Requires School Report Card to include demographic breakdown of students who receive disciplinary actions; requires Commissioner of Education to establish Statewide database concerning certain disciplinary actions

S-1559/A-1659 (Scutari, Diegnan/Quijano, Bramnick, Mukherji, Sumter, Downey, Dancer) – “New Jersey Insurance Fair Conduct Act”

S-1771/A-1489 (Madden, Turner/Moriarty, Mosquera, Vainieri Huttle) – Expressly prohibits invasive examination of unconscious patient by health care practitioner without patient’s prior informed written consent

S-2160wGR/A-5701 (Sweeney, Oroho, Singer/Carter, Lampitt, Jasey) – Creates special education unit within the Office of Administrative Law; requires annual report

SCS for S-2515/ACS for A-4676 (Smith, Greenstein/Quijano, Jasey, McKeon) – Establishes postconsumer recycled content requirements for rigid plastic containers, glass containers, paper and plastic carryout bags, and plastic trash bags; prohibits sale of polystyrene loose fill packaging

S-2723/A-2614 (Sweeney, Turner/Murphy, Benson, Timberlake) – “21st Century Integrated Digital Experience Act”

S-2830/A-5291 (Ruiz, Singleton/Quijano) – Requires educator preparation program to report passing rates of students who complete certain tests and to disseminate information on test fee waiver programs, and permits collection of student fee for certain testing costs

S-2835/A-5292 (Ruiz, Cunningham/Quijano, Lampitt, Jasey) – Requires compilation of data and issuance of annual reports on New Jersey teacher workforce

S-2921/A-5554 (Gopal, Greenstein/Houghtaling, Downey, Mukherji) – Allows municipalities to designate outdoor areas upon which people may consume alcoholic beverages

S-3009/A-4847 (Vitale, Gopal, Gill/Vainieri Huttle, Quijano, Verrelli) – Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously

S-3081/A-5219 (Singleton/McKeon, Dunn) – Repeals law concerning excess rates and charges for title insurance; makes agreement to use services of title or settlement service company subject to attorney review

S-3164/A-4987 (Gopal, Singleton/Houghtaling, Vainieri Huttle, Giblin) – Creates NJ Legislative Youth Council

S-3265/A-5074 (Diegnan, Greenstein/DeAngelo, Dancer, Mukherji) – Permits members of SPRS to purchase service credit for prior public employment with federal government or another state

S-3342/A-5463 (Codey, Singleton/Jasey, Giblin, Timberlake) – Directs NJT to erect statue in honor of A. Philip Randolph; appropriates \$90,000

S-3465/A-4336 (Oroho, Sweeney/Houghtaling, Space) – Directs Department of Agriculture to pay annual premiums to enrolled dairy farmers for certain coverage under the federal Dairy Margin Coverage Program; appropriates \$125,000

S-3488wGR/A-5537 (Sweeney, Gopal, O'Scanlon/Burzichelli, Dancer, Spearman) – Modifies certain procedures pertaining to school district regionalization; establishes grant program for cost reimbursement of conducting regionalization feasibility studies; and provides financial incentives for regionalization

S-3493/A-5458 (Vitale, Gill/Vainieri Huttle, Mukherji, McKnight) – Permits expungement of possession or distribution of hypodermic syringe or needle offense in cases of previous expungement; repeals criminal offense of possession of syringe

S-3539/A5409 (T. Kean, Gopal/Houghtaling) – Directs DEP to establish grant program for local governments to support development of community gardens

S-3594/A-5509 (Singleton, Scutari/Zwicker, Reynolds-Jackson, Verrelli) – Provides that in personal

injury or wrongful death lawsuits, calculations of lost or impaired earnings capacity not be reduced because of race, ethnicity, gender identity or expression, or affectional or sexual orientation

S-3672/A-6009 (Singleton, Turner, Moen, Johnson, McKnight) – Permits exemption from civil service examination requirement for entry-level law enforcement officers, sheriff's officers, and State and county correctional police officers; permits hiring or appointment of such officers under certain conditions, and makes appropriation

S-3673/A-6219 (Gopal, Greenstein/Burzichelli) – Authorizes limited breweries and craft distilleries to sell at retail and offer for sampling purposes product bottled and stored off-site under certain circumstances

S-3685/A-5576 (Ruiz, Codey/Jasey, Lampitt, Mukherji) – Permits teacher and professional staff member who provides special services retired from TPAF to return to employment for up to two years without reenrollment in TPAF if employment commences during 2021-2022 and 2022-2023 school years

S-3707/A-5673 (Vitale, Ruiz/Vainieri Huttle, Downey, Zwicker) – Repeals statute criminalizing sexual penetration while infected with venereal disease or HIV under certain circumstances; requires that in prosecutions for endangering another by creating substantial risk of transmitting infectious disease, name of defendant and other person be kept confidential

S-3764/A-3369 (Gopal, Weinberg/Johnson, Stanley, Karabinchak) – Establishes Commission on Asian American Heritage in DOE

S-3810/ACS for A-5862 (Sweeney, Addiego, Greenstein/Benson, Quijano) – “Responsible Collective Negotiations Act”

S-3968/A-5930 (Singleton, Beach/Sumter, Karabinchak) – Increases purchasing threshold permitting Director of Division of Purchase and Property to delegate authority to agencies; increases bid advertising threshold on certain contracts by same scale

S-3975/A-5963 (Greenstein, Oroho/Benson, Vainieri Huttle, DeAngelo) – Establishes requirements to commence screening newborn infants for congenital cytomegalovirus infection; establishes public awareness campaign

S-4004wGR/A-5950 (Weinberg, Greenstein/Sumter, Benson, Reynolds-Jackson) – Establishes database of certain appointed positions and elected offices

S-4020/A-5867 (Gopal, Cunningham/Chiaravalloti, Jasey, Carter) – Expands bonding authority of New Jersey Educational Facilities Authority to permit financing for general funding needs at New Jersey's institutions of higher education

S-4021/A-6100 (Gopal, Ruiz/Mukherji, Jasey, Timberlake, Stanley) – Requires school districts to provide instruction on history and contributions of Asian Americans and Pacific Islanders as part of implementation of New Jersey Student Learning Standards in Social Studies

S-4043/A-6005 (Cunningham/Jasey, Greenwald) – Raises statutory threshold for certain public bidding, permits bidder disqualification due to prior negative experience, adds exemptions to public bidding requirement under "State College Contracts Law," and establishes process for cooperative pricing system

S-4063/A-6220 (Sweeney/Giblin, Egan) – Removes New Jersey Maritime Pilot and Docking Pilot Commission from appropriations act provision that limits compensation and health benefits; clarifies PERS and SHBP eligibility for members of commission

S-4068/ACS for A-6110 and 6185 (Sarlo, Oroho/Benson, Mukherji, Bramnick) – Revises elective pass-through entity business alternative income tax

S-4074wGR/A-6000 (Ruiz, Beach/Verrelli, Lampitt, Carter) – Allows alternative evaluation in place of basic skills testing requirements for certain teacher certification

SCS for S-4102/A-6230 (Sweeney, Ruiz/Benson, Mejia, Zwicker) – Establishes Direct Support Professional Career Development Program; appropriates \$1,000,000

S-4128/A-6231 (Sweeney, Pou/Houghtaling, Conaway, Dancer) – Requires that only fruits and vegetables grown and packaged in NJ may be labeled by food retailers as local to State

S-4207/A-6119 (Sweeney, Beach/Mukherji, Egan, Pintor Marin) – Concerns apprenticeship programs of public works contractors

S-4210/A-6062 (Sweeney, Greenstein/Greenwald, McKnight, Mukherji) – Requires EDA to establish loan program to assist certain businesses with funding to provide reasonable accommodations for employees with disabilities

S-4211/A-6228 (Sweeney, Corrado/Benson, Speight, Zwicker) – Establishes county college-based adult centers for transition for individuals with developmental disabilities; makes annual appropriation of \$4.5 million

S-4218/A-6256 (Scutari/Reynolds-Jackson, Wimberly, Mukherji) – Appropriates \$2 million to CRDA to support costs associated with hosting NAACP National Convention in Atlantic City

S-4233/A-6229 (Scutari, Gopal/Mukherji, Jimenez) – Limits fees charged to patients and authorized third parties for copies of medical and billing records

S-4252/A-6182 (Madden/Murphy, Chaparro) – Limits extension of mandatory retirement to 90 days from State Police Retirement System during emergencies

A-259/S-2224 (DeAngelo, Mukherji, Benson/Gopal, Pennacchio) – Provides civil service preference to military service members who did not serve in theater of operation but received campaign or expedition medal

A-798/S-52 (Verrelli, Vainieri Huttel, Armato/Singer, Greenstein) – Establishes local drug overdose fatality review teams

A-802/S-1352 (Verrelli, Reynolds-Jackson, Murphy/Turner, Pou) – Requires certain retailers to train employees on gift card fraud

A-862wGR/S-962 (Chiaravalloti, Karabinchak/Pennacchio, Pou) – Permits municipalities to refund excess property taxes paid by a taxpayer who wins an assessment appeal as a property tax credit

A-953/S-4031 (Karabinchak, Houghtaling/Pou) – Requires architects disclose insurance coverage

ACS for A-998 and 2349/S-4312 (Moen, Downey, Houghtaling, Benson, Vainieri Huttel/Ruiz, Beach, Singleton) – The “New Jersey Social Innovation Act”; establishes social innovation loan pilot program and study commission within EDA

A-1121/S-1871 (Murphy, Dancer, Stanley/Lagana, Pennacchio) – Upgrades certain crimes of misrepresenting oneself as member or veteran of US Armed Forces or organized militia

A-1219wGR/S-1054 (Chaparro, McKnight/Stack) – Requires owner notification of rabies testing protocol prior to testing of owner’s animal for rabies

A-1229wGR/S-2161 (Schaer, Mosquera, Tucker, Lampitt, Vainieri Huttle, Quijano, Wimberly, Pintor Marin, Jasey/Turner, Singleton) – Requires DCA to make information on homeless prevention programs and services available on its Internet website

A-1293/S-3977 (Greenwald, Burzichelli, Mukherji/Greenstein, Gopal) – Establishes advisory council for the brewery, cidery, meadery, and distillery industries in NJ and provides for funding through certain alcoholic beverage tax receipts

A-1663/S-1842 (Quijano, Vainieri Huttle, Karabinchak/Cryan, Scutari) – Establishes “New Jersey Nonprofit Security Grant Program”

A-2186/S-1599 (Mukherji, Chaparro, McKnight/Codey, Pou) – Establishes Statewide database of beds in shelters for the homeless

A-2360/S-3285 (Chaparro, Karabinchak, Johnson/Greenstein, Stack) – Requires electric public utility to charge residential rate for service used by residential customer for electric vehicle charging at charging stations within certain designated parking spaces

A-2685wGR/S-4209 (Armato, Mazzeo, Mukherji/Stack) – Concerns information on property condition disclosure statement

A-2772/S-1040 (Downey, Houghtaling, Benson/Gopal) – Authorizes certain Medicaid recipients residing on post-secondary school campus to participate remotely in meetings of non-medical nature regarding Medicaid benefits

A-2877/S-1149 (Dancer, Vainieri Huttle, Reynolds-Jackson/Ruiz) – Requires registration of certain vacant and abandoned properties with municipalities and provides enforcement tools related to maintenance of these properties

A-3007/S-3127 (Lampitt, Dunn, Benson/Lagana, Gopal) – Requires institutions of higher education to provide students with access to mental health care programs and services and to establish a hotline to provide information concerning the availability of those services

A-3392/S-1219 (Reynolds-Jackson, Timberlake, Jasey/Turner, Beach) – Requires student representative be appointed to each board of education of school district and board of trustees of charter school that includes grades nine through 12

A-3804/S-1590 (Armato, Murphy, S. Kean/Beach, A.M. Bucco) – Designates 9-1-1 operators or dispatchers as 9-1-1 first responder dispatchers

A-3870/S-2807 (Karabinchak, Johnson, Mukherji/Greenstein, Pou) – “Defense Against Porch Pirates Act”; amends theft statute

A-3950wGR/S-3180 (Verrelli, Benson, Zwicker/Greenstein, Turner) – Prohibits employer use of tracking device in vehicle operated by employee under certain circumstances

A-4002wGR/S-2257 (Caputo, Dancer, Murphy/Gopal, Sarlo) – Allows deduction of promotional gaming credit from gross revenue on sports wagering

A-4232/S-4231 (Houghtaling, Dancer, Wirths/Oroho, Smith) – Creates program in Department of Agriculture for deer fencing on certain farmland

A-4238/S-2561 (Chiaravalloti, Schaer, Benson/Gopal, Singer) – Establishes minimum Medicaid reimbursement rate for adult medical day care services

A-4241/S-2894 (Downey, Vainieri Huttle, Murphy/Pou) – Requires DHS to conduct biennial survey of SNAP experience

ACS for A-4253/S-3233 (Conaway, Pinkin, Jimenez/Cryan) – Requires certain electronic medical programs to include demographic data entry feature; requires laboratories to record certain patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program

A-4366/S-2801 (Taliaferro, Sumter, Mukherji/Pou, Greenstein) – Requires Police Training Commission to contract with crisis intervention training center to provide mental health training to police officers and establish curriculum specific to persons experiencing economic crisis or substance use disorder

A-4434wGR/S-2716 (Greenwald, Lampitt, Mukherji/Beach, Ruiz) – Establishes Student Wellness Grant Program in DOE

A-4478/S2759 (Vainieri Huttle, Speight, Schepisi, DeCroce/Vitale, Madden) – Establishes additional requirements for DOH to assess sanctions and impose penalties on nursing homes; revises reporting requirements for nursing homes

A-4569/S-3535 (Reynolds-Jackson, Benson, Karabinchak/Turner) – Requires BPU, electric power suppliers, and gas suppliers to publish certain information related to filing of customer complaints

ACS for A-4655/S-3595 (Reynolds-Jackson, Wimberly, Carter/Turner) – Limits police presence at polling places and ballot drop boxes; prohibits electioneering within 100 feet of ballot drop box

A-4771/S-2951 (Downey, Armato, Mukherji/Gopal, Singleton) – Expands offenses eligible for expungement upon successful discharge from drug court

A-4856/S-3094 (Lampitt, Benson, Caputo/Ruiz, Beach) – Requires Internet websites and web services of school districts, charter schools, renaissance schools, and the Marie H. Katzenbach School for the Deaf to be accessible to persons with disabilities

A-5033wGR/S-3279 (Benson, Dancer, Verrelli/Gopal) – Authorizes motor vehicle dealers to sell motor vehicles online and obtain electronic signatures for motor vehicle transactions

ACS for A-5075wGR/S-4001 (Burzichelli, Dancer, Johnson/Sweeney, A.M. Bucco) – Removes Fire Museum and Fallen Firefighters Memorial from auspices of DEP and establishes museum as independent organization; makes \$200,000 supplemental appropriation

A-5160/S-3324 (DeAngelo, Conaway, Zwicker/Smith, Bateman) – Establishes minimum energy and water efficiency standards for certain products sold, offered for sale, or leased in the State

A-5294/S-3418 (Speight, Vainieri Huttle, Verrelli/Gopal, Madden) – Provides fast track hiring and advancement employment opportunities by State for persons with significant disabilities

A-5296/S-3426 (Speight, Vainieri Huttle, McKnight/T. Kean, Schepisi) – Provides for employment by State of certain persons with disabilities

A-5322/S-3433 (Mosquera, Vainieri Huttle, DePhillips/Cruz-Perez, T. Kean) – Provides for process to vacate and expunge certain arrests, charges, complaints, convictions, other dispositions, and DNA

records, associated with violations by certain human trafficking victims

A-5336wGR/S-3441 (Benson, Freiman, Vainieri Huttie/Diegnan, Madden) – Requires DHS to establish payment programs for purchase of transportation services from private sector and government transportation service providers

A-5439/S-3760 (Caputo, Dancer, Murphy/Gopal, Beach) – Changes deadline for New Jersey Racing Commission's annual report from end of calendar year to end of State fiscal year

A-5694/S-3783 (Houghtaling, Downey, Dancer/Gopal, Madden) – Permits dependents of military member to enroll in school district in advance of military member's relocation to district

A-5814/S-3851 (Swain, Tully, Benson/Lagana, Diegnan) – Creates Office of School Bus Safety in Department of Education; appropriates \$200,000

A-5864wGR/S-3939 (Speight, Pintor Marin, Chaparro, McKnight, DeAngelo, Bergen/Gopal, Cryan) – Allows law enforcement officers to review body worn camera recordings prior to creating initial report

A-5997/S-4084 (Coughlin, Lopez/Sweeney, O'Scanlon) – Removes requirement for Legislature, DOE, free public libraries, and historical societies to purchase "Manual of the Legislature of New Jersey"

A-6012/S-4076 (Moen, Murphy, Freiman/Sarlo, Gopal) – Appropriates \$500,000 for USS New Jersey Commissioning Committee to support commissioning of boat and assigned personnel

A-6020/S-4114 (Conaway, Jimenez, Vainieri Huttie/Codey) – Establishes requirements for certain tobacco product retailers to stock and sell nicotine replacement therapy products

A-6060/S-4272 (Tucker, Caputo, Mukherji/Cunningham) – Makes supplemental appropriation of \$8 million to DHS to increase reimbursement for funeral, burial, and crematory services provided to certain beneficiaries of Work First New Jersey and Supplemental Security Income programs

A-6073/S-4140 (Verrelli/Vitale) – Temporarily waives certain basic life support services crewmember requirements

A-6093/S-4201 (Stanley, Benson, Timberlake/Greenstein, Gopal) – Mandates periodic cancer screening examinations for firefighters enrolled in SHBP

A-6108wGR/S-4247 (DeAngelo, Egan, Houghtaling/Madden) – Updates licenses offered by and certain licensure requirements from Board of Examiners of Electrical Contractors

A-6132/S-4235 (Schaer, Greenwald, Conaway/Singer, Gopal) – Permits volunteer paramedics to operate within mobile intensive care units

A-6133/S-4251 (Bramnick, Mukherji, Downey/Scutari) – Allows certain persons not yet appointed as administrator of estate to pursue lawsuit for damages for wrongful death on behalf of deceased's survivors

A-6150/S-4119 (DeAngelo, Karabinchak, Wirths/Oroho, Pou) – Revises penalties for transfer of certain professional and occupational licenses

A-6159/S-4236 (Coughlin, McKnight/Vitale, Ruiz) – Revises and renames Office of Food Insecurity Advocate

A-6162/S-4246 (Benson, Stanley/Gopal) – Requires certain motor vehicle dealers to maintain certain

requirements for business premises

A-6205/S-4270 (Coughlin, McKeon/Pou) – Amends certain requirements concerning insurance holding companies

A-6206wGR/S-4260 (Wimberly/Diegnan, Oroho) – Codifies right of real estate broker-salespersons and salespersons to define relationship with broker as one between broker and independent contractor or employee and enforces current and previous written agreements addressing relationship

A-6207/S-4222 (Greenwald, Lampitt, Benson/Sweeney) – Eliminates requirement for DOE to set certain tuition rates for approved private schools for students with disabilities in certain cases

A-6208/S-4151 (Mosquera, DeAngelo, Armato/Greenstein, Cruz-Perez) – Appropriates \$60,940,361 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for farmland preservation purposes

A-6209/S-4154 (Freiman, Spearman, Egan/Turner, Oroho) – Appropriates \$18 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for county planning incentive grants for farmland preservation purposes

A-6210/S-4150 (Taliaferro, Moriarty, Burzichelli/Cruz-Perez, Greenstein) – Appropriates \$4.5 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for municipal planning incentive grants for farmland preservation purposes

A-6211/S-4149 (Houghtaling, Reynolds-Jackson, Downey/Cruz-Perez, Greenstein) – Appropriates \$440,240 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for grants to certain nonprofit organizations for farmland preservation purposes

A-6212/S-4148 (Jimenez, Swain, Timberlake/Codey, Corrado) – Appropriates \$54.5 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects

A-6213/S-4155 (Kennedy, Carter, Tully/Bateman, Smith) – Appropriates \$49.932 million from constitutionally dedicated CBT revenues to DEP for State acquisition of lands for recreation and conservation purposes, including Blue Acres projects, and Green Acres Program administrative costs

A-6214/S-4153 (Danielsen, Zwicker, Conaway/Greenstein, Smith) – Appropriates \$80,539,578 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects

A-6215/S-4152 (Stanley, Murphy, Jasey/Smith, Greenstein) – Appropriates \$14,687,510 to DEP from constitutionally dedicated CBT revenues for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes

A-6246/S-4295 (Karabinchak/Sweeney) – Concerns changes in control of hotels and disruptions of hotel services

A-6257/S-4311 (McKnight/Sweeney, Singleton) – Imposes surcharge on casino hotel occupancies to fund public safety services

A-6262/S-4314 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean) – Permits PERS retiree to return to employment in NJ Legislature after retirement under certain circumstances

A-6263/S-4315 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean) – Appropriates \$2 million to Legislative Services Commission

Governor Murphy pocket vetoed the following bills:

S-73/A-4580 (Bateman, Sarlo/Zwicker, Thomson, McKnight) – Establishes requirements for sale of cottage food products

S-995/A-6172 (Sweeney, A.M. Bucco/Downey, McKnight) – Requires DOLWD and DHS to conduct assessment of community rehabilitation programs and community businesses

S-1934/A-1158 (Sweeney, Pou, Cryan/Freiman, Lopez, Murphy) – Authorizes use of disability benefits for transportation provided by transportation network companies

S-2679/A-1979 (Beach, Smith/Stanley, Lopez, Kennedy) – Requires paint producers to implement or participate in paint stewardship program

S-2768/A-4664 (Singleton, Ruiz/Reynolds-Jackson, Stanley, Sumter) – Authorizes State Chief Diversity Officer to conduct disparity study concerning utilization of minority-owned and women-owned businesses in State procurement process

S-3458/A-6245 (Lagana, Gopal/Coughlin, Jimenez, Mukherji) – Revises out-of-network arbitration process

S-3529/A-5442 (Addiego, Diegnan/DeAngelo, Dancer, Dunn) – Clarifies that member of SPRS may receive accidental disability benefit under certain circumstances

S-3715/A-5804 (Cryan/Quijano, Mukherji) – Modifies certain definitions related to transient accommodation taxes and fees

S-4189/A-6112 (Vitale, Cruz-Perez/Lopez) – Permits PERS retiree to return to elective public office after retirement under certain circumstances

A-1073/S-3432 (Speight, Pintor Marin, McKnight, Timberlake/Ruiz, O'Scanlon) – Establishes requirements to screen certain people who are pregnant and who have given birth for preeclampsia

A-1269/S-3490 (Greenwald, Giblin, Calabrese/Cruz-Perez, Beach) – Eliminates one percent tax on purchasers of Class 4A commercial property transferred for consideration in excess of \$1 million

A-4958/S-3740 (Tully, Armato, Zwicker/Lagana, Oroho) – Provides temporary exemption under sales and use tax for winterizing certain small business operations

A-5334/S-3442 (Lopez, Mazzeo, Stanley/Diegnan, T. Kean) – Requires DOT, NJT, and DHS to study and implement transportation mobility and accessibility improvements for persons with autism and developmental disabilities

A-5484/S-3817 (Dancer, Caputo, Houghtaling/Lagana) – Requires New Jersey Racing Commission to adopt procedures to enforce internal controls; requires annual audit

A-6033/S-4194 (Bramnick/Sweeney, T. Kean) – Classifies golf caddies as independent contractors for purposes of State employment laws

A-6157/S-4202 (Speight, Moen/Ruiz, Beach) – Prohibits circumventing intergovernmental transfer process for law enforcement officers in certain circumstances

