

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

SYRINGE SERVICES PROGRAMS: SUMMARY OF STATE LAWS

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SYRINGE SERVICES PROGRAMS: SUMMARY OF STATE LAWS

TABLE OF CONTENTS

SUMMARY	3
ALABAMA	16
ALASKA	17
ARIZONA	18
ARKANSAS.....	20
CALIFORNIA.....	21
COLORADO.....	25
CONNECTICUT	27
DELAWARE.....	29
DISTRICT OF COLUMBIA.....	31
FLORIDA	33
GEORGIA	35
GUAM.....	38
HAWAII.....	39
IDAHO	41
ILLINOIS.....	43
INDIANA	46
IOWA	49
KANSAS.....	50
KENTUCKY	51
LOUISIANA.....	52
MAINE	53
MARYLAND	57
MASSACHUSETTS.....	65
MICHIGAN.....	66
MINNESOTA	67

Syringe Services Programs: Summary of State Laws

	2
MISSISSIPPI.....	68
MISSOURI.....	69
MONTANA	70
NEBRASKA	71
NEVADA.....	72
NEW HAMPSHIRE	74
NEW JERSEY	76
NEW MEXICO.....	83
NEW YORK	85
NORTH CAROLINA	90
NORTH DAKOTA.....	92
OHIO	94
OKLAHOMA	95
OREGON.....	97
PENNSYLVANIA.....	98
PUERTO RICO	99
RHODE ISLAND	100
SOUTH CAROLINA.....	101
SOUTH DAKOTA	102
TENNESSEE.....	103
TEXAS.....	106
UTAH	107
VERMONT	110
VIRGIN ISLANDS	111
VIRGINIA.....	112
WASHINGTON.....	114
WEST VIRGINIA	115
WISCONSIN.....	119
WYOMING.....	120

SUMMARY

An estimated one million people in the United States inject illicit drugs¹ including heroin, amphetamines, buprenorphine, benzodiazepines, barbiturates, cocaine, and methamphetamine.² Every year, the number of people in the United States who suffer a fatal overdose increases, with 70,630 drug overdose deaths in 2019³ and more than 90,000 in 2020.⁴ According to the European Monitoring Centre for Drugs and Drug Addiction, “overdose is the leading cause of avoidable death among people who inject drugs ... [and] accounts for nearly half of all deaths among people who inject heroin, exceeding HIV and other disease-related deaths.”⁵

In addition to overdose, people who inject drugs (PWID) are at risk of contracting HIV, viral hepatitis, and tuberculosis, as well as developing skin and heart infections such as cellulitis and myocarditis.⁶ From 2010 to 2016, reports of hepatitis C virus (HCV) cases rose 3.5-fold, with the majority of such cases attributed to injection drug use.⁷ Further, PWID account for more than 2,500 new HIV cases each year.⁸ As of March 26, 2020, the Centers for Disease Control and Prevention (CDC) determined that 44 states, the District of Columbia, Puerto Rico, and the Cherokee Nation faced the risk of “significant increases in hepatitis infection or an HIV outbreak due to injection drug use.”⁹ The increase in injection drug use also significantly increases economic costs to the United States. Per the CDC, “Hospitalization in the US due to substance-use related infections alone costs over \$700 million annually.”¹⁰ The transmission of bloodborne diseases such as HIV, HCV, viral hepatitis, and bacterial and fungal infections through injection

¹ Amy Lansky et al., *Estimating the Number of Persons Who Inject Drugs in the United States by Meta-analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections*, PLOS ONE (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026524/>.

² Gloria J. Baciewicz, M.D., *Injection Drug Use*, MEDSCAPE (Aug. 19, 2021), <https://emedicine.medscape.com/article/286976-overview>.

³ Holly Hedegaard, M.D., Arialdi M. Minino, M.P.H., & Margaret Warner, Ph.D., *Drug Overdose Deaths in the United States, 1999-2019*, U.S. DEP’T OF HEALTH AND HUMAN SVC. 1 (Dec. 2020), <https://www.cdc.gov/nchs/data/databriefs/db394-H.pdf>.

⁴ *Provisional Drug Overdose Death Counts*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed Aug. 11, 2021), <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

⁵ *Prevention of Drug-related Deaths*, EUR. MONITORING CTR. FOR DRUGS AND DRUG ADDICTION, https://www.emcdda.europa.eu/publications/topic-overviews/prevention-drug-related-deaths_en.

⁶ *HIV and Injection Drug Use*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed April 21, 2021), https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Ffrisk%2Ffidu.html.

⁷ *Syringe Services Programs (SSPs) Fact Sheet*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed May 23, 2019), <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>.

⁸ *Id.*

⁹ *Determination of Need for Syringe Services Programs*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed Feb. 7, 2020), <https://www.cdc.gov/ssp/determination-of-need-for-ssp.html>.

¹⁰ *Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs)*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed May 23, 2019), <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>, citing Matthew V. Ronan & Shoshana J. Herzig, *Hospitalizations Related to Opioid Abuse/Dependence and Associated Serious Infections Increased Sharply, 2002-12*, HEALTH AFFAIRS 35:5, May 2016, at 832-837, [Hospitalizations Related To Opioid Abuse/Dependence And Associated Serious Infections Increased Sharply, 2002–12 | Health Affairs](https://doi.org/10.1371/journal.pone.0158888).

drug use is primarily caused by “using and sharing contaminated injection drug equipment, unsanitary conditions and low vaccination rates among at-risk populations.”¹¹

A 2018 special report published by the CDC found that, among PWID aged 18 to 39, 39 to 48 percent of those individuals reported sharing syringes, with younger individuals more likely to share syringes than older individuals.¹² Sharing syringes and other injection-related equipment, such as cookers, cotton swabs, and tourniquets, is associated with an increased risk of contracting HIV and viral hepatitis. That same CDC report found that syringe services programs (SSPs)¹³ are effective at reducing syringe sharing. Unfortunately, only 53 percent of people who inject drugs reported participating in an SSP.¹⁴ The lack of SSP usage is likely due to the inability of communities to establish effective SSPs because of “legal and regulatory issues, insufficient funding, and misunderstandings about the effectiveness and safety of SSPs.”¹⁵

Syringe services programs are harm reduction programs that provide a wide range of services including, but not typically limited to, the provision of new, unused hypodermic needles and syringes and other injection drug use supplies, such as cookers, tourniquets, alcohol wipes, and sharps waste disposal containers, to PWID. Comprehensive SSPs also either directly provide, or offer linkage or referrals to entities that provide: substance use disorder treatment, including medication for addiction treatment; vaccination for viral hepatitis; screening for viral hepatitis, HIV, sexually transmitted infections, tuberculosis, and other infectious diseases; provision of pre- and post-exposure prophylaxis for HIV; naloxone and other overdose prevention tools; peer support services; educational materials and training in areas related to injection drug use; and referral and linkage to other services, including medical care, mental health services, and other support services.¹⁶ Contrary to popular perception, SSPs do not increase crime in areas where programs are based and do not increase illegal drug use.¹⁷ Further,

¹¹ *Persons Who Inject Drugs (PWID)*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed July 19, 2018), <https://www.cdc.gov/pwid/index.html>.

¹² *HIV and People Who Inject Drugs*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed Aug. 6, 2021), <https://www.cdc.gov/hiv/group/hiv-idu.html>, citing *HIV Infection Risk, Prevention, and Testing Behaviors Among Persons Who Inject Drugs – National HIV Behavioral Surveillance: Injection Drug Use, 23 U.S. Cities, 2018*, CTR. FOR DISEASE CONTROL AND PREVENTION (Feb. 2020), <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-24.pdf>. Specifically, the percent who reported sharing syringes were 48 percent of persons aged 18-24, 44 percent of persons aged 25-29, and 39 percent of persons aged 30-39.

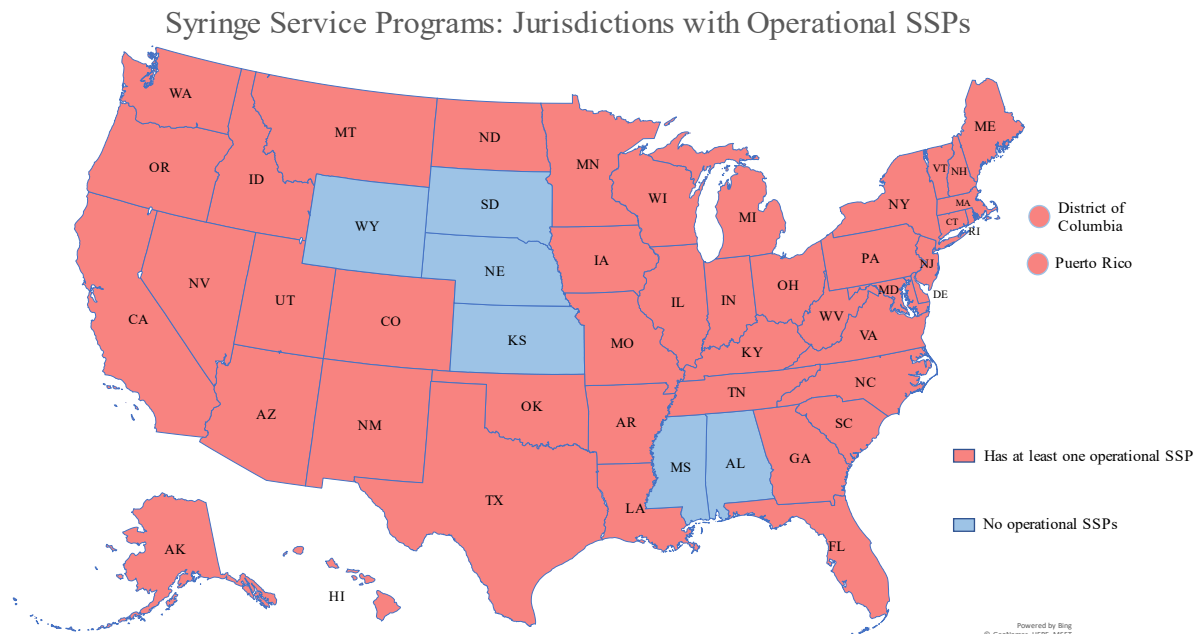
¹³ This summary uses the term “syringe services program” rather than the more common “syringe exchange program” or “needle exchange program,” as the intent of a syringe services program is to provide a broad range of services rather than just the exchange of hypodermic needles and syringes.

¹⁴ *HIV and People Who Inject Drugs*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed Aug. 6, 2021), <https://www.cdc.gov/hiv/group/hiv-idu.html>.

¹⁵ *Id.*

¹⁶ See *Syringe Services Programs (SSPs)*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed May 23, 2019), <https://www.cdc.gov/ssp/index.html> and *Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs)*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed May 23, 2019), <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>.

¹⁷ *Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs)*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed May 23, 2019), <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>.



SSP laws vary considerably across the country, ranging from registration requirements for participants to prohibiting the operation of an SSP without approval from local governing bodies. The CDC strongly recommends that SSPs “provide low-threshold access to services.”²⁴ Thresholds, in the context of services related to substance use disorder, are barriers “that people must cross in order to gain access [to services] and make use of the help offered.”²⁵ In their study of thresholds, Edland-Gryt and Skatvedt identified four main thresholds that people seeking services face: (1) the registration threshold; (2) the competence threshold; (3) the threshold of effectiveness; and (4) the threshold of trust.²⁶ According to the authors, “The registration threshold is central, because almost all offers of help and assistance ... are based on the clients’ initiative and their willingness to register themselves as a person in need of help.”²⁷ The threshold of competence “concerns clients’ capabilities to put forward their needs or requests in a

Alabama, Kansas, Mississippi, Nebraska, South Dakota, and Wyoming. The Amfar map indicates that Delaware does not have an SSP; however, a Google search reflects that, as of August 27, 2021, the Delaware Division of Public Health has partnered with Brandywine Counseling and Community Services to provide SSP services throughout the state (see <https://www.brandywinecounseling.com/ssp/>).

²⁴ Zulqarnain Javed et al., *Syringe Services Programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation*, CTR. FOR DISEASE CONTROL AND PREVENTION 9 (2020), <https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf>.

²⁵ Marit Edland-Gryt & Astrid Helene Skatvedt, *Thresholds in a Low-threshold Setting: An Empirical Study of Barriers in a Centre for People with Drug Problems and Mental Health Disorders*, 24 INT’L J. OF DRUG POL’Y 257, 258 (May 2013), [Thresholds in a low-threshold setting: An empirical study of barriers in a centre for people with drug problems and mental health disorders | Elsevier Enhanced Reader](https://www.sciencedirect.com/journal/international-journal-of-drug-policy).

²⁶ *Id.*

²⁷ *Id.*

[Return to Table of Contents](#)

way that the staff can understand and act upon,” while “the efficiency threshold concerns clients who are rejected or receive less help than they need.”²⁸

Finally, the threshold of trust is best described as the “quality of [the] relationship with the service provider.”²⁹ The CDC provides that, “all SSPs should strive to address each of these barriers,” which includes “maximizing access (service location and hours) and ensuring anonymity and no requirements for participation in other services.”³⁰

The maps on the following pages reflect states with statutory or regulatory provisions that might be considered a barrier to access for PWID. For instance, as of September 2021, six states (Delaware, Maine, Maryland, New Jersey, New Mexico, and New York) require that participants register with, or otherwise be identified as a participant of, the SSP;³¹ eight states (Connecticut, Delaware, Maine, Maryland, New Jersey, New Mexico, New York, and Ohio) require that either employees, volunteers, participants, or all of the above have identification or another method of identifying such person as an employee, volunteer, or participant of an SSP;³² and four states (Delaware, Maryland, Virginia, and West Virginia) and the District of Columbia require that

²⁸ *Id.*

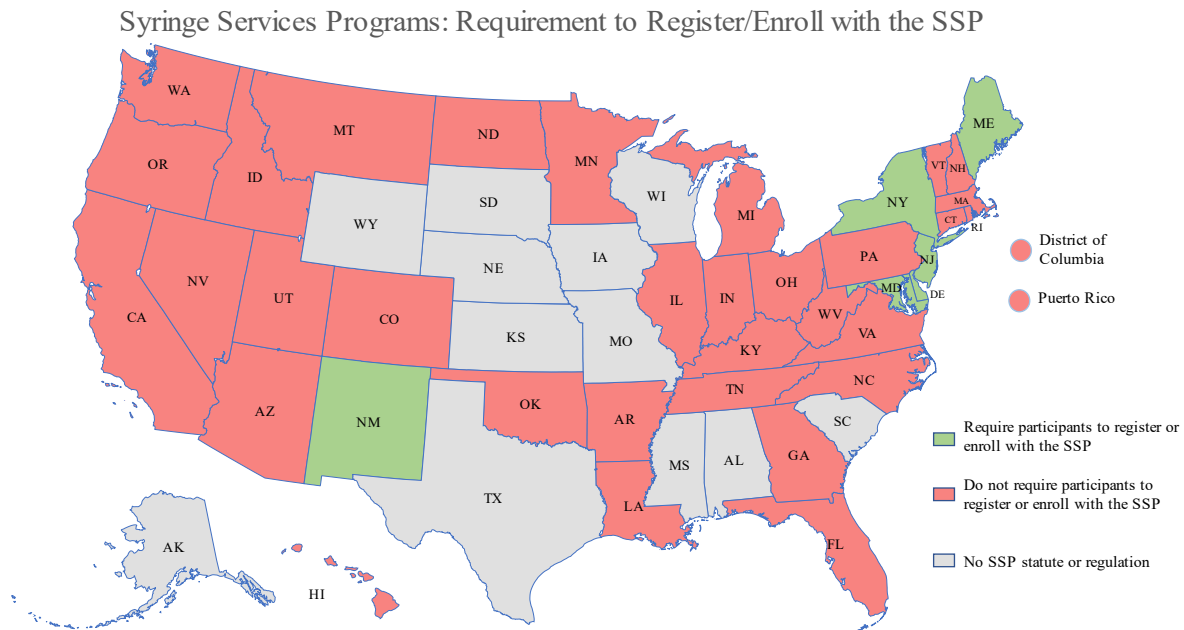
²⁹ Z. Javed et al., *supra* note 24, at 19.

³⁰ *Id.*

³¹ DEL. CODE ANN. tit. 29, §§ 7992 and 7996 (West 2021) (identification cards shall be cross-indexed to a confidential record containing pertinent information on the participant); 10-144-252 ME. CODE R. § II (2021) (“consumers must enroll in the needle exchange program to receive needle exchange services”); MD. CODE ANN. HEALTH-GEN. § 24-803 (West 2021) (programs must include policies and procedures for the screening of applicants); MD. CODE ANN. HEALTH-GEN. § 24-901 (West 2021) and MD. CODE REGS. 10.52.01.02 (2021) (definition of “participant” is an individual who has registered with the SSP); N.J. STAT. ANN. § 26:5C-28 (West 2021) (implied; “program shall provide consumers *at the time of enrollment...*”) (emphasis added); N.M. CODE R. § 7.4.6.10 (2021) (client eligibility and enrollment procedures); N.Y. COMP. CODES R. & REGS. tit. 10, § 801.35 (2021) (SSPs must provide procedures for enrollment of participants).

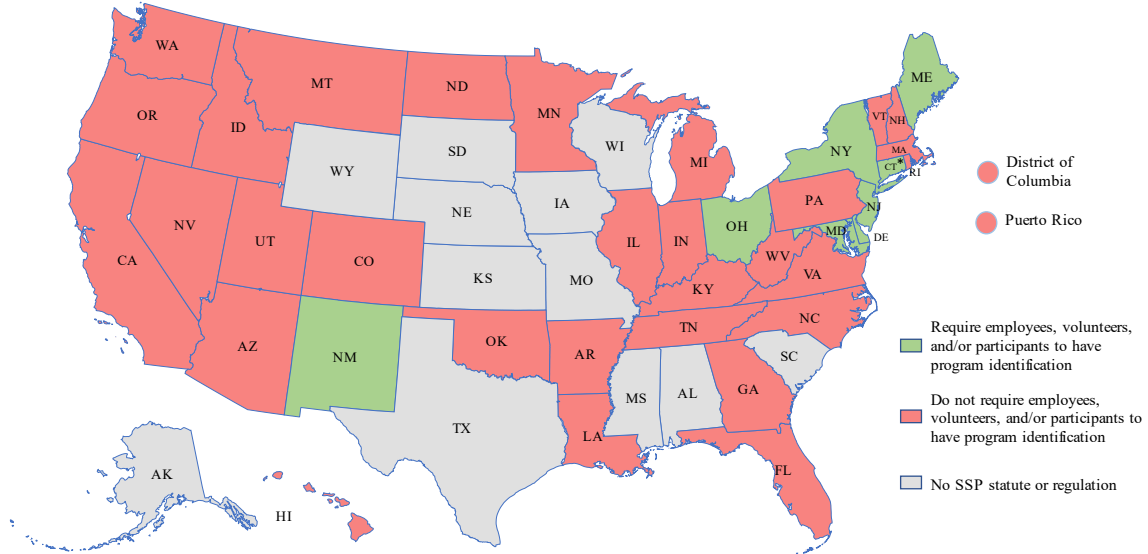
³² CONN. GEN. STAT. ANN. § 21a-65 (West 2021) (participants must have a patient-specific access number to access syringes through a secured machine); DEL. CODE ANN. tit. 29, § 7992 (West 2021) (SSPs must establish a method of identification of participants and staff members who have access to hypodermic needles and syringes); DEL. CODE ANN. tit. 29, § 7996 (West 2021) (each SSP participant shall be issued an identification card with an identification number); 10-144-252 ME. CODE R. § II (2021) (requires program staff and their representatives to carry identification and a copy of their SSP’s certification document while conducting program business); MD. CODE ANN. HEALTH-GEN. §§ 24-803 and 24-903 (West 2021) and MD. CODE REGS. 10.52.01.05 (2021) (programs must establish a method of identification for program staff members); MD. CODE ANN. HEALTH-GEN. §§ 24-807 and 24-906 (West 2021) (each program participant shall be issued an identification card with an identification number); N.J. STAT. ANN. § 26:5C-27 (West 2021) (the commissioner shall provide for the adoption of a uniform identification card or other uniform Statewide means of identification for consumers, staff, and volunteers of an SSP); N.J. STAT. ANN. § 26:5C-28 (West 2021) (SSPs shall provide a uniform identification card approved by the commissioner to consumers, staff, and volunteers); N.J. ADMIN. CODE § 8:63-3.1 (2021) (requirements for identification cards); N.M. CODE R. § 7.4.6.10 (2021) (client eligibility and enrollment procedures); N.Y. COMP. CODES R. & REGS. tit. 10, § 801.35 (2021) (SSPs shall provide procedures for the issuance of participant identification cards); OHIO REV. CODE ANN. § 3707.57 (West 2021) (SSP shall provide each participant with documentation identifying the individual as an active participant in the program).

programs have some way to identify hypodermic needles and syringes supplied by the SSP.³³ In and of themselves, these provisions do not appear to inhibit access to an SSP; however, PWID and are in need of the services provided by an SSP might be reluctant to make use of those services if they are required to register or carry identification that reflects their participation in an SSP.



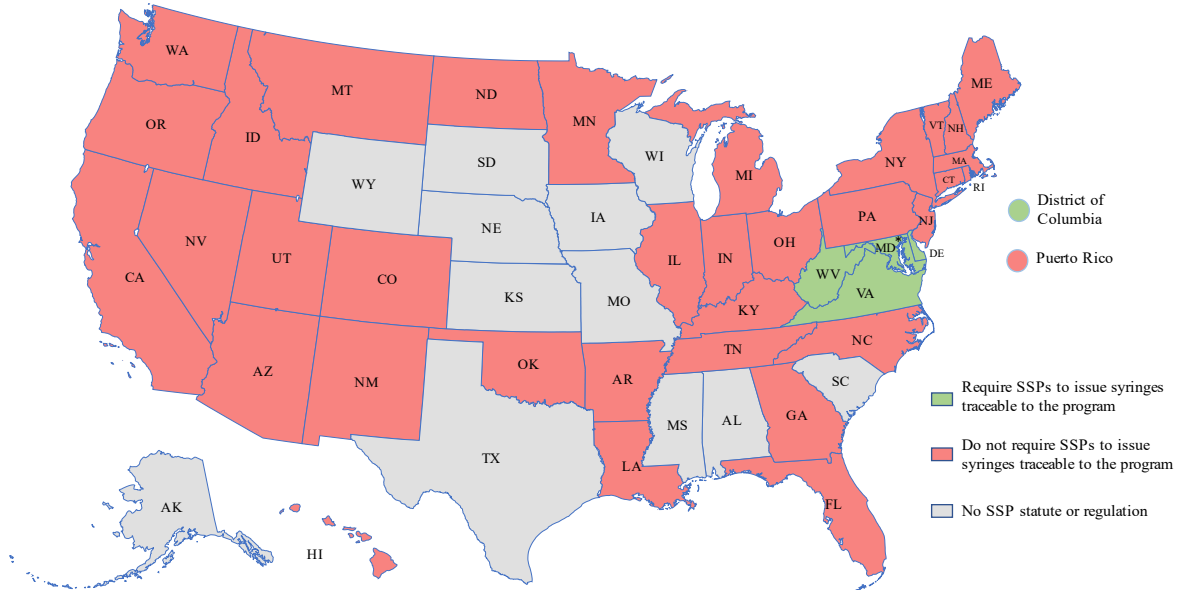
³³ DEL. CODE ANN. tit. 29, § 7992 (West 2021) (must have security measures that provide for the identification of program needles); D.C. CODE ANN. § 48-1103.01 (West 2021) (all needles and syringes distributed by the SSP shall be made identifiable through the use of permanent markings, or color coding, or any other effective method); MD. HEALTH-GEN. § 24-806 (West 2021) (Baltimore City Health Department shall develop and implement a methodology for identifying program hypodermic needles and syringes, such as through the use of bar coding); VA. CODE ANN. § 32.1-45.4 (West 2021) (SSP shall include verification that a hypodermic needle or syringe came from the program; criminal provisions do not apply to any person receiving SSP services when paraphernalia is obtained from the SSP as evidenced by the verification required by this section); W. VA. CODE ANN. § 16-64-3 (West 2021) (SSPs must ensure that “a syringe is unique to the syringe services program”).

Syringe Services Programs: Requirement for SSP Employees, Volunteers, and/or Participants to Have Program Identification



* Limited to participants accessing syringes through a secured machine

Syringe Services Programs: Requirement for Syringe Identification



* Baltimore pilot program only

Six states (Delaware, Florida, Hawaii, Maine, New Mexico, and West Virginia) require that programs operate pursuant to a one-to-one model.³⁴ That is, participants receive one new hypodermic needle and syringe for every used hypodermic needle and syringe they turn in, with a few exceptions for new program enrollees. However, one-to-one exchange programs “are associated with increased syringe sharing and increased risk of infections.”³⁵ Further, one-to-one exchange programs “discourage participants from giving sterile syringes to people who do not attend the program but would benefit from receiving new injection supplies.”³⁶ Unlimited, needs-based distribution of hypodermic needles and syringes also provides programs with the flexibility needed to serve participants during emergency situations, such as “during the COVID-19 pandemic when programs had to reduce or discontinue operating hours.”³⁷

Seven states (Arizona, Georgia, Illinois, North Carolina, Tennessee, Utah, and Virginia)³⁸ follow the Pew Charitable Trusts’ recommendation and allow participants to receive an unlimited number of hypodermic needles and syringes, while 14 states (California, Colorado, Connecticut, Idaho, Indiana, Maryland, Nevada, New Jersey, New York, North Dakota, Ohio, Oklahoma, Rhode Island, and Vermont) and the District of Columbia do not specify if access is limited or unlimited.

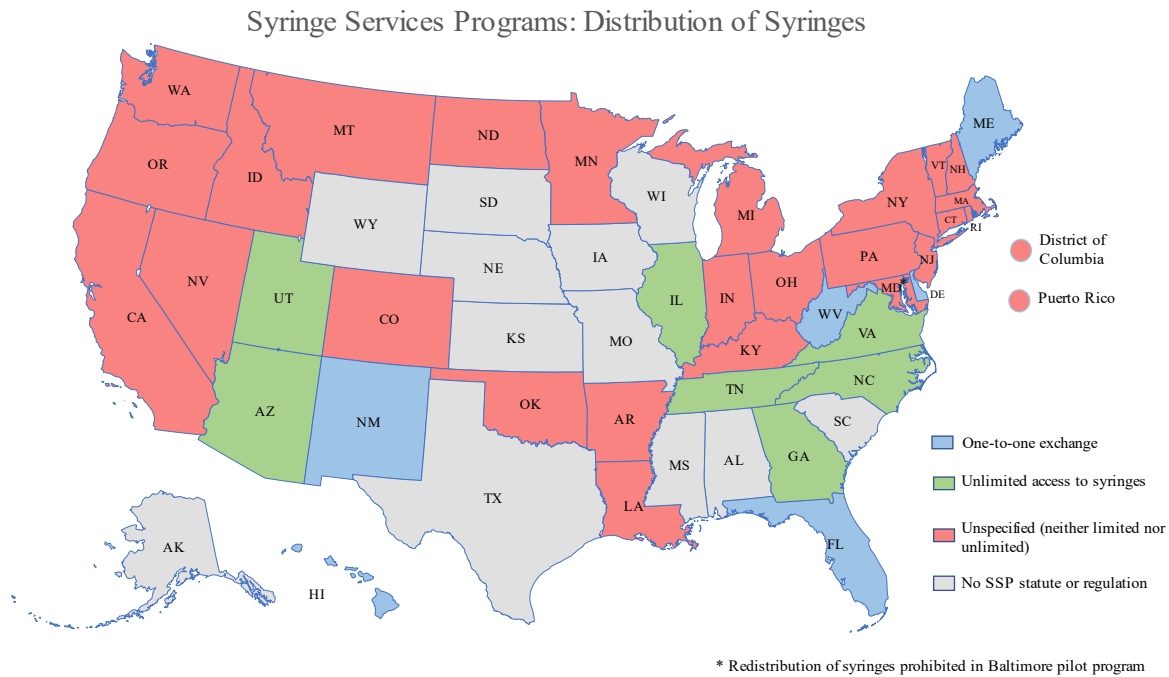
³⁴ DEL. CODE ANN. tit. 29, §§ 7992 (West 2021) (program shall provide for a 1-to-1 exchange); FLA. STAT. ANN. § 381.0038 (West 2021) (programs must operate a one-to-one exchange); HAW. REV. STAT. ANN. § 325-113 (West 2021) (program shall provide for a one-to-one exchange); 10-144-252 ME. CODE R. § II (2021) (programs must adhere to a strict one-for-one syringe exchange, with an exception for new enrollees who have no needles for the initial exchange); N.M. CODE R. § 7.4.6 (2021) (new enrollees shall be offered 30 syringes, plus the number of syringes brought in for exchange at the time of enrollment; thereafter, it shall be a one-to-one exchange; staff can make exceptions for certain reasons, such as: maintaining integrity of packaging; when a client states syringes have been lost, stolen, or confiscated; limited accessibility to the SSP; utilizations of syringe collection boxes; or recent release from incarceration or drug treatment facilities); W. VA. CODE ANN. § 16-64-3 (West 2021) (program shall distribute syringes with a goal of a 1:1 model).

³⁵ Z. Javed et al., *supra* note 24.

³⁶ *Syringe Distribution Programs Can Improve Public Health During the Opioid Overdose Crisis*, THE PEW CHARITABLE TRUSTS 3 (March 2021), https://www.pewtrusts.org/-/media/assets/2021/03/syringe_distribution_programs_can_improve_public_health.pdf.

³⁷ *Id.*

³⁸ ARIZ. REV. STAT. ANN. § 36-798.51 (West 2021) (programs shall offer needles and hypodermic syringes in quantities sufficient to ensure that needles and hypodermic syringes are not shared or reused); GA. COMP. R. & REGS. 511-2-9-.04 (2021) (programs shall furnish new hypodermic needles and syringes in quantities sufficient to minimize the likelihood of reuse); 410 ILL. COMP. STAT. ANN. 710/5 (West 2021) (programs shall provide needles and hypodermic syringes in quantities sufficient to ensure that they are not shared or reused); N.C. GEN. STAT. ANN. § 90-113.27 (West 2021) (programs shall offer hypodermic syringes and needles in quantities sufficient to ensure they are not shared or reused); TENN. CODE ANN. § 68-1-136 (West 2021) (needles and hypodermic syringes shall be offered in quantities sufficient to ensure they are not shared or reused, but programs shall strive for a one-to-one exchange); UTAH CODE ANN. § 26-7-8 (West 2021) (programs shall facilitate the exchange of an individual’s used syringe for one or more new syringes in sealed sterile packages); VA. CODE ANN. § 32.1-45.4 (West 2021) (harm reduction program shall include the provision of hypodermic needles and syringes in quantities sufficient to ensure that they are not shared or reused).

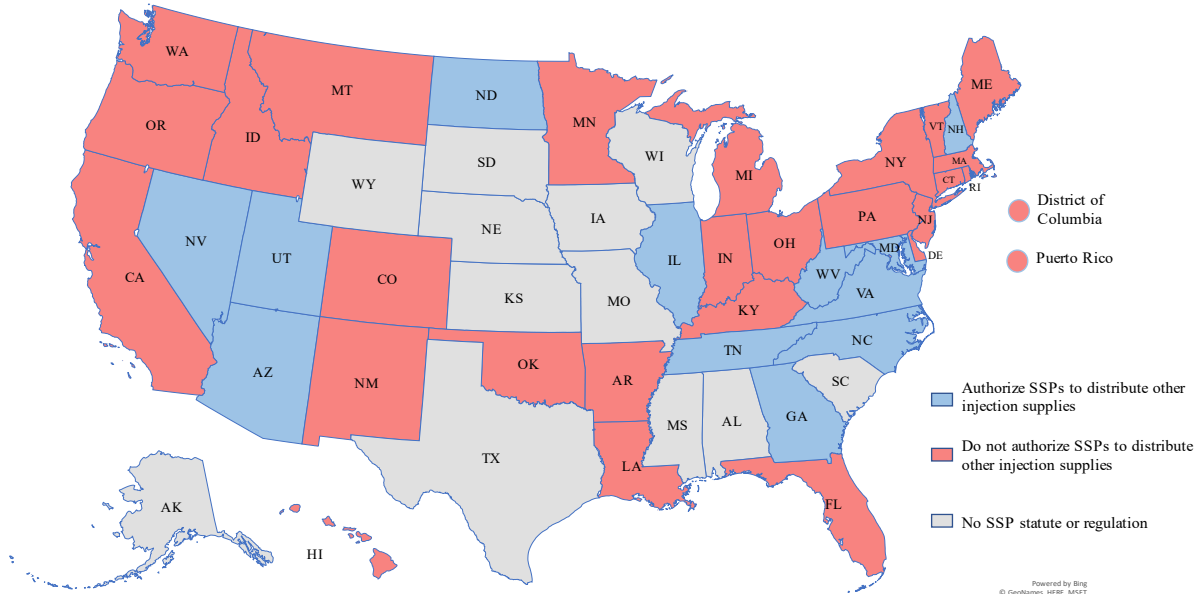


Twelve states (Arizona, Georgia, Illinois, Maryland, Nevada, New Hampshire, North Carolina, North Dakota, Tennessee, Utah, Virginia, and West Virginia) specifically authorize programs to provide other injection supplies, such as cookers, tourniquets, cotton swabs, alcohol, and sharps disposal containers, to participants which also helps to decrease the likelihood of infectious disease transmission.^{39,40}

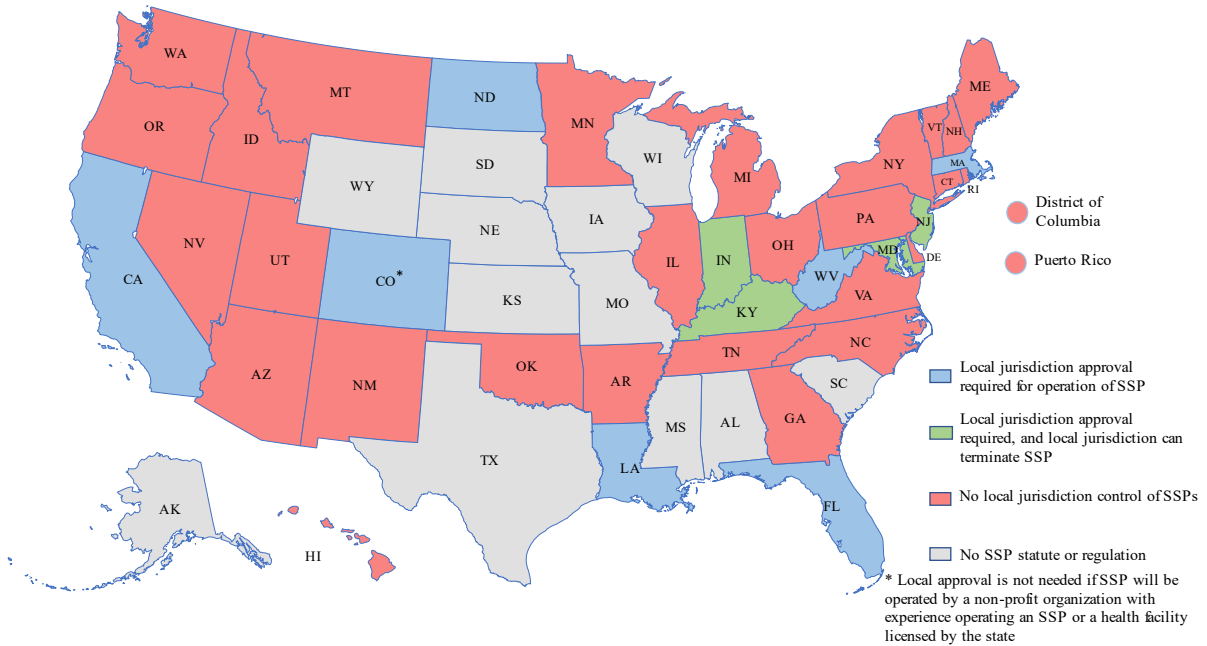
³⁹ ARIZ. REV. STAT. ANN. § 36-798.51 (West 2021); GA. CODE ANN. § 16-13-32 (West 2021); GA. COMP. R. & REGS. 511-2-9-.01 (2021); 410 ILL. COMP. STAT. ANN. 710/5 (West 2021); MD. CODE REGS. 10.52.01.02 (2021); NEV. REV. STAT. ANN. §§ 439.989 and 439.991 (West 2021); N.H. REV. STAT. ANN. § 318-B:43 (West 2021); N.C. GEN. STAT. ANN. § 90-113.27 (West 2021); N.D. CENT. CODE ANN. § 23-01-44 (West 2021); TENN. CODE ANN. § 68-1-136 (West 2021); UTAH ADMIN. CODE r. R386-900-3 (2021); VA. CODE ANN. § 32.1-45.4 (West 2021); and W. VA. CODE ANN. § 16-64-8 (West 2021).

⁴⁰ Additional states may also allow SSPs to provide participants with other injection supplies, but it is not specified in statute or rule.

Syringe Services Programs: Distribution of Other Injection Supplies



Syringe Services Programs: Local Jurisdiction Control of SSPs



Conversely, as an additional barrier to access, 11 states (California, Colorado, Florida, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, New Jersey, North Dakota, and West Virginia)⁴¹ condition operation of an SSP on local approval, and three (Indiana, Maryland, and New Jersey)⁴² allow a local authority to terminate a program.

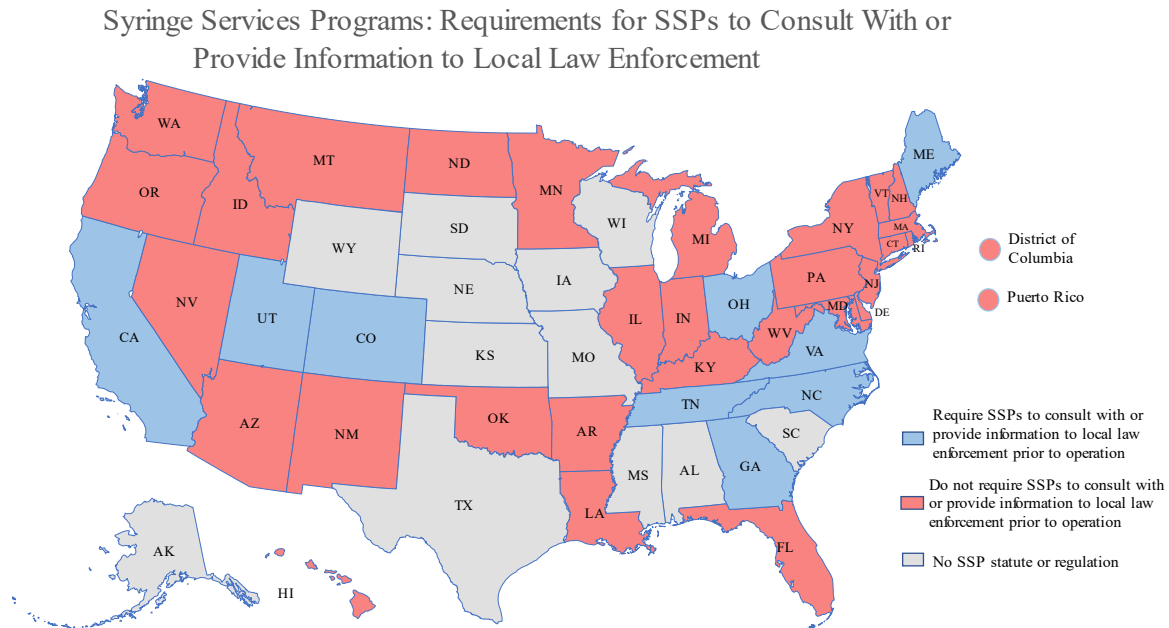
Finally, the CDC recommends that programs work with and involve law enforcement and other stakeholders in the implementation and operation of an SSP in order to form a good working relationship with law enforcement agencies in the community.⁴³ Nine states (California, Colorado, Georgia, Maine, North Carolina, Ohio, Tennessee, Utah, and Virginia) specifically

⁴¹ CAL. HEALTH & SAFETY CODE § 121349 (West 2021) (the Legislature authorizes an SSP upon the action of a county board of supervisors and the local health officer or health commission of that county, or upon the action of the city council, the mayor, and the local health officer of a city with a health department, or upon the action of the city council and the mayor of a city without a health department); COLO. REV. STAT. ANN. § 25-1-520 (West 2021) (a county public health agency or district public health agency may request approval from its county board of health or district board of health to operate an SSP; however, a nonprofit organization with experience operating an SSP or a health facility licensed or registered by the state may operate an SSP without prior board approval); FLA. STAT. ANN. § 381.0038 (West 2021) (a county commission may authorize an SSP to operate within its county boundaries); IND. CODE ANN. §§ 16-41-7.5-3 and 16-41-7.5-4 (West 2021) (a qualified entity, defined as a local health department, municipality, or nonprofit organization that has been approved by official action to operate an SSP by the local health department, the executive body of the county, or the legislative body of a municipality, may operate an SSP only where a public health emergency has been declared or the program has been approved); IND. CODE ANN. § 16-41-7.5-5 (West 2021) (sets out requirements for the legislative body of a municipality or executive body of a county prior to approving operation of an SSP); IND. CODE ANN. § 16-41-7.5-11 (West 2021) (requirements related to the declaration of a public health emergency); KY. REV. STAT. ANN. § 218A.500 (West 2021) (to operate an SSP, the local health department shall have the consent of the local board of health and the legislative body of the first or home rule class city or of the county, urban-county government, or consolidated local government in which the program would operate); LA. STAT. ANN. § 40:1024 (2021) (criminal provisions do not prevent the establishment of an SSP within the jurisdiction of a local governing authority upon the express approval of the local governing authority); MD. CODE ANN. HEALTH-GEN. § 24-902 and Md. Code Regs. 10.52.01.03 and .04 (West 2021) (a local health department or community-based organization must apply to the department and a local health officer for approval to operate an SSP); MASS. GEN. LAWS ch. 111, § 215 (West 2021) (the department of public health may implement an SSP if approval is obtained from the local board of health and notice of approval is provided by the city or town to the department); N.J. STAT. ANN. § 26:5C-28 (West 2021) (an SSP may operate in a municipality where the governing body has authorized the establishment of an SSP); N.J. ADMIN. CODE § 8:63-2.1 (2021) (before the department will approve an application to establish an SSP by or on behalf of a municipality, the governing body of the municipality must establish an ordinance authorizing the operation of an SSP); N.D. CENT. CODE § 23-01-44 (West 2021) (a qualified entity, defined as a local health department, a city that operates a program, or an organization that has been authorized to operate an SSP by the state department of health, the board of county commissioners, or the governing body of the city); W. VA. CODE ANN. § 16-64-2 (West 2021) (to be eligible for a license to operate an SSP, the applicant must provide a written statement of support from a majority of the members of the county commission and a majority of the members of a governing body of a municipality).

⁴² IND. CODE ANN. § 16-41-7.5-7 (West 2021) (allows the legislative body of a municipality, the executive body of a county, or the local health department that approved the entity to terminate SSP approval); MD. CODE REGS. 10.52.01.09 (2021) (allows the department of health and the local health officer to revoke SSP approval); N.J. STAT. ANN. § 26:5C-28 (West 2021) (allows a municipality to terminate an SSP if approved by ordinance).

⁴³ Z. Javed et al., *supra* note 24, at 11.

require that SSPs consult with law enforcement prior to beginning operation or provide law enforcement with certain information, typically a copy of the program's security plan.⁴⁴



⁴⁴ CAL. HEALTH & SAFETY CODE § 121349 (West 2021) (before approving an application, department must provide for a period of public comment by sending a written and email notice to the chief of police, the sheriff, or both, of the jurisdictions in which the SSP will operate); COLO. REV. STAT. ANN. § 25-1-520 (West 2021) (before approving an SSP, the county or district board of health shall consult with interested stakeholders, which shall include law enforcement); GA. COMP. R. & REGS. 511-2-9-.03 (2021) (applicants shall include documentation showing that the program has provided written notice of its intent to operate an SSP to stakeholders in the community, including local law enforcement which shall include a copy of the program's site security plan); GA. COMP. R. & REGS. 511-2-9-.05 (2021) (applicants shall have a site security plan which shall be provided to all law enforcement agencies with jurisdiction over each program site); 10-144-252 ME. CODE R. § I (2021) ("public notice" means written notice to law enforcement of a program's intent to establish and maintain an SSP in a community); N.C. GEN. STAT. ANN. § 90-113.27 (West 2021) (written security plans shall be provided to the police and sheriff's offices with jurisdiction in the program location); OHIO REV. CODE ANN. § 3707.57 (West 2021) (before establishing an SSP, the local board of health shall consult with law enforcement representatives); TENN. CODE ANN. § 68-1-136 (West 2021) (written security plans shall be provided to law enforcement offices with jurisdiction in the program location); UTAH ADMIN. CODE r. R386-900-4 (2021) (operating entity shall meet with local stakeholders which should include law enforcement); VA. CODE ANN. § 32.1-45.4 (West 2021) (written security plans shall be filed annually with each local law enforcement agency serving the jurisdiction where the SSP is located).

In the following pages, readers will find information with respect to SSPs for each state, including citations to applicable statutes and/or regulations, whether the state allows SSPs by statute, whether there are any municipal or county ordinances or regulations in place within the state,⁴⁵ program components, miscellaneous provisions, and information on any pending legislation. Please note that the terms in the state summaries are primarily those used in that state's statutes and/or regulations, so any inconsistencies in terminology (*e.g.*, “substance use disorder counseling and treatment” vs. “substance abuse counseling and treatment”) are due to the differences in terminology between states.

⁴⁵ Readers should note that the included municipal/county information is not complete as information available via the internet is limited, and it would be cost prohibitive to obtain copies of municipal codes from across the country.

<u>ALABAMA</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>ALASKA</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>ARIZONA</u>	
Statute(s) and regulation(s)	ARIZ. REV. STAT. ANN. §§ 36-798.51 and -798.52 (2021) (eff. Sept. 29, 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	<p>S.B. 1250, 55th Leg., 1st Reg. Sess. (Ariz. 2021) – creates §§ 36-798.51 and 36-798.52</p> <p>§ 36-798.51 – “overdose and disease prevention programs”; a city, town, county, or nongovernmental organization, including a local health department or an organization that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, or any combination of these entities, may establish and operate an overdose and disease prevention program; a program established pursuant to this section shall have all of the following objectives: (1) to reduce the spread of viral hepatitis, HIV, and other bloodborne diseases; (2) to reduce needlestick injuries to law enforcement officers and other emergency personnel; (3) to encourage individuals who inject drugs to enroll in evidence-based treatment; (4) to increase proper disposal of used syringes; and (5) to reduce the occurrence of skin and soft tissue wounds/infections related to injecting drugs.</p> <p>A program established pursuant to this section shall offer all of the following: (1) disposal services, needles, hypodermic syringes, and other injection supply items at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supply items are not shared or reused; (2) educational materials on overdose prevention, peer support services, the prevention of HIV, viral hepatitis transmission, and the incidence of skin and soft tissue wounds and infections; (3) treatment for mental illness, including treatment referrals, and treatment for substance use disorder, including referrals for substance use disorder treatment; (4) access to kits to containing naloxone or any other opioid antagonist approved to treat a drug overdose, or referrals to programs that provide access to naloxone; and (5) personal consultations from a program employee or volunteer concerning mental health or substance use disorder treatment or</p>

<u>ARIZONA</u>	
Program components (continued)	<p>referrals for evidence-based substance use disorder treatment, as appropriate.</p> <p>A program established pursuant to this section shall develop standards for distributing and disposing of needles and hypodermic syringes based on scientific evidence and best practices. The number of needles and hypodermic syringes disposed of through a program shall be at least equivalent to the number of needles and hypodermic syringes distributed through the program.</p> <p>§ 36-798.52 – notwithstanding title 13, chapter 34, an employee, volunteer, or participant of an SSP may not be charged with or prosecuted for possession of a needle, hypodermic syringe, or other injection supply item obtained from or returned to an SSP or a residual amount of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supply item obtained from or returned to an SSP; only applies if the person claiming immunity provides verification that a needle, hypodermic syringe, or other injection supply item was obtained from an SSP.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	<p>H.B. 2625, 55th Leg., 1st Reg. Sess. (Ariz. 2021) (“Overdose and Disease Prevention”) (read second time). This bill would create ARIZ. REV. STAT. ANN. §§ 36-798.51 and 36-798.52, containing the same provisions as those in S.B. 1250.</p> <p>S.B. 1276, 55th Leg., 1st Reg. Sess. (Ariz. 2021) (“Overdose and Disease Prevention”) (read second time). This bill would create ARIZ. REV. STAT. ANN. §§ 36-798.51 and 36-798.52, containing the same provisions as those in S.B. 1250.</p>

<u>ARKANSAS</u>	
Statute(s) and regulation(s)	ARK. STAT. ANN. § 20-13-1803 (West 2021); 016.04.6 ARK. CODE R. § 2.00 (2021)
Does state allow SSPs by statute/regulation?	Definition of “harm reduction organization” means an organization that provides direct assistance and services such as syringe exchanges to individuals at risk of experiencing an overdose; part of the “Naloxone Access Act.”
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	“Alcohol and drug abuse prevention, contract/grant specifications and the application process”- prohibits the state from using Substance Abuse Prevention and Treatment Block Grant funds to carry out any projects which include the exchange of sterilized needles for hypodermic injection of any illegal drug.
Recently proposed legislation	None.

<u>CALIFORNIA</u>	
Statute(s) and regulation(s)	CAL. BUS. & PROF. § 4145.5 (West 2021); CAL. HEALTH & SAFETY CODE § 11364 (West 2021); CAL. HEALTH & SAFETY CODE §§ 120780.1, 120780.2, & 120780.5 (West 2021); CAL. HEALTH & SAFETY CODE §§ 121349 to 121349.3 (West 2021); CAL CODE REG. tit. 17 §§ 7000 to 7016 (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	<p>Yes; Butte County and the municipalities of Paradise, Santa Ana, and Yuba City prohibit the operation of an SSP.</p> <p>Oakland ordinances provide that special health care civic activities include services provided primarily to persons who currently use hypodermic needles and may include needle exchange.</p>
Program components	<p>Health & Safety § 120780.1 – a public entity that receives General Fund money from the State Department of Public Health (DPH) for HIV prevention and education may use that money to support clean needle and syringe exchange programs; must meet all of the listed conditions.</p> <p>Health & Safety § 120780.2 – the DPH may purchase sterile hypodermic needles and syringes, and other supplies, for distribution to syringe exchange programs authorized pursuant to law and support any costs associated with distribution of supplies.</p> <p>Health & Safety § 120780.5 – comprehensive HIV prevention and control activities may include SSPs.</p> <p>Health & Safety § 121349 – legislative findings; authorization for clean needle and syringe exchange project in any city, county, or city and county, in order to reduce the spread of HIV infection and bloodborne hepatitis among the intravenous drug user population; provides that the DPH may authorize entities that meet the requirements of this section to apply for authorization to provide hypodermic needle and syringe exchange services in any location where the DPH determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes; the DPH must provide a public comment period at least 45 days prior to approving an application; requires the DPH to post a list of SSP locations on its website.</p>

<u>CALIFORNIA</u>	
Program components (continued)	<p>Health & Safety § 121349.1 – the DPH or a city, county, or a city and county with or without a health department, that acts to authorize a clean needle and syringe exchange program shall, in consultation with the DPH, authorize the exchange of clean hypodermic needles and syringes as part of a network of comprehensive services; staff and volunteers participating in the SSP shall not be subject to criminal prosecution for violation of any law related to the possession, furnishing, or transfer of hypodermic needles or syringes and program participants shall not be subject to criminal prosecution for possession of needles or syringes.</p> <p>Health & Safety § 121349.2 – local government, local health officials, and law enforcement shall be given the opportunity to comment on clean needle and syringe exchange programs on a biennial basis and the public shall be given the opportunity to provide input to local leaders to ensure that any potential adverse impacts on the public welfare of SSPs are addressed and mitigated.</p> <p>Health & Safety § 121349.3 – report and further comment on SSPs; notice of biennial meeting; biennial report for SSPs authorized by DPH.</p> <p>17 § 7000 – definitions.</p> <p>17 § 7002 – application requirements for SSP certification, including a description of the applicant organization’s mission and core services and a description of additional services that will accompany syringe exchange, such as overdose prevention supplies and education.</p> <p>17 § 7004 – standards for refusal to certify an SSP application; conditions for rejection, including if evidence of projected harm to public safety, presented by local law enforcement officials, is, in the judgment of the DPH, greater than evidence of projected benefits to public health.</p> <p>17 § 7006 – renewal of SSP certification; certifications are valid for two years.</p> <p>17 §§ 7008, 7010 – reasons for denial of certification or revocation of SSP certification and process to request review following denial or revocation.</p>

<u>CALIFORNIA</u>	
Program components (continued)	<p>17 § 7012 – operational requirements for certified SSPs, including a requirement that the SSP include program participant input into the program design; must be guided by a syringe dispensing plan, a syringe collection and sharps waste disposal plan, a service delivery plan, a data collection and program evaluation plan, and a community relations plan.</p> <p>17 § 7014 – compliance with state laws, regulations, and local ordinances.</p> <p>17 § 7016 – reporting requirements for certified SSPs.</p>
Miscellaneous provisions	<p>Bus. & Prof. § 4145.5 – an SSP that furnishes nonprescription hypodermic needles and syringes shall counsel consumers on safe disposal and provide consumers with one or more of the following disposal options: (1) establish an on-site, safe hypodermic needle and syringe collection and disposal program that meets applicable standards for the collection and disposal of medical sharps waste; (2) furnish or make available mail-back sharps containers authorized by the United States Postal Service that meet requirements for the transport of medical sharps waste; or (3) furnish or make available a sharps container that meets applicable standards for collection and disposal of medical sharps waste.</p> <p>Health & Safety § 11364 – unlawful possession of paraphernalia used for unlawfully injecting a controlled substance does not apply to persons who use syringes or hypodermic needles; expires Jan. 1, 2026.</p>
Recently proposed legislation	<p>A.B. 133, Leg. Sess. (Cal. 2021) (budget bill) (signed by governor; effective immediately). The bill provides that, of the funds appropriated, \$12,600,000 shall be available for encumbrance or expenditure until June 30, 2023, for the state department of public health to support Substance Use Disorder Response Navigator activities through grants to local health jurisdictions and community-based organizations for the purpose of supporting syringe exchange and disposal program activities, including treatment navigators.</p>

<u>CALIFORNIA</u>	
Recently proposed legislation (continued)	<p>A.B. 164, Leg. Sess. (Cal. 2021) (amendments to “Budget Act of 2021”) (signed by governor; effective immediately). The bill provides that, of the amount appropriated, \$11,800,000 shall be available to support HIV, viral hepatitis, sexually transmitted infection, and harm reduction interventions. Of the funds appropriated in this provision, \$2,700,000 shall support the Syringe Exchange Supply Clearinghouse.</p> <p>A.B. 1344, Leg. Sess. (Cal. 2021) (“State Department of Public Health: Needle and Syringe Exchange Services”) (passed Assembly; ordered to second reading in Senate). The bill would amend HEALTH & SAFETY CODE § 121349 to delete the provision regarding public nuisance.</p> <p>S.B. 57, Leg. Sess. (Cal. 2021) (“Overdose Prevention Program”) (read second time and amended; re-referred to committee on health). The bill would add Health & Safety Code § 11376.6 to allow the City and County of San Francisco, the City and County of Los Angeles, and the City of Oakland to approve entities within their jurisdictions to establish and operate overdose prevention programs, whose services would include provision of sterile consumption supplies, collection of used equipment, and provision of secure hypodermic needle and syringe disposal services.</p>

<u>COLORADO</u>	
Statute(s) and regulation(s)	COLO. REV. STAT. ANN. § 18-18-430.5 (West 2021); COLO. REV. STAT. ANN. § 25-1-520 (West 2021); COLO. REV. STAT. ANN. § 25-20.5-1101 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Yes; Denver has registration requirements for needle exchange and treatment referral programs.
Program components	<p>§ 25-1-520 – a county public health agency or district public health agency may request approval from its county board of health or district board of health for a clean syringe exchange program operated by the agency or by a nonprofit organization with which the agency contracts to operate the SSP. The board must consult with the agency and interested stakeholders, including, but not limited to, local law enforcement agencies, district attorneys, substance use disorder treatment providers, persons with a substance use disorder in remission, nonprofit organizations, hepatitis C and HIV advocacy organizations, and members of the community prior to approving or disapproving any such program. The board and stakeholders shall consider the scope of the problem to be addressed, concerns of the law enforcement community, and the parameters of the proposed program.</p> <p>The SSP must, at a minimum, have the ability to: (1) provide an injection drug user with information and the means to protect himself or herself, his or her partner, and his or her family from exposure to bloodborne disease through access to education, sterile injection equipment, voluntary testing for bloodborne diseases, and counseling; (2) provide thorough referrals to facilitate entry into substance use disorder treatment programs, including opioid substitution therapy; (3) encourage usage of medical care and mental health services as well as social welfare and health promotion; (4) provide safety protocols and classes for the proper handling and disposal of injection materials; (5) plan and implement the SSP with the clear objective of reducing the transmission of bloodborne diseases within a specific geographic area; and (6) develop a timeline and an education program regarding the legal rights under this section.</p>

<u>COLORADO</u>	
Program components (continued)	The statute allows one or more counties represented on a district board of health to, at any time, opt out of an SSP proposed or approved pursuant to this section.
Miscellaneous provisions	<p>§ 18-18-430.5 – persons who are participating as an employee, volunteer, or participant in an approved SSP are exempt from criminal prosecution for possession of drug paraphernalia.</p> <p>§ 25-20.5-1101 – harm reduction grant program; requires the department to develop and implement a harm reduction grant program to reduce health risks associated with drug use and improve coordination between law enforcement agencies, public health agencies, and community-based organizations; permissible uses of the funding include purchasing and providing sterile equipment and syringe disposal equipment.</p>
Recently proposed legislation	None.

<u>CONNECTICUT</u>	
Statute(s) and regulation(s)	CONN. GEN. STAT. ANN. § 19a-124 (West 2021); CONN. GEN. STAT. ANN. § 21a-65 (West 2021); S.B. 895, 2021 Leg. Sess. (Conn. 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 19a-124 – the Department of Public Health shall establish, within available appropriations, syringe services programs to enhance health outcomes of people who inject drugs in any community impacted by HIV or hepatitis C and shall establish protocols in accordance with this section. The department may authorize programs through local health departments or other local organizations. SSPs shall: (1) be incorporated into existing HIV and hepatitis C outreach and prevention programs in the selected communities; (2) provide access to free and confidential exchanges of syringes; provide for safe disposal or exchange of syringes; (3) provide that first-time applicants to the program receive an initial packet of syringes, educational material, and a list of drug counseling services; (4) offer education on HIV, hepatitis C, reduction in harm caused by such viruses, and drug overdose prevention measures and assist program participants in obtaining drug treatment services; (5) provide referrals for substance abuse counseling or treatment; and (6) provide referrals for medical or mental health care. SSPs must include an annual evaluation component to monitor the number of syringes distributed and collected, participation rates, the number of participants referred to treatment, and incidence of HIV from injection drug use to determine if there is a reduction as a result of the SSP. The local health department or community-based organization of each community conducting an SSP shall submit a report evaluating the effectiveness of the program.</p>
Miscellaneous provisions	§ 21a-65 – a manufacturer or wholesaler may sell hypodermic needles and syringes to an SSP; provides that hypodermic needles and syringes in a quantity of 10 or less without a prescription may be provided or sold at retail by an SSP.

<u>CONNECTICUT</u>	
Miscellaneous provisions (continued)	S.B. 895, 2021 Leg. Serv. (Conn. 2021) (“An act concerning changes to various pharmacy statutes”) (signed by governor; effective on passage) – amends § 21a-65 to provide that a registered SSP may apply to the Department of Consumer Protection for approval to provide access to not more than 10 hypodermic needles and syringes per transaction to program participants through a secured machine with the use of a patient-specific access number, personalized magnetic strip card, or any technology that identifies an individual for the purpose of providing access to hypodermic needles and syringes; the secured machine shall prevent unauthorized access and be immobile; products provided through the secured machine shall provide information on access to treatment services; the machine shall only be placed in an area where contents can be stored in accordance with the manufacturer’s recommendation, unless the machine can provide adequate environmental controls independent of the external environment; a locked syringe disposal container to accept used hypodermic needles and syringes shall be available as part of the secured machine or in the area around the machine.
Recently proposed legislation	None, other than S.B. 895, 2021 Leg. Serv. (Conn. 2021).

<u>DELAWARE</u>	
Statute(s) and regulation(s)	DEL. CODE ANN. tit. 29, §§ 7990 to 7997 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>29 § 7990 – definitions related to the sterile needle and syringe exchange program for the prevention of AIDS and other diseases.</p> <p>29 § 7991 – establishment of program; the Director of the State Division of Public Health shall maintain a sterile needle and syringe exchange program; authorizes the director to designate private providers of services to operate the program.</p> <p>29 § 7992 – operation of program; the program shall operate for the purposes of preventing the transmission of HIV, hepatitis B, and other bloodborne diseases and providing injection drug users with referrals to appropriate treatment and other health and social services programs. The program shall: (1) provide a one-for-one exchange, whereby participants shall receive one sterile needle and syringe unit in exchange for each used syringe; (2) be designed to prevent non-injection drug users from participating in the program; (3) be designed and maintained to provide maximum security of exchange sites and equipment, including security measures that shall be required to all for: identification of program needles, a full accounting of the number of needles distributed, the number in storage, safe disposal of returned needles, and any other measures that may be required to control the use and dispersal of sterile needles and syringes; (4) include appropriate levels of staff expertise in working with injecting drug users and adequate staff training in providing community referrals, counseling, and preventative education; (5) include services to educate participants about the dangers of contracting HIV or hepatitis viruses through needle-sharing practices, (6) provide HIV testing and other communicable disease testing as appropriate when available; (7) provide a linkage for referrals to drug counseling and treatment services and follow-up to those referrals; and (8) establish procedures for identifying participants. Program structure and delivery methods will be designed in response to the local community in which the program operates.</p>

<u>DELAWARE</u>	
Program components (continued)	<p>29 § 7993 – exempts exchanges under the SSP from the criminal provisions of state law for participants, employees of the division, or designated program staff; not immune from criminal prosecution for the redistribution of hypodermic needles or syringes in any form, any activities not authorized or approved by the program, or violation of laws prohibiting or regulating the use, possession, dispensing, distribution, or promotion of controlled substances.</p> <p>29 § 7994 – the director shall appoint an oversight committee for the program to provide assistance and advice on the oversight of the program; committee membership.</p> <p>29 § 7995 – program data collection requirements, including: (1) information on the number of participants served and the number of needles and syringes distributed; (2) demographic profile of the participants served, including, but not limited to, age, sex, ethnicity, area of residence, types of drugs used, length of drug use, and frequency of injection; (3) the number of participants entering drug counseling and treatment, and the number of referrals made by the program for drug counseling and treatment; (4) data on participants regarding HIV testing and other communicable disease testing, counseling, or other social services; (5) assessment of the impact of the program on needle and syringe sharing, impact on the transmission of HIV and hepatitis infection among injection drug users and their contacts; and (6) other data as requested by the director or oversight committee.</p> <p>29 § 7996 – program participants shall be issued an identification card with an identification number which shall be cross-indexed to a confidential record containing pertinent data on the participant; confidentiality of participant information.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>DISTRICT OF COLUMBIA</u>	
Statute(s) and regulation(s)	D.C. CODE ANN. § 48-1103.01 (West 2021); D.C. CODE ANN. § 48-1121 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	N/A
Program components	<p>§ 48-1103.01 – Contains the following provisions:</p> <ul style="list-style-type: none"> • Authorizes the Mayor to establish an SSP within the Department of Human Services which may provide clean hypodermic needles and syringes to injecting drug users and shall provide counseling on substance abuse addiction and information on appropriate referrals to drug treatment programs to each person to whom a hypodermic needle and syringe is provided, as well as counseling and information on HIV and appropriate referrals for HIV testing and services; • Requires the commissioner of public health to provide all participants with a written statement of the person’s participation in the SSP but no person participating in the program shall be required to carry such a statement; • Specifies that it is not unlawful for any person participating in the SSP to possess or for any person authorized to do so to deliver any hypodermic needle or syringe as part of the SSP; • Includes an immunity provision for DC, its officers or employees, for any injury or damage resulting from use of, or contact with, any needle exchanged as part of the SSP; • Includes an immunity provision for community-based organizations and other qualified individuals designated by the commissioner of public health for any injury or damage resulting from the use of, or contact with, any needle exchanged as part of the SSP, unless such injury or damage is a direct result of the gross negligence or intentional misconduct of such community-based organization or other qualified individuals; • Requires all needles and syringes distributed as part of the SSP to be identifiable through the use of permanent markings, or color coding, or any other method determined by the commissioner to be effective in identifying program needles and syringes;

<u>DISTRICT OF COLUMBIA</u>	
Program components (continued)	<ul style="list-style-type: none"> • Requires the mayor to issue an annual evaluation report on the SSP that addresses the number of participants served daily, demographics of program participants, impact on behaviors that put the individual at risk for HIV transmission, number of materials distributed, including needles, bleach kits, alcohol swabs, and educational materials, impact of the SSP on the incidence of HIV infection, and costs of the program; • Requires that data on program participants be obtained through interviews, which shall be used to obtain the following information: reasons for participating in the program, drug use history, sexual behavior and history, health assessment, and impact of program on participant's behavior and attitudes; and • Provides that the mayor shall explore the feasibility of establishing a system to test used needles and syringes for HIV antibody contamination and, if determined to be feasible, shall be incorporated into the SSP.
Miscellaneous provisions	<p>§ 48-1121 – the Public Housing Police of the DC Housing Authority shall prepare a monthly report on activity involving illegal drugs at or near any public housing site where an SSP is conducted; the executive director shall ascertain any public housing resident concerns about any SSP conducted on or near the site, and the DC government shall take appropriate action to require relocation of any such program if so recommended by the police or a significant number of residents.</p>
Recently proposed legislation	None.

<u>FLORIDA</u>	
Statute(s) and regulation(s)	FLA. STAT. ANN. § 381.0038 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Yes; the following counties have authorized or established SSPs: Alachua, Broward, Hillsborough, Leon, Manatee, Miami-Dade, Palm Beach, and Pinellas.
Program components	<p>§ 381.0038 – establishes an education program about the threat of AIDS. Provides that a county commission may authorize a sterile needle and syringe exchange program to operate within its county boundaries. The program may operate at one or more fixed locations or through mobile health units. The SSP shall offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other bloodborne diseases among intravenous drug users and their sexual partners and offspring; prevention of disease transmission must be the goal of the program.</p> <p>An SSP may not operate unless it is authorized and approved by a county commission in accordance with this subsection. The county commission must: (1) authorize the program under the provisions of a county ordinance; (2) enter into a letter of agreement with the department in which the county commission agrees that any SSP will operate in accordance with this subsection; (3) enlist the local county health department to provide ongoing advice, consultation, and recommendations for the operation of the SSP; and (4) contract with a hospital, health care clinic, medical school, licensed addictions receiving facility, or 501(c)(3) HIV/AIDS service organization.</p> <p>The SSP must: (1) develop an oversight and accountability system to ensure compliance with statutory and contractual requirements; (2) provide for maximum security of sites where needles and syringes are exchanged and of any equipment used under the program; (3) operate a one-to-one exchange; (4) make available educational materials related to the transmission of HIV, viral hepatitis, and other bloodborne diseases; (5) provide onsite counseling or referrals for drug abuse prevention, education, and treatment, and provide onsite HIV and viral hepatitis screening or screening referrals; (6) provide kits containing an emergency opioid antagonist or provide referrals to a program that can provide such kits;</p>

<u>FLORIDA</u>	
Program components (continued)	<p>(7) collect data for annual reporting purposes, which includes: (a) the number of participants served; (b) the number of used needles and syringes received and the number of clean, unused needles and syringes distributed through exchange with participants; (c) the demographic profiles of participants; (d) the number of participants entering drug counseling or treatment; (e) the number of participants receiving testing for HIV, AIDS, viral hepatitis, or other bloodborne diseases; (f) and other data that may be required by rule.</p> <p>The possession, distribution, or exchange of needles or syringes as part of an SSP is not a violation of chapter 893 or any other law. SSP staff members, volunteers, or participants are not immune from criminal prosecution for the possession of needles or syringes that are not part of the SSP or redistribution of needles or syringes in any form, if acting outside the SSP. A law enforcement officer acting in good faith who arrests or charges a person who is thereafter determined to be immune from prosecution under this section shall be immune from civil liability that might otherwise be incurred or imposed by reason of the officer's actions. State, county, or municipal funds may not be used to operate an SSP, SSPs shall be funded through grants and donations from private resources and funds.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>GEORGIA</u>	
Statute(s) and regulation(s)	GA. CODE ANN. § 16-13-32 (West 2021); GA. COMP. R. & REGS. 511-2-9-.01 to .08 (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 16-13-32 – it is unlawful for any person or corporation, other than a person employed by or acting as an agent of a registered SSP, to give, exchange, or otherwise distribute to any person a hypodermic syringe or needle designed or marketed primarily for human use. A person employed by or acting as an agent of a registered SSP shall be immune from civil and criminal liability arising from the possession, distribution, or exchange of hypodermic syringes or needles and related supplies as part of such SSP.</p> <p>The department of public health shall be authorized to promulgate rules and regulations for the purpose of supervising the activities of SSPs, including provisions for the registration of such programs. “Syringe services program” means an organization which provides: (1) substance abuse and harm reduction counseling, education, and referral services for substance abuse disorder treatment; (2) training and provision of naloxone to reverse opioid overdoses; (3) screening for HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis; (4) referrals and linkage to HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis prevention, treatment, and care services; (5) safer injection supplies; and (6) evidence based interventions to reduce negative consequences of drug related behaviors.</p> <p>511-2-9-.01 – SSP definitions, including definition of “syringe services program,” which means an organization that provides: (1) substance abuse and harm reduction counseling, education, and referral services for substance abuse disorder treatment; (2) training and provision of naloxone to reverse opioid overdoses; (3) screening for HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis; (4) referrals and linkage to HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis prevention, treatment, and care services; (5) safer injection supplies; and (6) evidence-based interventions to reduce negative consequences of drug related behaviors.</p>

<u>GEORGIA</u>	
Program components (continued)	<p>511-2-9-.02 – registration required; any person or entity that operates an SSP shall be registered with the department of public health; registrations are valid for two years.</p> <p>511-2-9-.03 – application requirements, including documentation showing that the SSP has provided written notice of its intent to establish and maintain an SSP to stakeholders in the community, including the local governing authority and local law enforcements agencies with jurisdiction over each program site; written notice shall include a copy of the SSP’s site security plan.</p> <p>511-2-9-.04 – operating requirements; each SSP shall: (1) accept and dispose of hypodermic needles and syringes at no cost to consumers; (2) furnish new hypodermic needles and syringes to consumers at no cost and in quantities sufficient to minimize the likelihood of reuse; and (3) provide consumers with direct services or referrals and linkages to care for: substance abuse counseling, education, and treatment; training and provision of naloxone; screening, prevention, treatment, and care services for HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis; and evidence based interventions to reduce negative consequences of drug related behaviors. Also includes the annual SSP reporting requirements.</p> <p>511-2-9-.05 – each SSP shall develop a policies and procedures manual for operation of the program which includes: (1) provisions regarding confidentiality of protected health information; (2) plan for the provision of substance abuse and harm reduction counseling, education, and referral services; (3) a site biosafety plan which includes: engineering and work practice controls to reduce the likelihood of exposure by SSP staff and consumers to bloodborne pathogens and other potentially biohazardous materials; (4) a protocol for the safe and secure disposal of syringes and related supplies; (5) protocol for the management of needlestick injuries and splash exposures; (6) a staff training plan; (7) a site security plan, which shall be provided to all law enforcement agencies with jurisdiction over each SSP site; and (8) a data collection protocol.</p>

<u>GEORGIA</u>	
Program components (continued)	<p>511-2-9-.06 – right of inspection and copying; any duly designated employee of the department shall have the right to enter upon and into the premises of an SSP or applicant at any time for the purpose of conducting a physical inspection of the program site; a satisfactory inspection shall be required prior to the issuance of an initial registration and upon each biennial renewal.</p> <p>511-2-9-.07 – each SSP may renew its registration biennially by submitting a renewal application not less than 120 days prior to the expiration date of the registration; an SSP registration that is not renewed prior to the expiration date shall be placed in lapsed status and may renew in the six-month period immediately following the expiration date.</p> <p>511-2-9-.08 – granting and suspension or revocation of registration; grounds for which an application may be denied or a registration suspended or revoked include: (1) failure to meet the registration requirements; (2) violation of any federal or state law or rule related to SSPs; (3) committed or been convicted of any felony or crime involving moral turpitude; (4) knowingly made misleading, deceptive, untrue, or fraudulent representations related to the operation of an SSP, or made a false or deceptive statement to the department; or (5) engaged in any practice harmful to the public which materially affects the ability of the applicant, program, or administrator to operate an SSP or threatens the public health, safety, or welfare; the department, in its sole discretion, may allow an SSP to correct alleged deficiencies.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>GUAM</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>HAWAII</u>	
Statute(s) and regulation(s)	HAW. REV. STAT. ANN. §§ 325-111 to -117 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 325-111 – definitions for SSP.</p> <p>§ 325-112 – the director of health may establish a sterile needle and syringe exchange program; may designate private providers of service to operate the program.</p> <p>§ 325-113 – the program shall: (1) be operated for the purpose of preventing the transmission of HIV, hepatitis B, and other bloodborne diseases, and providing injection drug users with referrals to appropriate health and social services; (2) provide for maximum security of exchange sites and equipment, including a full accounting of the number of needles and syringes in use, the number in storage, and any other measure that may be required to control the use and dispersal of sterile needles and syringes; (3) provide for a one-to-one exchange; (4) provide procedures for screening of participants to prevent non-injection drug users from participating in the programs; (5) include services to educate the participant about the dangers of contracting HIV infection through needle-sharing practices and offer substance abuse treatment referral and counseling services to all participants; and (6) compile research data on behavioral changes, enrollment in drug abuse treatment, counseling, and education programs, disease transmission, and other information that may be relevant and useful to assist in the planning and evaluation of efforts to combat the spread of bloodborne diseases. The department of health shall keep records to identify and authorize persons employed by the department or its designees to have access to needles, syringes, or the program's records.</p>

<u>HAWAII</u>	
Program components (continued)	<p>§ 325-114 – exchanges under the SSP shall not constitute an offense for the participant or for the employees of the department or its designees; nothing in this part provides immunity from prosecution to any person for violation of any law prohibiting or regulating the use, possession, dispensing, distribution, or promotion of controlled substances, dangerous drugs, detrimental drugs, or harmful drugs.</p> <p>§ 325-115 – program oversight committee.</p> <p>§ 325-116 – on or before January 1 of each year, the department shall submit a report to the oversight committee which shall include: (1) information to the number of participants served and the number of needles and syringes distributed; (2) demographic profile of the participants served; impact of the program on needle sharing and other high-risk behavior; (3) data on participants regarding HIV testing, counseling, drug treatment, and other social services, including referrals for HIV testing and counseling and for drug abuse treatment; (4) impact on the transmission of HIV infection among injection drug users; (5) impact on behaviors that caused participants to be at risk for HIV transmission such as frequency of drug use and needle sharing; (6) an assessment of the cost-effectiveness of the program versus direct and indirect costs of HIV infection; and (7) information on the percentage of persons served through treatment programs for injection drug users funded through the department that were attributed to needle exchange referrals.</p> <p>§ 325-117 – the director may terminate the program at any time if the SSP does not serve its intended purpose, presents a risk to the public health, safety, or welfare, or is no longer necessary.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>IDAHO</u>	
Statute(s) and regulation(s)	IDAHO CODE ANN. §§ 37-3401 to -3406 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 37-3402 – legislative intent is to prevent the transmission of disease and to reduce morbidity and mortality among individuals who inject drugs.</p> <p>§ 37-3403 – definitions.</p> <p>§ 37-3404 – an entity may operate an SSP in this state if such entity complies with the provisions of this section and with rules promulgated by the department. The entity may procure supplies to operate an SSP and may supply an SSP with materials necessary to operate the program if such entity complies with rules promulgated by the department.</p> <p>An entity operating an SSP must: (1) facilitate the exchange of used syringes or needles for new syringes or needles in sealed sterile packing; and (2) ensure that the recipient of a new syringe or needle is provided with verbal and written instruction on: (a) methods for preventing the transmission of bloodborne diseases, including hepatitis C and HIV; and (b) options for obtaining: (i) services for the treatment of a substance use disorder; (ii) testing for a bloodborne disease; and (iii) an opioid antagonist.</p> <p>An entity operating an SSP must annually report to the department on the following information about the program: the number of individuals who have exchanged syringes or needles, the number of used syringes or needles exchanged for new syringes or needles, and the number of new syringes or needles provided in exchange for used syringes or needles.</p>

<u>IDAHO</u>	
Program components (continued)	§ 37-3405 – no later than July 1, 2020 and every two years thereafter, the department shall report to the senate and house of representatives health and welfare committees on: (1) the activities and outcomes of SSPs operating in the state; (2) the potential for additional reductions in the number of syringes and needles contaminated with bloodborne disease if the programs receive additional funding; (3) the potential for reductions in state or local government spending if the programs receive additional funding; (4) whether the programs promote illicit use of drugs; and (5) whether the programs, in the opinion of the director, should be continued, continued with modifications, or terminated.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>ILLINOIS</u>	
Statute(s) and regulation(s)	410 ILL. COMP. STAT. ANN. 710/5 (West 2021); 720 ILL. COMP. STAT. ANN. 600/3.5 and 600/4 (West 2021); 720 ILL. COMP. STAT. ANN. 635/1 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Yes; prohibits the delivery, sale, or exchange of hypodermic syringes and needles unless said delivery, sale, or exchange occurs in a building which is not in a residentially zoned district; the delivery, sale, or exchange of hypodermic syringes and needles is prohibited on public streets, sidewalks, rights-of-way, plazas, and parks; must notify the superintendent of police in writing of the location of the delivery, sale, or exchange (Peoria).
Program components	<p>710/5 – any governmental or non-governmental organization, including a local health department, community-based organization, or a person or entity that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors may establish and operate a needle and hypodermic syringe access program. Objectives of the program shall be: (1) reducing the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases; (2) reducing the potential for needlestick injuries from discarded contaminated equipment; and (3) facilitating connections or linkages to evidence-based treatment.</p> <p>Programs established under this Act shall provide all of the following: (1) disposal of used needles and hypodermic syringes; (2) needles, hypodermic syringes, and other safer drug consumption supplies, at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, or other supplies are not shared or reused; (3) educational materials or training on overdose prevention and intervention and the prevention of HIV, AIDS, viral hepatitis, and other common bloodborne diseases resulting from shared drug consumption equipment and supplies; (4) access to opioid antagonists approved for the reversal of an opioid overdose, or referrals to programs that provide access to opioid antagonists approved for the reversal of an opioid overdose; (5) linkages to needed services, including mental health treatment, housing programs, substance use disorder treatment, and other relevant community services; (6) individual consultations from a trained employee tailored to individual needs;</p>

<u>ILLINOIS</u>	
Program components (continued)	<p>(7) if feasible, a hygienic, separate space for individuals who need to administer a prescribed injectable medication that can also be used as a quiet space to gather composure in the event of an adverse on-site incident, such as a nonfatal overdose; and (8) if feasible, access to on-site drug adulterant testing supplies, such as reagents, test strips, or quantification instruments that provide critical real-time information on the composition of substances obtained for consumption.</p> <p>Notwithstanding any provision of the controlled substances act, the drug paraphernalia control act, or any other law, no employee or volunteer of or participant in a program established under this act shall be charged with or prosecuted for possession of any of the following: (1) needles, hypodermic syringes, or other drug consumption paraphernalia obtained from or returned, directly or indirectly, to a program established under this Act; (2) residual amounts of a controlled substance contained in used needles, used hypodermic syringes, or other used drug consumption paraphernalia obtained from or returned, directly or indirectly, to a program established under this act; (3) drug adulterant testing supplies such as reagents, test strips, or quantification instruments obtained from or returned, directly or indirectly, to a program established under this act; or (4) any residual amounts of controlled substances used in the course of testing the controlled substance to determine the chemical composition and potential threat of the substances obtained for consumption that are obtained from or returned, directly or indirectly, to a program established under this act.</p> <p>Police officers who arrest or charge a person who is thereafter determined to be entitled to immunity from prosecution under this section are not subject to civil liability for the arrest or filing of charges.</p> <p>Prior to the commencement of operations, the organization shall submit to the department of public health the name of the organization, agency, group, person, or entity operating the program, the areas and populations to be served by the program, and the methods by which the program will meet the requirements of this section.</p>

<u>ILLINOIS</u>	
Miscellaneous provisions	<p>600/3.5 – the crime of knowingly possessing an item of drug paraphernalia does not apply to a person who is legally authorized to possess hypodermic syringes or needles under the Hypodermic Syringes and Needles Act.</p> <p>600/4 – the Drug Paraphernalia Control Act does not apply to a person who is legally authorized to possess hypodermic syringes or needles under the Hypodermic Syringes and Needles Act.</p> <p>635/1 – provides that a staff person, volunteer, or participant in a needle or hypodermic syringe access program may possess a hypodermic syringe, hypodermic needle, or any instrument adapted for the use of a controlled substance by subcutaneous injection.</p>
Recently proposed legislation	<p>H.B. 110, 102nd Gen. Ass. (Ill. 2021) (“Safer consumption services) (re-referred to rules committee). The bill would create 20 § 301/5-26, safe consumption and overdose prevention services; provides that the department may approve a program under this section upon an application, on a form prescribed by the department, demonstrating that the entity shall, at a minimum, provide sterile injection supplies, collect used hypodermic needles and syringes, provide secure hypodermic needle and syringe disposal services, and may provide other drug using supplies that reduce harm.</p>

<u>INDIANA</u>	
Statute(s) and regulation(s)	IND. CODE ANN. §§ 16-41-7.5-1 to -14 (West 2021); IND. CODE ANN. § 35-48-4-8.5 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§§ 16-41-7.5-1 to -2 – definitions.</p> <p>§ 16-41-7.5-3 – definition of “qualified entity,” which means a local health department, a municipality that operates a program within the boundaries of the municipality, a nonprofit organization that operates a program and has been approved by official action to operate the program by the local health department, the executive body of the county, or the legislative body of a municipality for the operation of a program within the boundaries of the municipality.</p> <p>§ 16-41-7.5-4 – a qualified entity may operate a program only in a county or municipality where a public health emergency has been declared or a program has been approved under section 5 of this chapter; however, a qualified entity may not operate a program outside of the jurisdictional area of the governmental body that approved the qualified entity.</p> <p>§ 16-41-7.5-5 – before a qualified entity may operate a program in a county, the following shall occur: the local health officer or the executive director must declare to the executive body of the county or the legislative body of the municipality that there is an epidemic of hepatitis C or HIV; that the primary mode of transmission of hepatitis C or HIV in the county is through intravenous drug use; that an SSP is medically appropriate as part of a comprehensive public health response; the legislative body of the municipality or the executive body of the county must: conduct a public hearing that allows for public testimony, take official action adopting the declarations under subdivision (1) by the local health officer or the executive director in consideration of the public health for the area and, either approve the operation of the program or submit a request to the state health commissioner; the legislative body of the municipality or the executive body of the county either notifies the state health commissioner of the body’s actions under</p>

<u>INDIANA</u>	
Program components (continued)	<p>subdivision (2) including the period of time considered medically appropriate for the program, whether a renewal or an extension of the program can occur, and other measures taken concerning the epidemic that have proven ineffective; or if the body does not approve the operation of a program and submits a request, request that the commissioner declare a public health emergency and approve the operation of a program.</p> <p>§ 16-41-7.5-6 – a qualified entity that operates an SSP must: (1) annually register the SSP with the state department and local health department; (2) have one of the following licensed in IN provide oversight to the SSP: a physician, a registered nurse, or a physician assistant; (3) store and dispose of all syringes and needles collected in a safe and legal manner; (4) provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug; (5) provide drug addiction treatment information and referrals to treatment programs; (6) provide syringe and needle distribution and collection without collecting or recording personally identifiable information; (7) operate in a manner consistent with public health and safety; (8) ensure the program is medically appropriate and part of a comprehensive public health response; (9) keep sufficient quantities of an overdose intervention drug in stock and to administer; (10) provide testing for communicable diseases, and if an individual tests positive for a communicable disease, provide health care services or a referral to a health care provider for the services; and (11) establish a referral process for program participants in need of information or education concerning communicable diseases or health care.</p> <p>§ 16-41-7.5-7 – allows the legislative body of a municipality, the executive body of the county, or the local health department that approved the qualified entity, or the state health commissioner, if the commissioner determines that the qualified entity has failed to comply with this act, may terminate the approval of a qualified entity.</p> <p>§ 16-41-7.5-8 – a state agency may not provide funds to a qualified entity to purchase or otherwise acquire hypodermic syringes or needles for a program under this chapter.</p>

<u>INDIANA</u>	
Program components (continued)	<p>§ 16-41-7.5-9 – a law enforcement officer may not stop, search, or seize an individual based on the fact the individual has attended a program under this chapter; the fact that an individual has attended an SSP may not be the basis, in whole or in part, for a determination of probable cause or reasonable suspicion by a law enforcement officer.</p> <p>§ 16-41-7.5-10 – SSPs shall file a quarterly report with the state department which must contain the following information listed on a daily basis and by the location, identified by the zip code, where the program distributed and collected syringes and needles: the number of individuals served, the number of syringes and needles collected, and the number of syringes and needles distributed.</p> <p>§ 16-41-7.5-11 – request for declaration of public health emergency; program established under this chapter may remain in effect for not more than two years; however, the state health commissioner may renew the declaration of a public health emergency and operation of the program for not more than two years or terminate a program or the legislative body of the municipality or the executive body of the county that initially approved the program may, through official action, renew the program for not more than two years or terminate a program when warranted.</p> <p>§ 16-41-7.5-12 – report to governor and general assembly; requires the state department to submit a report concerning SSPs operated under this chapter to the governor and to the general assembly; must include the number of programs operating in IN, the data, compiled for each program, reported to the state department under § 16-41-7.5-10, and any other information the state department deems relevant in assessing the effectiveness of having a program in the state.</p>
Miscellaneous provisions	<p>§ 35-48-4-8.5 – the criminal penalties related to the sale, offer for sale, delivery, or financing the delivery of drug paraphernalia, does not apply to a qualified entity that provides a syringe or needle as part of an SSP.</p>
Recently proposed legislation	None.

<u>IOWA</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	<p>H.F. 898, Leg. Sess. (Iowa 2021) (“An Act relating to public health and health care, creating an opioid use research, education, prevention, and treatment fund, and making appropriations”) (referred to human resources committee). Appropriates \$450,000 to pilot the establishment and operation of three community-based syringe service programs developed to provide substance use prevention and response including linkages to substance use disorder treatment; vaccination, testing, and access to care for infectious diseases; and access to education regarding the safe utilization of and proper disposal of sterile syringes and injection equipment.</p> <p>S.F. 204, Leg. Sess. (Iowa 2021) (“An Act relating to the criminal offense of manufacturing, delivering, selling, or possessing drug paraphernalia by exempting hypodermic needles or syringes delivered, sold, or possessed through an approved needle exchange program”) (referred to judiciary committee). Amends IOWA CODE ANN. § 124.414 to define “lawful purpose” within the definition of drug paraphernalia to include hypodermic needles or syringes delivered, sold, or possessed through an approved needle exchange program established pursuant to rules adopted by the department of public health.</p>

<u>KANSAS</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>KENTUCKY</u>	
Statute(s) and regulation(s)	KY. REV. STAT. ANN. § 218A.500 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	§ 218A.500 – the criminal provisions of this section shall not prohibit a local health department from operating a substance abuse treatment outreach program which allows participants to exchange hypodermic needles and syringes; to operate a substance abuse treatment outreach program under this subsection, the local health department shall have the consent, which may be revoked at any time, of the local board of health and the legislative body of the first or home rule class city in which the program would operate if located in such a city and the legislative body of the county, urban-county government, or consolidated local government in which the program would operate; items exchanged at the program shall not be deemed drug paraphernalia under this section while located at the program.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>LOUISIANA</u>	
Statute(s) and regulation(s)	LA. STAT. ANN. § 40:1024 (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	<p>Yes; employees or volunteers of an SSP are exempt from the possession of hypodermic needles and syringes law; the objectives of an SSP shall include reducing the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases in the city and reducing needle stick injuries to law enforcement officers and other emergency personnel; SSPs may offer all of the following: (1) disposal of used needles and hypodermic syringes; (2) needles, hypodermic syringes, and other drug use supplies in quantities sufficient to ensure that needles, hypodermic syringes, and other drug use supplies are not shared or reused; (3) educational materials on overdose prevention, prevention of HIV, AIDS, and viral hepatitis transmission, drug abuse prevention; (4) treatment for mental illness, including treatment referrals, treatment for substance abuse, including referrals for medication assisted treatment; and (5) access to naloxone kits that contain naloxone hydrochloride that is approved by the FDA for the treatment of a drug overdose. Supplies and materials distributed by an SSP shall be distributed at no cost (Sec. 13:1017 Baton Rouge).</p> <p>Hypodermic syringes or needles provided by drug prevention and/or AIDS education programs are exempt from drug paraphernalia laws (Sec. 102-115 New Orleans).</p> <p>Authorizes a nonprofit community-based organization or local health department to provide needle and syringe exchange services; persons acting as employees or volunteers of an SSP to prevent and reduce the transmission of communicable diseases, or participants in such a program will not be guilty of distributing and/or possessing drug paraphernalia; objectives and offerings are the same as those set out in the Baton Rouge ordinance (Sec. 50-220 Shreveport).</p>
Program components	N/A
Miscellaneous provisions	§ 40:1024 – the provisions of this Part shall not prohibit the establishment and implementation of a needle exchange program within the jurisdiction of a local governing authority, including, but not limited to, a city, town, or parish, upon the express approval of the local governing authority.
Recently proposed legislation	None.

<u>MAINE</u>	
Statute(s) and regulation(s)	ME. REV. STAT. ANN. tit. 17-A §§ 1110, 1111 (West 2021); ME. REV. STAT. ANN. tit. 22 § 1341 (West 2021); 10-144-252 ME. CODE R. §§ I and II (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 1341 – the Maine Center for Disease Control and Prevention may certify SSPs that meet the requirements established by rule. The Maine Center for Disease Control and Prevention may not limit the number of hypodermic apparatuses provided by the SSPs to participants and may not limit the number of hypodermic apparatuses that participants served by the SSPs may legally possess, transport, or exchange. The Center shall adopt rules establishing requirements for SSPs and for program certification requirements, which must include procedures for: (1) the safe disposal of hypodermic apparatuses; (2) tracking the number of hypodermic apparatuses distributed and collected; (3) substance use disorder prevention and treatment education; (4) distribution of educational material regarding the dangers associated with the use of used hypodermic apparatuses; (5) application procedures for a certified SSP to apply for funds to operate the program including the purchase and disposal of hypodermic needles; (6) criteria for the award of funds to certified SSPs; (7) oversight of certified SSPs; (8) renewal every five years of department certification of SSPs; (9) complaint investigation procedures; and (10) and criteria for decertification of SSPs.</p> <p>The Center shall report to the joint standing committees of the legislature having jurisdiction over judiciary matters and health and human services matters annually on SSPs certified under this section which shall include, but not be limited to: (1) the number, location, and operators of SSPs; (2) data on hypodermic apparatuses distributed and collected; and (3) the number of persons served by the programs. The Center shall allocate any funds appropriated for SSPs among new and existing certified programs based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program.</p>

<u>MAINE</u>	
Program components (continued)	<p>If applicable, the amount of services historically provided by the certified program, and other relevant factors.</p> <p>Ch. 252, § I – definitions related to the rules governing the implementation of SSPs.</p> <p>Ch. 252, § II – Contains the following provisions:</p> <ul style="list-style-type: none"> • certification application procedures for SSPs; • any person or other entity desiring certification to engage in an SSP shall, prior to the commencement of such operation, file an application for certification with the department; • applications submitted on behalf of a corporation or association shall be made by any two officers thereof or by the administration of the program; • the certification review team will review the application and within 30 working days thereof forward their advisory recommendations to the director of the Maine CDC; • the director will issue a final decision regarding certification within ten working days of receipt of the review team’s recommendations; • contents of application; documents required to be submitted with application, including copies of the SSP’s consumer confidentiality protocol, consumer education and referral plan, needle disposal plan, staff training plan, data collection protocols, proof of public notice, and the policy and procedures manual; • suitability requirements of applicant; operating requirements, including that SSPs must adhere to a strict one-for-one syringe exchange distribution policy and shall not distribute syringes without receiving a used syringe in return except for new enrollees; consumers must enroll in the SSP to receive exchange services; programs shall not knowingly distribute syringes to persons less than 18 years of age; • programs shall comply with all applicable Maine statutes, rules, and regulations; • programs shall not accept remuneration from consumers for delivering needle exchange services; • program staff and their representatives shall carry identification and a copy of their program’s certification document while conducting program business; • all mobile units must carry a copy of the certification while conducting program business;

<u>MAINE</u>	
Program components (continued)	<ul style="list-style-type: none"> • program consumer enrollment guidelines that include notifying all consumers regarding rules and laws applicable to SSPs, if consumers request a means of confidential enrollment identification to avoid detention for transporting used syringes containing trace elements of substances programs must offer this; • notification obligation of SSPs; programs must notify the Maine CDC in writing of any changes in ownership, relocation or change of the SSP address and telephone number, administrator, management or staff of the SSP, operating hours; • each program will notify the Maine CDC of all data gathered for the year prior using the program data collection protocol; • requirement to post certification in the offices of the program administrator; • the department shall refuse certification of an applicant if it finds that any or all of the following conditions exist: (1) the department finds that the information submitted in the SSP's application is incorrect or incomplete; (2) the applicant does not meet all the requirements of applicable laws and regulations; (3) the applicant or its staff has violated applicable laws, rules, and regulations in the five years preceding date of application. • Reasons for suspension or revocation of certification include violation of applicable laws, regulations, and rules, or conduct committing, permitting, aiding or abetting any illegal practices in the operation of an SSP; or conduct detrimental to the welfare of the consumers of the SSP services. <p>The rule also includes information regarding the right of inspection, length of certification, appeals procedure, and records and review</p>
Miscellaneous provisions	<p>§ 1110 – it is an affirmative defense to prosecution for furnishing hypodermic apparatuses that the person furnishing the hypodermic apparatuses is enrolled in an SSP certified by the department of health and human services, Maine Center for Disease Control and Prevention, and is furnishing the hypodermic apparatuses to an employee of such a program (section repealed effective Oct. 18, 2021).</p>

<u>MAINE</u>	
Miscellaneous provisions (continued)	§ 1111 – it is an affirmative defense to prosecution for illegal possession of hypodermic apparatuses if the person possessing the hypodermic apparatuses is enrolled in an SSP that is certified by the department of health and human services, Maine Center for Disease Control and Prevention, and is transporting the hypodermic apparatuses to the program (section repealed effective Oct. 18, 2021).
Recently proposed legislation	None.

<u>MARYLAND</u>	
Statute(s) and regulation(s)	MD. CODE ANN. HEALTH-GEN. §§ 24-801 to -809 (West 2021); MD. CODE ANN. HEALTH-GEN. §§ 24-901 to -909 (West 2021); MD. CODE REGS. 10.52.01.01 to .09 (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 24-801 – definitions related to SSP.</p> <p>§ 24-802 – establishes the AIDS Prevention Sterile Needle and Syringe Exchange; the SSP shall provide for the exchange by participants of used hypodermic needles and syringes for sterile hypodermic needles and syringes and operate in accordance with procedures approved, with the advice and approval of the oversight committee, by the commissioner of health.</p> <p>§ 24-803 – program methods and practices. The SSP shall: (1) be designed and maintained to provide maximum security of exchange locations and equipment, including security measures that may be required to control the use and dispersal of hypodermic needles and syringes and security measures that allow for a full accounting of the number of hypodermic needles and syringes in circulation and the number in storage; (2) be operated to allow participants to exchange used hypodermic needles and syringes at any exchange location, if more than one location is available; (3) include appropriate levels of staff expertise in working with injecting drug users and adequate staff training in providing community referrals, counseling, and preventive education; (4) provide for the dissemination of other preventative means for curtailing the spread of the HIV infection; (5) provide a linkage for referrals to drug counseling and treatment services, and follow-up to those referrals to assure that participants receive the treatment they desire; (6) educate injecting drug users on the dangers of contracting the HIV infection or the hepatitis B virus through needle-sharing practices and unsafe sexual behaviors; (7) include policies and procedures for the screening of applicants to the SSP in order to preclude noninjecting drug users from participating in the SSP;</p>

<u>MARYLAND</u>	
Program components (continued)	<p>(8) establish procedures for identifying SSP participants that are consistent with the confidentiality provisions of this subtitle; and (9) establish a method of identification and authorization for SSP staff members who have access to hypodermic needles, syringes, or SSP records.</p> <p>§ 24-804 – oversight committee appointed by the Mayor of Baltimore; composition of committee; duties include providing advice on developing program operating procedures for the furnishing and exchange of hypodermic needles and syringes to injecting drug users, a plan for community outreach and education, a protocol for providing a linkage for SSP participants to substance abuse treatment and rehabilitation; and a plan for evaluating the program; and shall provide ongoing oversight of the SSP and make recommendations regarding any aspect of SSP procedures, operation, or evaluation.</p> <p>§ 24-805 – appointment of program director.</p> <p>§ 24-806 – procedures for collection of data. The Baltimore City Health Department shall include in its program operating procedures measures to collect the following data: (1) the number of participants served by the program; (2) the length of time a participant is served by the program; (3) demographic profiles of participants served by the SSP that include age, sex, race, occupation, zip code, types of drugs used, length of drug use, and frequency of injection; (4) the number of hypodermic needles and syringes exchanged; (5) the number of participants entering drug counseling and treatment; (6) and the number of referrals made by the SSP for drug counseling and treatment.</p> <p>The city health department shall develop and implement a plan for SSP evaluation that shall include: (1) the prevalence of HIV among SSP participants; (2) changes in the level of drug use among participants; (3) changes in the level of needle-sharing among participants; (4) changes in the use of condoms among participants; (5) the status of treatment and recovery for program participants who entered drug treatment programs; (6) the impact of the program on risk behaviors for the transmission of the HIV infection, the hepatitis B virus, and other life threatening bloodborne diseases among injecting drug users;</p>

<u>MARYLAND</u>	
Program components (continued)	<p>(7) the cost-effectiveness of the SSP versus the direct and indirect costs of the HIV infection in terms of medical treatment and other services normally required by HIV-infected individuals; and (8) the strengths and weaknesses of the program, and the advisability of continuing the program.</p> <p>The city health department shall develop and implement a methodology for identifying program needles and syringes, such as through the use of bar coding or any other method approved by the oversight committee, and to perform HIV antibody testing on the residue left in a sample of hypodermic needles and syringes returned to the SSP.</p> <p>§ 24-807 – identification cards for program participants.</p> <p>§ 24-808 – immunity from criminal prosecution for program staff members and participants except for the redistribution of hypodermic needles or syringes in any form, any activities not authorized or approved by the SSP, or the possession or distribution of controlled paraphernalia or drug paraphernalia or any other unlawful activity outside of the Baltimore City limits.</p> <p>§ 24-809 – nothing in this subtitle provides immunity to staff or participants from criminal prosecution for a violation of any law prohibiting or regulating the use, possession, dispensing, distribution, or promotion of controlled dangerous substances, dangerous drugs, detrimental drugs, or harmful drugs or any conspiracy or attempt to commit any of those offenses.</p> <p>§ 24-901 – definitions related to Opioid-Associated Disease Prevention and Outreach Programs.</p> <p>§ 24-902 – a program may be established by a local health department or a community-based organization, subject to the provisions of this subtitle; a county may cooperate with another county to establish a program; a community-based organization may establish a multicounty program; a local health department or community-based organization shall apply to the department and a local health officer for authorization to operate a program; the department and a local health officer shall approve or deny an application for authorization to operate a program within 60 days after receiving a complete application and provide to the applicant a written explanation of the decision;</p>

<u>MARYLAND</u>	
Program components (continued)	<p>appeals process; a program shall: provide for substance use outreach, education, and linkage to treatment services to participants, including distribution and collection of hypodermic needles and syringes; and operate in accordance with the technical assistance of the standing advisory committee and the procedures, plans, and protocols approved by the local health officer for each county in which a program is established and the department.</p> <p>§ 24-903 – a program shall: (1) be designed and maintained to provide security of program locations and equipment, in accordance with regulations adopted by the department; (2) be operated to allow participants to obtain and return hypodermic needles and syringes at any program location, if more than one location is available; (3) include appropriate levels of staff expertise in working with individuals who inject drugs; (4) include adequate staff training in providing community referrals, counseling, and preventive education; (5) provide for the dissemination of other preventive means for curtailing the spread of HIV and viral hepatitis; (6) provide linkage to additional services including substance related disorder counseling, treatment, and recovery services, testing for HIV, viral hepatitis, and sexually transmitted diseases, reproductive health education and services, wound care, and the services of an overdose response program; (7) educate participants on the dangers of contracting HIV and viral hepatitis; (8) provide overdose prevention education and access to naloxone or a referral to obtain naloxone; (9) establish procedures for identifying program participants; (10) establish a method of identification and authorization for program staff members and volunteers who have access to hypodermic needles, syringes, or program records; and (11) develop a plan for data collection and program evaluation. Includes a list of optional additional services, including substance-related disorder counseling, treatment, and recovery services, testing for HIV, viral hepatitis, and sexually transmitted diseases, reproductive health education and services, wound care, and the services of an overdose response program. With the technical assistance of the standing advisory committee, a program shall develop program operating procedures for the distribution, collection, and safe disposal of hypodermic needles and syringes, a community outreach and education plan, and a protocol for linking program participants to substance-related disorder treatment and recovery services.</p>

<u>MARYLAND</u>	
Program components (continued)	<p>§ 24-904 – establishment of standing advisory committee; the department shall appoint the committee; composition of committee; duties of committee shall include providing technical assistance to the program on developing program operating procedures for collection and distribution of hypodermic needles and syringes, a plan for community outreach and education, and a protocol for linking program participants to treatment and recovery services, and shall make recommendations to a program regarding any aspect of procedures or operation.</p> <p>§ 24-905 – adoption of regulations § 24-906 – identification cards for program participants; each participant shall be issued a unique identification card with a unique identification number, which may not be cross-indexed to any personal identifying data on the participant; information obtained by the program that identifies participants is confidential, not open to public inspection or disclosure, and not discoverable in any criminal or civil proceeding; on the written consent of a program participant, information obtained by the program that identifies the program participant may be released or disclosed to an individual or agency for purposes of linking to services.</p> <p>§ 24-907 – data collection requirements. An SSP shall collect and report, at least annually, the following data: (1) the number of participants served by the program; (2) the number of new participants registered by the SSP during the reporting period; (3) demographic profiles; (4) the number of hypodermic needles and syringes distributed and collected; (5) each location at which hypodermic needles and syringes were distributed; and (6) and the number of linkages provided to participants.</p> <p>§ 24-908 – immunity from criminal prosecution.</p> <p>§ 24-909 – possession offenses.</p> <p>10.52.01.01 – purpose and scope.</p>

<u>MARYLAND</u>	
Program components (continued)	<p>10.52.01.02 – definitions related to opioid-associated disease prevention and outreach programs.</p> <p>10.52.01.03 – establishment of program.</p> <p>10.52.01.04 – application process.</p> <p>10.52.01.05 – program design and operation. The community-based organization or local health department approved to operate a program shall: (1) provide protocols for the safety and security of program locations, equipment, and staff that control the dissemination of hypodermic needles and syringes and allow for a full accounting of the number of needles and syringes managed by the program; (2) offer participants overdose prevention education, access to or a referral to obtain naloxone, and harm reduction education; (3) ensure that program staff have appropriate levels of expertise in working with individuals who inject drugs, knowledge of harm reduction strategies, and skills in implementing harm reduction strategies; (4) ensure that all program staff receive training approved by the department to work with injection drug users and to provide referrals to community services, counseling, and preventative education; (5) ensure that all staff demonstrate sensitivity to participant differences including cultural, behavioral, and values; ensure that information collected to identify participants is kept confidential; (6) ensure that there is a method of identification and authorization for staff members who have access to hypodermic needles, syringes, and program records; (7) develop and provide a protocol for linking participants to substance abuse treatment services, testing for HIV, viral hepatitis, and STIs, reproductive health services, wound care, and naloxone; (8) disseminate hypodermic needles and syringes and other preventive means for curtailing the spread of HIV and viral hepatitis at no cost to participants, including injection supplies and safer sex supplies; and (9) not discriminate against participants based on factors including but not limited to culture, language, ability, socioeconomic status, sexual orientation, gender identity, age, religion, race, and ethnicity. Lists other services that may be offered.</p>

<u>MARYLAND</u>	
Program components (continued)	<p>10.52.01.06 – program security. Programs shall implement protocols for the safety and security of program locations, equipment, and staff. Program staff shall: (1) wear suitable clothing, including closed footwear, at all times; (2) treat all bodily fluids as potentially infectious and follow infection control protocols at all times; (3) when working off-site, have access to a communications system that allows staff to stay in contact with other staff and emergency support; (4) obtain consent of the owner or occupier of private property to enter the property to dispense or collect syringes or hypodermic needles; and (5) transport biohazardous waste to the disposal facility using a method that does not put any individuals at risk.</p> <p>Programs shall: (1) have critical incident procedures that outline processes and responsibilities of program staff for managing incidents, including participant aggression, threats of violence, and other hazardous situations; (2) have available safety equipment during program operations, including puncture resistant utility gloves, bleach, and forceps or tongs; (3) have facilities with adequate lighting; and (4) have a contract with a licensed biohazardous waste disposal facility to receive biohazardous waste or written agreement that authorizes the program to drop off used syringes contained in a locked sharps container for safe disposal with a hospital, doctor’s office, pharmacy, medical testing facility, or other facility that already receives and safely disposes of hazardous waste.</p> <p>To prevent needlestick injuries, program participants, staff, volunteers, and any other individuals present at the facility in an occupational capacity shall receive education on safety protocols for carrying and handling syringes, hypodermic needles, and other sharps; the transport and disposal of biohazardous waste, and infection control; refrain from touching hypodermic needles, syringes, and injection supplies without safety equipment; used hypodermic needles, syringes, and injection supplies collected by the program from participants shall be placed in sharps containers; programs shall implement protocols for handling needlestick injuries and shall designate at least one needlestick manager who shall assist injured individuals present at the facility, follow established procedures for accident or incident reporting, and immediately notify the ranking supervisor of any needlestick injuries;</p>

<u>MARYLAND</u>	
Program components (continued)	<p>programs shall implement protocols for post-exposure management including testing and post-exposure prophylaxis.</p> <p>10.52.01.07 – monitoring and evaluation; programs shall submit all data for each reporting period on a quarterly basis.</p> <p>10.52.01.08 – an individual researcher or institution shall apply for and receive approval from the department before starting research in collaboration with an SSP; the department shall review each request and approve or disapprove the proposed research based on whether the proposed research meets the listed criteria.</p> <p>10.52.01.09 – revocation of approval and appeals process.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MASSACHUSETTS</u>	
Statute(s) and regulation(s)	MASS. GEN. LAWS ANN. ch. 111, § 215 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	§ 215 - allows the department of health to implement needle exchange programs for the exchange of needles in cities and towns; prior to implementation, approval shall be obtained from the board of health in the hosting city or town. Not later than one year after the implementation of an SSP, the department shall report the results and any recommendations by filing same with the senate and house chairs.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MICHIGAN</u>	
Statute(s) and regulation(s)	MICH. COMP. LAWS ANN. § 333.7457 (West 2021)
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	<p>Yes; establishes an SSP and requires the usage of identification cards for staff, volunteers, and participants; requires a license to operate an SSP (Detroit).</p> <p>Prohibition on drug paraphernalia does not apply to the distribution of injection supplies for the purpose of preventing the transmission of infectious agents by JXN Harm Reduction and its board, staff, volunteers, and interns as authorized (Jackson).</p> <p>“Identification card” means a card issued by an authorized provider which: (1) permits the staff and volunteers of an SSP to pick up from, and distribute hypodermic needles to, participants; and (2) permits the participants to possess hypodermic needles or syringes (Milan).</p>
Program components	N/A
Miscellaneous provisions	§ 333.7457 – criminal provisions related to drug paraphernalia do not apply to an object sold, offered for sale, or given away by a state or local governmental agency or by a person specifically authorized by a state or local governmental agency to prevent the transmission of infectious agents.
Recently proposed legislation	None.

<u>MINNESOTA</u>	
Statute(s) and regulation(s)	MINN. STAT. ANN. § 116.835 (West 2021)
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	§ 116.835 – a public health agency or clinic that participates in a needle exchange program must post to its website a plan that describes how the agency or clinic supports the safe collection and proper disposal of sharps.
Recently proposed legislation	<p>H.F. 928, 92nd Leg. (Minn. 2021) (“A bill for an act relating to public safety; authorizing syringe services providers to possess, distribute, and dispose of syringes; authorizing the possession of hypodermic syringes”) (referred to committee). The bill would amend Minn. Stat. Ann. § 151.01 to add a definition of “syringe services provider.” Further would amend Minn. Stat. Ann. § 151.40 to add syringe services providers to the list of individuals who can lawfully manufacture, sell, furnish, dispense, or otherwise dispose of hypodermic syringes or needles. Also would amend Minn. Stat. Ann. § 152.01 to exempt possession of hypodermic syringes or needles or any instrument or implement which can be adapted for subcutaneous injections from the definition of drug paraphernalia.</p> <p>S.F. 1142, 92nd Leg. (Minn. 2021) (“A bill for an act relating to public safety; authorizing syringe services providers to possess, distribute, and dispose of syringes; authorizing the possession of hypodermic syringes”) (referred to committee). The bill would amend Minn. Stat. Ann. § 151.01 to add a definition of “syringe services provider.” Further would amend Minn. Stat. Ann. § 151.40 to add syringe services providers to the list of individuals who can lawfully manufacture, sell, furnish, dispense, or otherwise dispose of hypodermic syringes or needles. Also would amend Minn. Stat. Ann. § 152.01 to exempt possession of hypodermic syringes or needles or any instrument or implement which can be adapted for subcutaneous injections from the definition of drug paraphernalia.</p>

<u>MISSISSIPPI</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>MISSOURI</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	H.B. 650, 101st Gen. Ass., 1st Reg. Sess. (Mo. 2021) (referred to committee on health and mental health policy); S.B. 43, 101st Gen. Ass., 1st Reg. Sess. (Mo. 2021) (requests to recede or grant conference calendar); S.B. 64, 101st Gen. Ass., 1st Reg. Sess. (Mo. 2021) (in conference) (“An Act to enact to new sections relating to distributors of hypodermic needles, with penalty provisions”). These bills would amend MO. ANN. STAT. §§ 579.040 and 579.076 to exempt health care entities registered with the Department of Health and Senior Services that distribute hypodermic needles or syringes from the crime of unlawful delivery of drug paraphernalia.

<u>MONTANA</u>	
Statute(s) and regulation(s)	MONT. CODE ANN. § 45-10-107 (West 2021)
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	§ 45-10-107 – criminal provisions related to drug paraphernalia do not apply to persons acting as employees or volunteers of an organization, including a nonprofit community-based organization, local health department, or tribal health department, that provides needle and syringe exchange services to prevent and reduce the transmission of communicable diseases.
Recently proposed legislation	None.

<u>NEBRASKA</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NEVADA</u>	
Statute(s) and regulation(s)	NEV. REV. STAT. ANN. §§ 439.985 to 439.994 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 439.985 – legislative declaration; the purpose of this act is to enable the use of sterile hypodermic devices and other related material for use among people who inject drugs for the purpose of reducing the intravenous transmission of diseases.</p> <p>§ 439.987 – allows a governmental entity, nonprofit corporation, public health program, medical facility, or a person who has a fiscal sponsor who is a 501(c)(3) corporation, to establish a sterile hypodermic syringe program.</p> <p>§ 439.988 – requires the State Board of Health to establish guidelines governing the operation of the program which provide for the recording of the quantities of hypodermic devices distributed and collected by the program and the procedures for the safe collection and disposal of used hypodermic devices.</p> <p>§ 439.989 – requires programs to: establish and follow procedures for the safe collection and disposal of used hypodermic devices and other related material; provide community outreach and educational programs concerning the safer use of hypodermic devices and safe disposal; report the quantities of hypodermic devices distributed and collected by the program at least semiannually.</p> <p>§ 439.990 – requires program staff and volunteers to complete training in certain areas, including the policies and procedures of the program, legal and law enforcement issues and policies regarding hypodermic devices, overdose prevention and response, risk of bloodborne diseases, methods for preventing transmission or contraction of bloodborne diseases, dangers of injecting drugs, information regarding HIV and hepatitis, safe disposal of hypodermic devices, and cultural competency.</p>

<u>NEVADA</u>	
Program components (continued)	<p>§ 439.991 – a sterile hypodermic device program may provide sterile hypodermic devices and other related material for safer injection drug use and information concerning the risks associated with the use of controlled substances, drug dependence treatment services, support services for people with drug dependence and their families, methods for preventing the transmission or contraction of bloodborne diseases, employment and vocational training services and centers, and legal aid services.</p> <p>§ 439.992 – immunity from civil liability for the state, any political subdivision thereof, the sterile hypodermic device program, and program staff and volunteers.</p> <p>§ 439.993 – confidentiality of records.</p> <p>§ 439.994 – discrimination prohibited.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NEW HAMPSHIRE</u>	
Statute(s) and regulation(s)	N.H. REV. STAT. ANN. §§ 318-B:43 to B:45 (West 2021); N.H. CODE ADMIN. R. He-C 502.01 and 502.02 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>B:43 – authorizes syringe service programs. The following entities, if self-funded, may operate an SSP to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs, and those individuals’ contacts: federally qualified health centers, community health centers, public health networks, AIDS service organizations, substance misuse support or treatment organizations, and community-based organizations; requires the adoption of rules.</p> <p>Any entity operating an SSP shall: (1) provide referral and linkage to HIV, viral hepatitis, and substance use disorder prevention, care, and treatment services; (2) coordinate and collaborate with other local agencies, organizations, and providers involved in comprehensive prevention programs for people who inject drugs to minimize duplication of effort; (3) attempt to be a part of a comprehensive service program that may include, as appropriate: (a) providing sterile needles, syringes, and other drug preparation equipment and disposal services; (b) education and counseling to reduce sexual, injection, and overdose risks; (c) providing condoms to reduce risk of sexual transmission of viral hepatitis, HIV, or other STDs; (d) screening for HIV, viral hepatitis, STDs, and tuberculosis; (e) providing naloxone to reverse opioid overdoses; (f) providing referral and linkage to HIV, viral hepatitis, STD, and tuberculosis prevention, treatment, and care services, including antiretroviral therapy for hepatitis C and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother-to-child transmission, and partner services; (g) providing referral and linkage to hepatitis A virus and hepatitis B virus vaccination; (h) providing referral and linkage to and provision of substance use disorder treatment including medication assisted treatment for opioid use disorder which combines drug therapy such as methadone, buprenorphine, or naltrexone with counseling and behavioral therapy; and (i) providing referral to medical care, mental health services, and other support services;</p>

<u>NEW HAMPSHIRE</u>	
Program components (continued)	<p>(4) post its address, phone number, program contact information, if appropriate, hours of operation, and services offered on its internet website; (5) register with the department of health and human services and confirm registration annually; and (6) report quarterly to the department, which report shall include the following information regarding the program's activities: (a) number of needles/syringes distributed; (b) number of needles/syringes taken back; (c) number of HIV tests performed or delivered by the program; (d) number of hepatitis C tests performed/ delivered by program; (e) delivery of substance misuse treatment/care; (f) delivery of HIV care; (g) delivery of hepatitis C care; (h) number of referrals to substance misuse treatment/services; (i) number of referrals to HIV testing; (j) number of referrals to hepatitis C testing; (k) number of referrals to HIV care; and (l) number of referrals to hepatitis C care.</p> <p>Nothing in this section shall be construed to prohibit the department from administering or disbursing federal or other funds to SSPs authorized under this section. The use of state general funds shall be prohibited unless otherwise appropriated by the general court or if deemed necessary to control a disease outbreak.</p> <p>B:44 – it is an affirmative defense to prosecution for possession of a hypodermic syringe or needle that the item was obtained through participation in an SSP.</p> <p>B:45 – no SSP shall be located within a drug-free school zone; exceptions may be granted by the applicable district school board when a request is initiated by an SSP.</p> <p>He-C 502.02 – definitions of organizations authorized to operate SSPs.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>NEW JERSEY</u>	
Statute(s) and regulation(s)	N.J. STAT. ANN. § 2C:36-6a (West 2021); N.J. STAT. ANN. §§ 26:5C-26 to -29 (West 2021); N.J. ADMIN. CODE § 8:63-1.1 to -4.1 (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	<p>Yes; authorizes the Visiting Nurse Association Health Group to establish an SSP (Asbury Park).</p> <p>Requires the division of environmental health to establish and implement an SSP (Jersey City).</p> <p>The department of health and community wellness may establish and implement an SSP (Newark).</p> <p>Authorizes Hyacinth AIDS Foundation to establish an SSP (Trenton).</p>
Program components	<p>§ 26:5C-26 – legislative findings and declarations relative to bloodborne pathogens and drug usage.</p> <p>§ 26:5C-27 – the commissioner of health shall establish a program to permit a municipality to operate an SSP; the commissioner shall prescribe by regulation requirements for a municipality to establish, or otherwise authorize the operation within that municipality of, an SSP to provide for the exchange of hypodermic syringes and needles; the commissioner shall: request an application, to be submitted on a form and in a manner prescribed by the commissioner, from any municipality that seeks to establish an SSP, or from other entities authorized to operate an SSP within that municipality; approve those applications that meet the requirements established by regulation of the commissioner and contract with the municipalities or entities whose applications are approved to establish an SSP to operate an SSP in any municipality in which the governing body has authorized the operation of SSPs within that municipality by ordinance; support and facilitate, to the maximum extent practicable, the linkage of SSPs to health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted drug treatment services, and other substance abuse treatment services to consumers participating in an SSP, and housing assistance programs, career and employment-related counseling programs, and education counseling programs that may provide appropriate ancillary support services to consumers</p>

<u>NEW JERSEY</u>	
Program components (continued)	<p>participating in an SSP; provide for the adoption of a uniform identification card or other uniform statewide means of identification for consumers, staff, and volunteers of an SSP; and maintain a record of the data reported to the commissioner by SSPs pursuant to § 26:5C-28.</p> <p>§ 26:5C-28 – establishment of SSP by municipalities. A municipality may establish or authorize establishment of an SSP that is approved by the commissioner to provide for the exchange of hypodermic syringes and needles. A municipality that establishes an SSP, at a fixed location or through a mobile access component, may operate the program directly or contract with one or more of the following entities to operate the program: (1) a hospital or other health care facility; (2) a federally qualified health center; (3) a public health agency; (4) a substance abuse treatment program; (5) an AIDS service organization; or (6) another nonprofit entity designated by the municipality. These entities shall also be authorized to contract directly with the commissioner in any municipality in which the governing body has authorized the operation of SSPs by ordinance. The municipality or entity under contract shall implement the SSP in consultation with a federally qualified health center and the NJ Office on Minority and Multicultural Health in the Department of Health, and in a culturally competent manner. A municipality whose governing body has authorized the operation of SSPs within the municipality may require within the authorizing ordinance that an entity obtain approval from the municipality to operate an SSP prior to obtaining approval from the commissioner to operate such a program, or may permit the entity to obtain approval to operate such a program by application directly to the commissioner without obtaining prior approval from the municipality. Two or more municipalities may jointly establish or authorize establishment of an SSP that operates within those municipalities pursuant to adoption of an ordinance by each participating municipality.</p> <p>An SSP shall comply with the following requirements: (1) sterile syringes and needles shall be provided at no cost to consumers 18 years of age and older; (2) program staff shall be trained and properly supervised in harm reduction, substance use disorder, medical and social service referrals, and infection control procedures, including universal precautions and needle stick injury protocol; and (3) shall maintain records of staff and</p>

<u>NEW JERSEY</u>	
Program components (continued)	<p>volunteer training and of hepatitis C and tuberculosis screening provided to volunteers and staff.</p> <p>The program shall: (1) offer information about HIV, hepatitis C, and other bloodborne pathogens and prevention materials at no cost to consumers, and shall seek to educate all consumers about safe and proper disposal of needles and syringes; (2) provide information and referrals to consumers, including HIV testing options, access to medication-assisted substance use disorder treatment programs and other substance use disorder treatment programs, and available health and social service options relevant to the consumer's needs; (3) encourage consumers to receive an HIV test and shall, when appropriate, develop an individualized substance use disorder treatment plan for each participating consumer; (4) screen out consumers under 18 years of age and shall refer them to substance use disorder treatment and other appropriate programs for youth; (5) have a plan for the handling and disposal of used syringes and needles and shall also develop and maintain protocols for post-exposure treatment; (6) provide overdose prevention information to consumers, the family members and friends thereof, and other persons as appropriate; (7) maintain the confidentiality of consumer information; (8) provide a uniform identification card that has been approved by the commissioner to consumers and staff and volunteers involved in transporting, exchanging, or possessing syringes and needles, or shall provide for such other uniform statewide means of identification as may be approved by the commissioner for this purpose; (9) provide consumers at the time of enrollment with a schedule of program operation hours and locations, in addition to information about prevention and harm reduction and substance use disorder treatment services; and (10) establish and implement accurate data collection methods and procedures as required by the commissioner for the purpose of evaluating the SSP, including the monitoring and evaluation on a quarterly basis of: (a) SSP participation rates, including the number of consumers who enter substance use disorder treatment programs and the status of their treatment; (b) the effectiveness of SSPs in meeting their objectives, including, but not limited to, return rates of syringes and needles distributed to consumers and the impact of the SSPs on intravenous drug use; and (c) the number and type of referrals provided by the SSPs and the specific actions taken by the SSPs on behalf of each consumer.</p>

<u>NEW JERSEY</u>	
Program components (continued)	<p>The program may obtain a standing order authorizing program staff to carry and dispense naloxone or another opioid antidote to consumers and the family members and friends thereof. A municipality may terminate an SSP established or authorized pursuant to this act, which is operating within that municipality, if its governing body approves such an action by ordinance</p> <p>§ 26:5C-29 – commissioner’s report on status of SSPs; the commissioner of health shall report to the governor and the legislature, no later than one year after the effective date and biennially thereafter, on the status of SSPs and shall include in that report the data provided to the commissioner by each SSP pursuant to § 26:5C-28; for the purpose of each biennial report, the commissioner shall consult with local law enforcement authorities regarding the impact of the SSPs on the rate and volume of crime in the affected municipalities and include that information in the report; and seek to obtain data from public safety and emergency medical services providers statewide regarding the incidence and location of needlestick injuries to their personnel and include that information in the report; the commissioner shall prepare a detailed analysis of the SSPs, and report on the results of that analysis to the governor, the governor’s advisory council on HIV/AIDS and Related Blood-Borne Pathogens and the legislature annually; the analysis shall include, but not be limited to: (1) any increase or decrease in the spread of HIV, hepatitis C, and other bloodborne pathogens that may be transmitted by the use of contaminated syringes and needles; (2) the number of exchanged syringes and needles and an evaluation of the disposal of syringes and needles that are not returned by consumers; (3) the number of consumers participating in the SSPs and an assessment of their reasons for participating in the programs; (4) the number of consumers in the SSP who participated in substance use disorder treatment programs; and (5) the number of consumers in the SSPs who benefitted from counseling and referrals to programs and entities that are relevant to their health, housing, social service, employment, and other needs.</p> <p>§ 8:63-1.2 – definitions related to SSP demonstration project rules.</p>

<u>NEW JERSEY</u>	
Program components (continued)	<p>§ 8:63-2.1 – prerequisites applicable to municipalities with respect to department consideration of SSP application; municipality must have an ordinance authorizing the operation of an SSP, the residence of at least 350 people living with HIV or HIV/AIDS in the municipality, and a prevalence of HIV attributable to injection drug use of at least 300 persons per 100,000 population in the municipality; municipalities shall also meet applicable requirements in the operational guidelines and applicable conditions contained in the notice of request for applications described in § 8:63-2.4.</p> <p>§ 8:63-2.2 – an applicant for an SSP shall be either a municipality that meets eligibility requirements or an operator acting with respect to a municipality either pursuant to a contract with the municipality or independently.</p> <p>§ 8:63-2.3 – the department shall authorize the establishment of up to six SSPs for the purpose of the demonstration project established pursuant to this act.</p> <p>§ 8:63-2.4 – the department shall announce a request for applications to participate in the demonstration project.</p> <p>§ 8:63-3.1 – identification cards shall contain a registration number, which shall be linked to a unique identifying number based on a confidential formula and maintained by the SSP.</p> <p>§ 8:63-4.1 – operators shall adhere to applicable requirements and applicable federal, state, county, and local statutes, regulations, rules, and ordinances with respect to regulated medical waste</p> <p>Appendix to § 8:63 – operational guidelines; municipal requirements; SSP site locations; new sites and expanding or changing existing site locations; access and outreach; disease prevention information; communication with the community; determining participant eligibility; obtaining and recording participant information; issuing participant registration identification cards; face-to-face intervention; syringe exchange protocol; termination of program participants; syringes and other supplies; collection and storage of used syringes and regulated medical waste;</p>

<u>NEW JERSEY</u>	
Program components (continued)	transport and disposal of regulated medical waste; prevention/treatment of needlestick injuries and bloodborne pathogens exposures; developing referral linkages; training of SSP staff and volunteers; reporting community and law enforcement concerns; evaluation..
Miscellaneous provisions	§ 2C:36-6a – the possession of a hypodermic syringe or needle by a consumer who participates in, or an employee or volunteer of, an SSP shall not constitute an offense pursuant to § 2C:36-6.
Recently proposed legislation	<p>A.B. 5457, 219th Leg. (N.J. 2021) (“An Act concerning opioid antidotes”) (substituted by S.B. 3491). This bill would amend N.J. REV. STAT. ANN. § 26:5C-28 to provide that the program may obtain a standing order authorizing program staff to carry and distribute naloxone to the family members and friends of consumers and to any member of the general public; the program shall provide overdose prevention information to consumers, family member and friends of consumers, and members of the general public.</p> <p>S.B. 3009, 219th Leg. (N.J. 2021) (“An Act concerning harm reduction services”) (referred to budget and appropriations committee). This bill would update and amend the Bloodborne Disease Harm Reduction Act (N.J. STAT. ANN. §§ 26:5C-25 through 31.) Would also add several provisions to the legislative findings section and change the term “sterile syringe access program” to “harm reduction program” throughout the act. Makes several amendments to Section 28: “Establishment of sterile syringe access program by municipalities,” including removing the provision allowing a municipality to terminate a sterile syringe access program if its governing body approves such an action. It would also appropriate \$5,000,000 to support harm reduction services.</p> <p>S.B. 3065, 219th Leg. (N.J. 2021) (“An Act concerning sterile syringe programs”) (reported from Senate committee with amendments; second reading). This bill would amend N.J. STAT. ANN. § 26:5C-28 to allow a sterile syringe access program and its consumers to exchange syringes and other related supplies via postal mail.</p>

<u>NEW JERSEY</u>	
Recently proposed legislation (continued)	<p>S.B. 3491, 219th Leg. (N.J. 2021) (“An Act concerning opioid antidotes”) (approved; effective Sept. 2, 2021). This bill amends N.J. STAT. ANN. § 24:6J-3, deletes definitions of “professional,” which included a sterile syringe access program employee, and “professional entity,” which included a sterile syringe access program; amends definition of “recipient” to mean “any individual who or entity that is prescribed or dispensed an opioid antidote,” which includes, but is not limited to, sterile syringe access programs, and staff and employees of a sterile syringe access program; adds definition of “sterile syringe access program.” Also amends N.J. STAT. ANN. § 24:6J-5, related to dissemination of educational materials, and N.J. STAT. ANN. § 24:6J-5.1, to add sterile syringe access programs to list of information about which a first responder or practitioner is required to give an opioid antidote recipient and requires the commissioner of human services to develop informational materials concerning sterile syringe access programs and resources.</p>

<u>NEW MEXICO</u>	
Statute(s) and regulation(s)	N.M. STAT. ANN. §§ 24-2C-1 to -6 (West 2021); N.M. CODE R. § 7.4.6 (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	No; ordinances in Alamogordo, Corrales, Los Alamos, Roswell, Santa Fe, Silver City, and Truth or Consequences provide that the prohibition on the possession, delivery, or manufacture of drug paraphernalia does not apply to a person who is in possession of hypodermic syringes or needles at the time he or she is directly and immediately engaged in an SSP.
Program components	<p>§ 24-2C-2 – purpose of harm reduction act is to prevent the transmission of HIV, hepatitis B and C viruses, and other bloodborne diseases and encourage intravenous drug users to seek substance abuse treatment and ensure that participants receive individual counseling and education to decrease the risk of transmission of bloodborne diseases.</p> <p>§ 24-2C-3 – definitions.</p> <p>§ 24-2C-4 – the department shall establish and administer a harm reduction program for the purpose of sterile hypodermic syringe and needle exchange, compile data to assist in planning and evaluating efforts to combat the spread of bloodborne diseases, and make an annual report, including legislative recommendations, to the legislative health and human services committee by October 1 each year; appointment of advisory committee; advisory committee shall develop policies and procedures for evaluation of the SSP, develop criteria for data collection and program evaluation, and meet as necessary to analyze data and monitor and produce a report on the harm reduction program; the department may contract with private providers to operate the program.</p> <p>§ 24-2C-5 – the SSP shall provide sterile hypodermic syringes and needles in exchange for used hypodermic syringes, needles, or other objects used to inject controlled substances or controlled substance analogs into the human body; education to participants on the transmission of HIV, hepatitis B and C, and prevention measures; and referral to substance abuse treatment services for participants.</p> <p>§ 24-2C-6 – immunity from criminal liability for participants and employees in an SSP.</p>

<u>NEW MEXICO</u>	
Program components (continued)	§ 7.4.6 – requirements governing the harm reduction/syringe exchange program; definitions; general provisions governing the application approval and revocation processes; authorized harm reduction provider requirements; the SSP must maintain a regular and predictable schedule for services; client eligibility and enrollment; SSP client requirements.
Miscellaneous provisions	§ 30-31-25.1 – the provisions of this section related to criminal penalties for delivery of drug paraphernalia does not apply to department of health employees or their designees while they are directly and immediately engaged in activities related to the harm reduction program.
Recently proposed legislation	None.

<u>NEW YORK</u>	
Statute(s) and regulation(s)	N.Y. PENAL LAW § 220.45 (McKinney 2021); N.Y. PUB. HEALTH LAW § 3381 (McKinney 2021); N.Y. COMP. CODES R. & REGS. tit. 10, § 80.135 (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 3381 – the commissioner shall, subject to certain requirements, designate persons, or by regulation, classes of persons who may obtain hypodermic syringes and needles without prescription and the manner in which such transactions may take place and the records thereof which shall be maintained; limited to individuals 18 years of age or older; subject to regulations of the commissioner, a pharmacy, health care facility, or health care practitioner who is otherwise authorized to prescribe the use of hypodermic needles or syringes, may obtain and possess hypodermic needles or syringes for the purpose of selling or furnishing them or for the purpose of disposing of them, provided that such pharmacy, health care facility, or health care practitioner has registered with the department; such sale or furnishing to direct consumers by a pharmacy, health care facility, or health care practitioner shall be accompanied by a safety insert which shall be developed or approved by the commissioner and shall include, but not be limited to: (1) information on the proper use of hypodermic syringes and needles; (2) the risk of bloodborne diseases that may result from the use of hypodermic syringes and needles; (3) methods for preventing the transmission or contraction of bloodborne diseases; (4) proper disposal practices; (5) information on the dangers of injection drug use and how to access drug treatment; (6) a toll-free phone number for information on HIV; and (7) information on the safe disposal including the relevant provisions of the environmental conservation law relating to the unlawful release of regulated medical waste; the safety insert shall be attached to or included in the hypodermic syringe or needle packaging or shall be given to the purchaser at the point of sale or furnishing in brochure form; the commissioner shall promulgate rules and regulations necessary to implement the provisions of this subdivision which shall include a requirement that such pharmacies, health care facilities, and health care practitioners cooperate in a safe disposal of used hypodermic needles or syringes.</p>

<u>NEW YORK</u>	
Program components (continued)	<p>80.135 – Contains the following provisions:</p> <ul style="list-style-type: none"> • employees or trained volunteers of community-based not-for-profit organizations and government entities engaged in clean hypodermic syringe and needle exchange programs designed to reduce the transmission of HIV may obtain, possess, and furnish hypodermic syringes and needles, without prescription, when authorized by the commissioner in connection with the distribution or collection of hypodermic needles and syringes for the purpose of preventing the transmission of HIV in users of injectable drugs; • this authorization will only be granted in accordance with a plan submitted by the not-for-profit corporation or government entity and approved by the commissioner, using the standards in this section; • the department will review the plan using the following standards: (1) the plan demonstrates the need for a hypodermic syringe and needle exchange program in the targeted community(ies) and in targeted populations within those communities; (2) the plan demonstrates organizational capability and commitment to conduct the program, to interact effectively with the community(ies), and to enlist support for and to further integration of hypodermic and needle exchange services within the community(ies); (3) the plan demonstrates an adequacy of design and protocol for the conduct of the program; (4) the plan demonstrates capability to provide comprehensive harm reduction services, including HIV prevention and other appropriate interventions such as counseling for program participants and direct provision of or referral to other health and human services, including drug treatment; • an approval obtained pursuant to this section shall continue for two years; • an organization or entity authorized by the commissioner to conduct an SSP must adhere to policies and procedures developed by the department for the conduct of an SSP;

<u>NEW YORK</u>	
Program components (continued)	<ul style="list-style-type: none"> • such policies and procedures will include, but not be limited to, requirements for training staff and volunteers, procedures to ensure staff security, enlisting community support, reporting requirements involving community concerns, including those involving law enforcement agencies, determining eligibility of individuals for participation in an SSP, to provide assessment and service referral for injecting drug users under the age of 18, enrollment of participants in the SSP and issuance of participant identification cards, distribution and collection of hypodermic needles and syringes, proper security and handling and disposal of hypodermic needles and syringes, termination of participants, education related to HIV prevention and other appropriate interventions, referral of program participants to services, including developing formalwritten agreements with service providers and documenting referral linkages, procedures for data collection and program reporting, and evaluation of SSPs; • the following records of hypodermic syringes, needles, participants, and transactions shall be maintained by the organization or entity engaged in an SSP; • an inventory of hypodermic syringes and needles, including the number purchased and distributed, and the balance on hand; • a record of the number of hypodermic syringes and needles distributed to each participant in each transaction, a record of the number of used hypodermic syringes and needles returned by each participant in each transaction, the number and manner of disposal of hypodermic syringes and needles collected by the program, and a record of the number of participants provided HIV prevention education and other appropriate interventions such as counseling, a record of the number and types of services directly provided or provided by referral to participants, based upon an assessment of the client’s needs, not limited to, referral to HIV antibody testing services, health care services, including evaluation and treatment for HIV infection, sexually transmitted diseases and tuberculosis, family planning, prenatal and obstetrical care, social services and drug abuse treatment services;

<u>NEW YORK</u>	
Program components (continued)	<ul style="list-style-type: none"> • an organization or entity functioning under an SSP must provide periodic reports of activities to the department in a format and time period specified by the department which shall include, but not be limited to, the number of program participants, aggregate information regarding the characteristics of program participants, the total number of hypodermic syringes and needles distributed, and the average number distributed per participant per transaction, the total number of hypodermic syringes and needles collected, and the average collected per participant per transaction, information regarding the service needs of plan participants, a list of employees and trained volunteers, significant problems encountered and milestones achieved, and other information deemed necessary by the department to ensure that the conduct of an SSP adheres to the requirements of this regulation; • must provide an annual report summarizing information previously reported; • the organization or entity may be inspected as necessary to ensure compliance; plan requirements; • the commissioner may approve programs with plans that do not meet all requirements provided that the entity does not receive funding to operate such SSP from the department, provides other services to individuals at heightened risk for adverse outcomes, and the plan includes at least the following elements: a description of staffing and training planned for employees and volunteers working for the proposed program, procedures to make it possible for clients to demonstrate that they received syringes from a legally authorized program, policies and procedures for the proper safeguarding, handling, and disposal of hypodermic syringes and needles, inventory control, securing injection equipment from theft, adherence to appropriate infection control practices, and appropriate disposal of used syringes and needles, policies and procedures for enlisting community support, including responding to concerns from the community and law enforcement agencies, submission of quarterly reports to the department, in a format determined by the department, and the program is approved by any other state agency that licenses or certifies the operations of the not-for-profit organization or government entity.

<u>NEW YORK</u>	
Miscellaneous provisions	<p>§ 3381 – it is unlawful for any person to sell or furnish to another person or persons a hypodermic syringe or needle except to persons who have been authorized by the commissioner to obtain and possess such instruments or by a pharmacy, health care facility, or health care practitioner who is otherwise authorized to prescribe the use of hypodermic syringes or needles provided that such sale or furnishing shall only be to a person 18 years of age or older, and shall be in accordance with other provisions of this law.</p>
Recently proposed legislation	<p>A.B. 7354, 2021 Leg. Sess. (N.Y.) (amend and recommit to health); S.B. 4359, 2021 Leg. Sess. (N.Y.) (referred to committee on alcoholism and drug abuse in Assembly) (“An Act to amend the public health law, in relation to referring individuals to appropriate service providers for substance use disorders”). These bills would amend N.Y. PUB. HEALTH LAW § 2803-u to add information on syringe exchange services to the list of educational materials provided to individuals with a documented substance use disorder or who appear to have or be at risk for a substance use disorder during discharge. Also provides that if the hospital does not directly provide substance use disorder services, or the individual refuses services, then the hospital is required by the bill to refer such individual to an appropriate service provider that provides behavioral health services or a hypodermic syringe and needle exchange program.</p> <p>S.B. 2523, 2021 Leg. Sess. (N.Y.) (“An Act to amend the penal law, in relation to criminal possession of a controlled substance”) (signed by Governor Oct. 7, 2021; effective immediately). This bill amends N.Y. PENAL LAW § 220.03, GEN. BUS. LAW § 850, and PUB. HEALTH LAW § 3381 to decriminalize the possession and sale of hypodermic needles and syringes and regulate the sale of hypodermic needles and syringes.</p>

<u>NORTH CAROLINA</u>	
Statute(s) and regulation(s)	N.C. GEN. STAT. ANN. § 90-113.27 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 90-113.27 – any governmental or nongovernmental organization, including a local or district health department or an organization that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, may establish and operate an SSP. The objectives of the program shall be to do all of the following: (1) reduce the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases; (2) reduce needlestick injuries to law enforcement officers and other emergency personnel; (3) encourage individuals who use drugs illicitly to enroll in evidence-based treatment; and (4) reduce the number of drug overdoses in this state.</p> <p>Programs shall offer all of the following: (1) disposal of used needles and hypodermic syringes; (2) needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies are not shared or reused; (3) reasonable and adequate security of program sites, equipment, and personnel; (4) educational materials on overdose prevention, the prevention of HIV, AIDS, and viral hepatitis transmission, drug abuse prevention, treatment for mental illness, including treatment referrals, and treatment for substance abuse, including referrals for medication assisted treatment; (5) access to naloxone kits for the treatment of a drug overdose, or referrals to programs that provide access to naloxone; and (6) for each individual requesting services, personal consultations from a program employee or volunteer concerning mental health or addiction treatment as appropriate.</p>

<u>NORTH CAROLINA</u>	
Program components (continued)	No employee, volunteer, or participant of a program established pursuant to this section shall be charged with or prosecuted for possession for needles, hypodermic syringes, or other injection supplies obtained from or returned to an SSP or residual amounts of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to an SSP; prior to commencing operations, the governmental or nongovernmental organization shall report to the North Carolina department of health and human services, division of public health, all of the following information: the legal name of the organization or agency operating the SSP, the areas and populations to be served by the program, and the methods by which the program will meet the requirements of this section; not later than one year after commencing operations of a program, and every 12 months thereafter, each organization shall report the following information to the division of public health: (1) the number of individuals served by the SSP; (2) the number of needles, hypodermic syringes, and needle injection supplies dispensed by the program and returned to the program; (3) the number of naloxone kits distributed by the program; and (4) the number and type of treatment referrals, including a separate report of the number of individuals referred to programs that provide access to naloxone.
Miscellaneous provisions	N/A
Recently proposed legislation	S.B. 607, 2021 Gen. Ass. (N.C.) (“An Act making improvements and providing greater accountability with respect to needle and hypodermic syringe exchange programs”) (referred to committee on rules and operations). The bill would amend N.C. GEN. STAT. ANN. § 90-113.27 to require individuals who use drugs illicitly to enroll in evidence-based treatment as opposed to just encouraging them to enroll. Would require the SSP to ensure that all program supplies are engraved or marked with a symbol or logo that clearly identifies the program. Adds additional requirements to the yearly program report. Prevents an SSP from being mobile or within a 3-mile radius of a school zone. Establishes requirements for programs within 800 yards of a residential neighborhood. Liability insurance requirement. The bill states the limited immunity provided by the statute does not apply to individuals in possession of any program supplies within an area designated as a school zone.

<u>NORTH DAKOTA</u>	
Statute(s) and regulation(s)	N.D. CENT. CODE ANN. § 19-03.4-02 (West 2021); N.D. CENT. CODE ANN. § 23-01-44 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 23-01-44 – definitions, including definition of “supplies,” which includes needles, syringes, sterile disposal preparation spoons, cotton, sterile filters, alcohol wipes, sterile water, saline, tourniquets, disposal containers, wound care, testing strips, naloxone, and other items recognized as supporting safe drug use; the state department of health, in collaboration with the department of human services’ behavioral health division, shall design a syringe exchange program which shall be administered by the state department of health; the department of health may authorize a qualified entity to operate a program in a county if: (1) the area to be served is at risk of an increase or potential increase in prevalence of viral hepatitis or HIV; (2) an SSP is medically appropriate as part of a comprehensive public health response; and (3) the qualified entity conducted a public hearing and submitted a report of the findings and an administration plan for the program to the state health officer.</p> <p>A qualified entity operating an SSP shall: (1) register the program annually in the manner prescribed by the department of health; (2) have a pharmacist, physician, or APRN who is licensed in the state to provide oversight for the program; (3) store and dispose of all syringes, needles, and supplies collected in a safe and legal manner; (4) provide education and training on drug overdose response and treatment, including the administration of an overdose reversal medication; (5) provide education, referral, and linkage to HIV, viral hepatitis, and sexually transmitted disease prevention, treatment, and care services; (6) provide addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication-assisted treatment; (7) provide syringe, needle, supply, and injection supply distribution and collection without collecting or recording personally identifiable information; (8) operate in a manner consistent with public health and safety; and (9) ensure the program is medically appropriate and part of a comprehensive public health response.</p>

<u>NORTH DAKOTA</u>	
Program components (continued)	<p>The department of health may terminate an SSP for failure to comply with any of the provisions of this section.</p> <p>A state agency may not provide general fund moneys to a program to purchase or otherwise acquire hypodermic syringes, needles, or injection supplies for an SSP under this section.</p> <p>A law enforcement officer may not stop, search, or seize an individual based on the individual’s participation in an SSP.</p> <p>Each program shall file a semiannual report with the department of health containing the following information listed on a daily basis and by location, identified by zip code, where the program distributed and collected syringes, needles, and supplies: (1) the number of individuals served; (2) the number of syringes, needles, and supplies collected; (3) the number of syringes and needles distributed; and (4) any additional information requested by the department.</p>
Miscellaneous provisions	<p>§ 19-03.4-02 – in determining whether an object is drug paraphernalia, a court or other authority shall consider, among other things, whether the object is a needle or syringe collected during the operation of a needle exchange program under chapter 23-01 to aid in the prevention of bloodborne diseases.</p>
Recently proposed legislation	<p>H.B. 1247, 67th Leg. Ass. (N.D. 2021) (“An Act related to merging of the state department of health and the department of human services”) (signed by governor; effective Sept. 1, 2022). This bill amends N.D. Cent. Code Ann. § 23-01-44 to change “state department of health” to “department of health and human services” throughout.</p>

<u>OHIO</u>	
Statute(s) and regulation(s)	OHIO REV. CODE ANN. § 2925.14 (West 2021); OHIO REV. CODE ANN. § 3707.57 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 3707.57 – a board of health may establish a bloodborne infectious disease prevention program. The cost of the program is the responsibility of the board of health. The program shall do all of the following: (1) if resources are available, provide on-site screening for bloodborne pathogens; (2) provide education to each program participant regarding exposure to bloodborne pathogens; (3) identify health and supportive services providers and substance abuse treatment programs available in the area served by the prevention program and, as appropriate, develop and enter into referral agreements with the identified providers and program; (4) encourage each participant to seek appropriate medical care, mental health services, substance abuse treatment, or social services and, as appropriate, make referrals to health and supportive services providers and substance abuse treatment programs with which the prevention program has entered into referral agreements; (5) use a recordkeeping system that ensures that the identity of each program participant remains anonymous; (6) comply with applicable state and federal laws governing participant confidentiality; and (7) provide each program participant with documentation identifying the individual as an active participant in the program. An SSP may collect demographic information about participants, including the zip code, and the participant’s comorbidity diagnosis.</p> <p>Before establishing a bloodborne infectious disease prevention program, the board of health shall consult with members of the community, including law enforcement and prosecutors.</p>
Miscellaneous provisions	§ 2925.14 – criminal provisions do not apply to the possession or use of a hypodermic syringe as authorized by § 3719.172.
Recently proposed legislation	H.B. 110, 134th Gen. Ass. (Ohio 2021) (appropriations bill) (enrolled; effective June 30, 2021). Harm reduction appropriation shall be used to distribute funding to local health departments or partner agencies to operate harm reduction programs, including syringe services.

<u>OKLAHOMA</u>	
Statute(s) and regulation(s)	OKLA. STAT. ANN. tit. 63, §§ 2-101 and 101.1 (West 2021); OKLA. STAT. ANN. tit. 63, § 2-1101 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 2-1101 – until July 1, 2026, the following are hereby authorized to engage in harm-reduction services: government entities including, but not limited to, the state department of health and the department of mental health and substance abuse services, provided, no state dollars shall be used to purchase hypodermic needles, religious institutions or churches, nonprofit organizations, for-profit companies, nongovernment entities partnering with a governmental agency, and tribal governments.</p> <p>Those offering harm-reduction services shall register with the department of health and may engage in the following activities in order to reduce the use of drugs, prevent outbreaks of infectious diseases and reduce morbidity among people who use injection drugs: (1) offer referrals and resources to treat substance use disorders; (2) provide education on the risk of transmission of infectious diseases, including HIV and viral hepatitis, rapid testing for HIV, hepatitis C, and sexually transmitted infections; (3) provide referrals for medical and mental health services; (4) collect used hypodermic needles for safe disposal; and (5) possess and distribute hypodermic needles, cleaning kits, test kits, and opioid antagonists, and rapid substance testing products used, intended for use, or fashioned specifically for the use in identifying or analyzing the potency or toxicity of unknown substances.</p> <p>Registered providers of harm-reduction services shall report at least quarterly to the department of health the: (1) number of clients served including basic demographic information; (2) number and type of referrals provided; (3) number of syringes, test kits, and antagonists distributed; (4) number of used syringes collected; and (5) number of rapid HIV and viral hepatitis tests performed including the number of reactive test results.</p> <p>The commissioner of health shall promulgate rules.</p>

<u>OKLAHOMA</u>	
Miscellaneous provisions	<p>§ 2-101 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or fashioned specifically for use in parenterally injecting controlled dangerous substances into the human body except as authorized by this act; “harm-reduction services” means programs established to: reduce the spread of infectious diseases related to injection drug use, reduce drug dependency, overdose deaths and associated complications, and increase safe recovery and disposal of used syringes and sharp waste.</p> <p>§ 2-101.1 – factors used to determine if an object is “drug paraphernalia” do not apply to objects in the possession of harm reduction services providers as authorized by this act.</p>
Recently proposed legislation	None.

<u>OREGON</u>	
Statute(s) and regulation(s)	OR. REV. STAT. ANN. § 475.525 (West 2021); OR. REV. STAT. ANN. § 475.757 (West 2021)
Does state allow SSPs by statute/regulation?	§ 475.757 – “syringe service program” means a program that provides services including free sterile needles and syringes and safe disposal for needles and syringes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	<p>§ 475.525 – “drug paraphernalia” does not include hypodermic syringes and needles.</p> <p>§ 475.757 – it is an affirmative defense to unlawful possession of a controlled substance that the person was acting in the capacity of an employee or volunteer of an SSP; sterile needles and syringes and other items provided by an SSP may not be considered “drug paraphernalia.”</p>
Recently proposed legislation	None.

<u>PENNSYLVANIA</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	<p>Yes; needle exchange programs are authorized by Allegheny County; sets out program requirements, including that needle exchange programs shall enroll each program participant with a unique identifier and shall not provide services before attempting to elicit the program participant's age, gender, self-reported race, zip code, and disease status (HIV, hepatitis B or C); each needle exchange encounter shall be documented and shall be retained for at least three years; allows nonresidents to participate if there are available resources; the number of injection apparatus and biohazard containers dispensed shall be no more than are reasonably necessary for one month's worth of injections at a participant's first interaction with the SSP; each participant shall be offered a referral to drug treatment and counseling services at each SSP encounter; whenever possible, the department shall provide infectious disease testing materials as requested by SSPs; SSPs shall submit to the direct semiannual reports of the disease status of all enrolled participants on or before December 31 and July 1 of each calendar year, in a form to be determined by the board of health, but which shall include at least: (1) the number of encounters; (2) the number of individual participants; (3) the total number of injection apparatus; (4) the number of treatment referrals made; and (5) the number of infectious disease tests performed (Allegheny County, §§ 851-1 to -8).</p> <p>Executive Order No. 4-92 – authorizes the commissioner of public health to issue orders necessary for the institution of a city-wide SSP, including referral of participants to drug treatment programs, to combat a public health emergency (Philadelphia).</p>
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>PUERTO RICO</u>	
Statute(s) and regulation(s)	P.R. LAWS ANN. tit. 24, § 2608 (2021)
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	§ 2608 – criminal provisions of this title shall not apply to: the department of health; nonprofit entities duly authorized by the department of health that, with the purpose of preventing the transmission of contagious diseases, or as part of an educational or prevention program, distribute hypodermic needles and other accessories; duly identified participants of said programs for distribution and exchange of hypodermic needles and other accessories.
Recently proposed legislation	None.

<u>RHODE ISLAND</u>	
Statute(s) and regulation(s)	R.I. GEN. LAWS ANN. §§ 23-11-18 and -19 (West 2021);
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 23-11-18 – legislative findings.</p> <p>§ 23-11-19 – the director of the department of health shall maintain a program offering the free exchange of new hypodermic needles and syringes for used hypodermic needles and syringes as a means to prevent the transmission of HIV or viral hepatitis among injecting drug users 18 years of age or older; any site used in the program shall be approved by the director of health and shall make available educational materials, HIV counseling and testing, and referral services targeted to the education of HIV/AIDS and viral hepatitis transmission as well as information and referrals pertaining to substance abuse prevention and treatment; any program must be implemented pursuant to the provisions of this section and shall incorporate an on-going evaluation plan to determine the impact of the SSP on participants and the community in the efforts to lower the HIV rate among injecting users including successful referrals to substance abuse treatment.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>SOUTH CAROLINA</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	S.B. 255, 124th Leg. Sess. (S.C. 2021) (“South Carolina Harm Reduction Act”) (referred to the committee on medical affairs). This bill would create the South Carolina Harm Reduction Act to direct the department of health and environmental control to establish and administer a syringe services program.

<u>SOUTH DAKOTA</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>TENNESSEE</u>	
Statute(s) and regulation(s)	TENN. CODE ANN. § 68-1-136 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	<ul style="list-style-type: none"> • If approved by the department of health, a county or district health department or any nongovernmental organization, including an organization that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, may establish and operate a needle and hypodermic syringe exchange program; • the objectives shall be to do all of the following: reduce the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases, reduce needlestick injuries to law enforcement officers and other emergency personnel, and encourage individuals who inject drugs to enroll in evidence-based treatment; • programs established pursuant to this section shall offer all of the following: disposal of used needles and hypodermic syringes; • needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies are not shared or reused; • a program shall strive for one-to-one syringe exchanges; • no public funds may be used by a nongovernmental organization to purchase needles, hypodermic syringes, or other injection supplies; • reasonable and adequate security of program sites, equipment, and personnel; • written plans for security shall be provided to the law enforcement offices with jurisdiction in the program location and shall be updated annually; • educational materials on all of the following: overdose prevention, the prevention of HIV, AIDS, and viral hepatitis transmission, drug abuse prevention, treatment for mental illness, including treatment referrals, and treatment for substance abuse, including referrals for medication assisted treatment;

<u>TENNESSEE</u>	
Program components (continued)	<ul style="list-style-type: none"> • access to naloxone for the treatment of drug overdose, or referrals to programs that provide access to naloxone for the treatment of a drug overdose; and • personal consultations from a program employee or volunteer concerning mental health or addiction treatment as appropriate for each individual requesting services; • it is an exception to the application of the criminal provisions of title 39, chapter 17, part 4, if an employee, volunteer, or participant of a program established pursuant to this section possesses needles, hypodermic syringes, or other injection supplies obtained from or returned to a program established pursuant to this section or residual amounts of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to an SSP; • in addition to any other applicable immunity or limitation on civil liability, a law enforcement officer who, acting in good faith, arrests or charges a person who is thereafter determined to be entitled to immunity from prosecution under this section shall not be subject to civil liability for the arrest or filing of charges; • in addition to any other applicable immunity or limitation on civil liability, a nongovernmental organization and an employee or volunteer of that organization are not subject to civil liability for establishing, operating, or participating in a program established pursuant to this section in the absence of gross negligence or willful, intentional, or malicious conduct; • prior to commencing operations of a program and obtaining approval from the department of health, the county or district health department or nongovernmental organization shall report to the department of health all of the required listed information;

<u>TENNESSEE</u>	
Program components (continued)	<ul style="list-style-type: none"> • not later than one year after commencing operations of an SSP, and every 12 months thereafter, each county or district health department or organization operating such a program shall report the following information to the department of health: the number of individuals served by the SSP, the number of needles, hypodermic syringes, and needle injection supplies dispensed by the program and returned to the program, the number of naloxone kits distributed by the program, and the number and type of treatment referrals provided to individuals served by the program, including a separate report of the number of individuals referred to programs that provide access to naloxone; • the department of health shall annually compile a report containing the information submitted to the department and submit a report to the members of the general assembly; an SSP shall not conduct an exchange within 2,000 feet of any school or public park; • in a county having a metropolitan form of government with a population of more than 500,000 and a municipality with a population in excess of 165,000, an SSP shall not conduct an exchange within 1,000 feet of any school or public park; • the commissioner of health shall promulgate rules to effectuate the purposes of this section.
Miscellaneous provisions	N/A
Recently proposed legislation	H.B. 1088, 112th Gen. Ass. (Tenn. 2021) (returned to clerk's desk); S.B. 1179, 112th Gen. Ass. (Tenn. 2021) (received from Senate, held on House desk) ("An Act relative to needle and hypodermic syringe exchange programs"). These bills would amend TENN. CODE ANN. § 68-1-136 to remove the prohibition on operating a needle and hypodermic syringe exchange program within 1,000 feet of a public park in certain counties and municipalities.

<u>TEXAS</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	H.B. 3233, 87th Leg. Sess. (Tex. 2021) (received in Senate); H.B. 4342, 87th Leg. Sess. (Tex. 2021) (referred to county affairs); S.B. 2120, 87th Leg. Sess. (Tex. 2021) (referred to health and human services) (“An Act relating to the establishment by certain counties and hospital districts of disease control pilot programs to reduce the risk of certain infectious and communicable diseases”). These bills would amend GOV’T CODE § 531.0972, pilot program to prevent spread of certain infectious and communicable diseases; the commission may provide guidance to the counties and hospital district in those counties that establish a disease control pilot program under Subchapter K, Chapter 81, Health and Safety Code to prevent the spread of HIV, hepatitis B, hepatitis C, and other infectious and communicable diseases; the program may include a disease control outreach program that provides for the anonymous exchange of used hypodermic needles and syringes. Would also add Subchapter K to Chapter 81, Health and Safety Code, pilot programs to reduce risk of certain infectious and communicable diseases; allow a county or hospital district to establish a disease control pilot program to prevent the spread of infectious and communicable diseases, including HIV, hepatitis B, and hepatitis C; the pilot program may include disease control outreach programs that provide for the anonymous exchange of used hypodermic needles and syringes for an equal number of new hypodermic needles and syringes; offer education on the transmission and prevention of infectious and communicable diseases, and assist program participants in obtaining health care and other physical and mental health-related services, including substance abuse treatment services and bloodborne disease testing. Further would amend HEALTH & SAFETY CODE § 481.125 to provide that the criminal provisions do not apply to disease control pilot programs or an employee, volunteer, duly authorized agent, or program participant of a disease control pilot program.

<u>UTAH</u>	
Statute(s) and regulation(s)	UTAH CODE ANN. § 26-7-8 (West 2021); UTAH CODE ANN. §§ 58-37a-3 and -5 (West 2021); UTAH ADMIN. CODE r. 386-900-1 to -8 (2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 26-7-8 – the following may operate an SSP to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs, and those individuals’ contacts: (1) a government entity, including the department, a local health department, the division of substance abuse and mental health within the department of human services, or a local substance abuse authority; (2) a nongovernment entity including a nonprofit or for-profit organization; or (3) any other entity that complies with this section.</p> <p>An entity operating an SSP shall: (1) facilitate the exchange of an individual’s used syringe for one or more new syringes in sealed sterile packages; (2) ensure that a recipient of a new syringe is given verbal and written instruction on: (a) methods for preventing the transmission of bloodborne diseases, including hepatitis C and HIV; and (b) options for obtaining services for the treatment of substance use disorder, testing for a bloodborne disease, and an opiate antagonist; and (3) report annually to the department the following information about the program’s activities: (a) the number of individuals who have exchange syringes; (b) the number of used syringes exchanged for new syringes; and (c) the number of new syringes provided in exchange for used syringes.</p> <p>Not later than October 1, 2017 and every two years thereafter, the department shall report to the legislature’s health and human services interim committee on: (1) the activities and outcomes of SSPs operating in the state, including the number of individuals who have exchanged syringes; (2) the number of used syringes exchanged for new syringes; (3) the number of new syringes provided in exchange for used syringes; (4) the impact of the programs on bloodborne infection rates; (5) the impact of the programs on the number of individuals receiving treatment for a substance use disorder; (6) the potential for additional reductions in the number of syringes contaminated with bloodborne disease if the programs receive additional</p>

<u>UTAH</u>	
Program components (continued)	<p>funding; (7) the potential for additional reductions in state and local government spending if the programs receive additional funding; (8) whether the programs promote illicit use of drugs; and (9) whether the programs should be continued, continued with modifications, or terminated. The department shall make rules specifying how and when an entity operating an SSP shall make the report required by this section. R386-900-2 – this rule establishes operating and reporting requirements required of any entity operating an SSP.</p> <p>R386-900-4 – operating requirements; an operating entity intending to begin an SSP within a local community shall meet with local stakeholders, which should include: public health, mental health, substance abuse, law enforcement, local governing body, community councils, etc.; an operating entity shall utilize the department’s enrollment form to provide written notice of intent to conduct syringe exchange activities to the department 15 days prior to conducting SSP activities; an operating entity must submit a safety protocol to the department for the prevention of needlestick and sharps injury before initiating SSP activities; an operating entity shall submit a sharps disposal plan to the department for each county in which services will be offered; sharps disposal is the financial responsibility of the entity operating and responsible for the SSP; an operating entity shall facilitate the exchange of an individual’s used syringes by providing a disposable, medical grade sharps container for the disposal of used syringes; the operating entity shall exchange one or more new syringes in sealed sterile packages and may provide other clean and new prevention materials to the individual free of charge; as available, the department will provide syringes, prevention materials, education materials, and other resources to entities operating an SSP; an operating entity must provide and make available to all clients of the SSP verbal and written instruction on methods for preventing the transmission of bloodborne pathogens, including HIV, hepatitis B and C, information and referral to drug and alcohol treatment, information and referral for HIV and hepatitis C testing, and how and where to obtain an opiate antagonist.</p>

<u>UTAH</u>	
Program components (continued)	<p>R386-900-5 – reporting requirements; all entities operating an SSP shall report aggregate data elements in accordance with § 26-7-8 to the department on a quarterly basis, including the number of individuals who have exchanged syringes, a self-reported or approximated number of used syringes exchanged for new syringes, number of new syringes provided in exchange for used syringes, educational materials distributed, and number of referrals provided.</p> <p>R386-900-6 – confidentiality of reports.</p>
Miscellaneous provisions	<p>§ 58-37a-3 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, or intended for use, to parenterally inject a controlled substance into the human body, except as provided in § 58-37a-5.</p> <p>§ 58-37a-5 – a person may not be charged with distribution of hypodermic syringes as drug paraphernalia if, at the time of distribution, the syringes are in a sealed sterile package and are for a legitimate medical purpose, including the prevention of disease transmission.</p>
Recently proposed legislation	None.

<u>VERMONT</u>	
Statute(s) and regulation(s)	Vt. STAT. ANN. tit. 18, §§ 4475 and 4478 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	§ 4478 – the department of health, in collaboration with the statewide harm reduction coalition, shall develop operating guidelines for SSPs; if a program complies with such operating guidelines and with existing laws and regulations, it shall be approved by the commissioner of health.
Miscellaneous provisions	§ 4475 – “drug paraphernalia” does not include needles and syringes distributed or possessed as part of an organized community-based needle exchange program; “organized community-based needle exchange program” means a program approved by the commissioner of health of this title, the purpose of which is to provide access to clean needles and syringes, and which is operated by an AIDS service organization, a substance abuse treatment provider, or a licensed health care provider or facility.
Recently proposed legislation	H.B. 397, 2021 Leg. Sess. (Vt.) (“An Act relating to recovery supports for individuals experiencing substance use disorder”) (read first time and referred to the committee on human services). This bill would amend VT. STAT. ANN. tit. 18, § 4475 to expand the locations in which an organized community-based needle exchange program can operate.

<u>VIRGIN ISLANDS</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>VIRGINIA</u>	
Statute(s) and regulation(s)	VA. CODE ANN. § 32.1-45.4 (West 2021); VA. CODE ANN. § 54.1-3466 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	<p>§ 32.1-45.4 – the commissioner or his designee may authorize the director of a local department of health, or any other organization that promotes scientifically proven methods of mitigating health risks associated with drug use and other high-risk behaviors, to establish and operate local or regional comprehensive harm reduction programs that include the provision of sterile hypodermic needles and syringes and disposal of used hypodermic needles and syringes; the objectives of such programs shall be to reduce the spread of HIV, viral hepatitis, and other bloodborne diseases in the Commonwealth, reduce the transmission of bloodborne diseases through needlestick injuries to law enforcement and other emergency personnel, provide information to individuals to participate in evidence-based substance use treatment programs, prevent opioid overdose deaths through distribution of naloxone or other opioid antagonists, and incentivize the safe return and disposal of hypodermic needles and syringes; comprehensive harm reduction programs established by the commissioner pursuant to this section shall be operated by local health departments or affiliated organizations with which the department contracts; a comprehensive harm reduction program established pursuant to this section shall include: (1) the disposal of used hypodermic needles and syringes; (2) the provision of hypodermic needles and syringes and other injection supplies at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies that are not shared or reused; (3) reasonable and adequate security of program sites, equipment, and personnel; (4) the provision of educational materials concerning substance use disorder prevention, overdose prevention, the prevention of transmission of HIV, viral hepatitis, and other bloodborne diseases, available mental health treatment options, including referrals for mental health treatment, and available substance use disorder treatment options; (5) access to overdose prevention kits that contain naloxone or other approved opioid antagonists;</p>

<u>VIRGINIA</u>	
Program components (continued)	(6) individual harm reduction counseling, including individual consultations regarding appropriate mental health or substance use disorder treatment; and (7) verification that a hypodermic needle or syringe or other injection supplies were obtained from an SSP; the director of a local health department or representative of any other organization authorized to establish a comprehensive harm reduction program shall notify the department, in a manner and form specified by the department, of the intent to establish a program; written security plans shall be filed annually with each local law enforcement agency serving the jurisdiction in which the SSP is located; every local health department or other organization operating a comprehensive harm reduction program shall report annually by July 1 to the department regarding, for the previous calendar year: (1) the number of individuals served by the comprehensive harm reduction program; (2) the number of needles, hypodermic syringes, and other injection supplies distributed by the SSP; (3) the number of overdose prevention kits distributed; and (4) the number and type of referrals to mental health or substance use disorder treatment services, including the number of individuals referred to programs that provide naloxone or other opioid antagonists; except in the case of a comprehensive harm reduction program established by the commissioner, no state funds shall be used to purchase needles or hypodermic syringes distributed by an SSP.
Miscellaneous provisions	§ 54.1-3466 – the criminal provisions related to possession or distribution of controlled paraphernalia shall not apply to a person who possesses or distributes controlled paraphernalia on behalf of or for the benefit of a comprehensive harm reduction program or a person who possesses controlled paraphernalia obtained from a comprehensive harm reduction program.
Recently proposed legislation	None.

<u>WASHINGTON</u>	
Statute(s) and regulation(s)	WASH. REV. CODE ANN. § 69.50.412 (West 2021)
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	§ 69.50.412 – it is lawful for any person over the age of 18 to possess sterile hypodermic syringes and needles for the purpose of reducing bloodborne diseases.
Recently proposed legislation	None.

<u>WEST VIRGINIA</u>	
Statute(s) and regulation(s)	W. VA. CODE ANN. §§ 16-64-1 to -10 (West 2021)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Yes; unlawful to operate a harm reduction program that includes an SSP without obtaining and having an SSP license from the West Virginia Office for Health Facility Licensure and Certification; authorizes SSPs (Charleston).
Program components	<p>§ 16-64-1 – definitions.</p> <p>§ 16-64-2 – application for license to offer an SSP; all new and existing SSPs shall obtain a license from the office for health facility licensure and certification; to be eligible for a license, an SSP shall: (1) submit an application on a form approved and provided by the office director, provide the name of the program; (2) provide a description of the harm reduction program it is associated with and the harm reduction services provided in accordance with § 16-2-3; (3) provide contact information; (4) provide the hours of operation, location, and staffing; (5) provide a specific description of the applicant’s ability to refer to or facilitate entry into substance use treatment; (6) provide a specific description of the applicant’s ability to encourage usage of medical care and mental health services as well as social welfare and health promotion; (7) pay an application fee in an amount not to exceed \$500, to be determined by the director by legislative rule; and (8) provide a written statement of support from a majority of the members of the county commission and a majority of the members of a governing body of a municipality in which it is located or is proposing to locate</p> <p>§ 16-64-3 – to be approved for a license, an SSP shall be part of a harm reduction program which offers or refers an individual to the following services which shall be documented in the application: HIV, hepatitis, and sexually transmitted diseases screening, vaccinations, birth control and long-term birth control, behavioral health services, overdose prevention supplies and education, syringe collection and sharps disposal, educational services related to disease transmission, assist or refer an individual to a substance use treatment program, refer to a health care practitioner or treat medical conditions, and programmatic guidelines including a sharps disposal plan, a staff training plan, a data collection and program evaluation plan, and a community relations plan; an SSP shall offer services, at every visit, from a qualified licensed health care</p>

<u>WEST VIRGINIA</u>	
Program components (continued)	<p>provider, shall exclude minors from participation in the syringe exchange, but may provide minors with harm reduction services, shall ensure a syringe is unique to the SSP, shall distribute syringes with a goal of a 1:1 model, may substitute weighing the volume of syringes returned versus dispensed as specified; this substitution is only permissible if it can be done accurately and in the following manner: the syringes shall be contained in a see-through container and a visual inspection of the container shall take place prior to the syringes being weighed; shall distribute the syringe directly to the program recipient; proof of West Virginia identification upon dispensing of the needles; shall train staff on the services and eligibility requirements of the program, the services provided by the program, the applicant's policies and procedures concerning syringe exchange transactions, disposing of infectious waste, sharps waste disposal education, procedures for obtaining or making referrals, opioid antagonist administration, cultural diversity and sensitivity to protected classes under state and federal law, and completion of attendance logs for participation in mandatory training; maintain a program for the public to report syringe litter and shall endeavor to collect all syringe litter in the community; each SSP shall have a syringe dispensing plan which includes, but is not limited to, the following: maintaining records of returned syringes by participants for two years, preventing syringe stick injuries, tracking the number of syringes dispensed, tracking the number of syringes collected, tracking the number of syringes collected as a result of community reports of syringe litter, eliminating direct handling of sharps waste, following a syringe stick protocol and plan, a budget for sharps waste disposal or an explanation if no cost is associated with the sharps waste disposal, and a plan to coordinate with the continuum of care, including the requirements of this section; a license is effective for one year.</p> <p>§ 16-64-4 – procedure for revocation or limitation of an SSP; the director may revoke, suspend, or limit an SSP's ability to offer services for the following reasons: the SSP provides false or misleading information to the director, an inspection indicates the SSP is in violation of the law or legislative rule, the SSP fails to cooperate with the director during a complaint investigation, or rescission of the letter of approval from a majority of the county commissioners or the governing body of a municipality; the director shall send written notice to the SSP of revocation, suspension, or limitation of its operations.</p>

<u>WEST VIRGINIA</u>	
Program components (continued)	<p>§ 16-64-5 – an SSP who disagrees with an administrative decision may, within 30 days after receiving notice of the decision, appeal the decision to the department’s board of review.</p> <p>§ 16-64-6 – administrative appeals and judicial review; an SSP who disagrees with the final administrative decision may, within 30 days after the date the appellant received notice of the decision of the board of review, appeal the decision to the circuit court of the county where the petitioner resides or does business.</p> <p>§ 16-64-7 – an SSP shall renew its license annually on the anniversary date of license approval; an SSP shall file an annual report with the director; the report shall include: (1) the total number of persons served; (2) the total numbers and types of syringes, and syringes dispensed, collected, and disposed of; (3) the total number of syringe stick injuries to non-participants; (4) statistics regarding the number of individuals entering substance use treatment; and (5) the total and types of referrals made to substance use treatment and other services; the office shall promulgate and propose rules and regulations to carry out the intent and purposes of this article.</p> <p>§ 16-64-8 – notwithstanding any provision of this code to the contrary, an employee, volunteer, or participant of a licensed SSP may not be arrested, charged with, or prosecuted for possession of sterile or used syringes, hypodermic syringes, injection supplies obtained from or returned to a program, or other safe drug use materials obtained from a program, including testing supplies for illicit substances, residual amounts of a controlled substance contained in a used syringe, used injection supplies obtained from or returned to a program, a law enforcement officer who, acting on good faith, arrests or charges a person who is thereafter determined to be entitled to immunity from prosecution under this section is not liable for the arrest or filing of charges, an individual who is wrongly detained, arrested, or prosecuted under this section shall have the public record associated with the detainment, arrest, or prosecution expunged, a health care professional, or an employee or volunteer of a licensed SSP is not subject to professional sanction, detainment, arrest, or prosecution for</p>

<u>WEST VIRGINIA</u>	
Program components (continued)	<p>carrying out the provisions of this article, a business that has syringe litter on its property is immune from civil or criminal liability in any action relating to the needle on its property unless the business owner acted in reckless disregard for the safety of others. § 16-64-9 – civil penalties and injunctive relief.</p> <p>§ 16-64-10 – coordination of care; an SSP shall coordinate with other health care providers in its services to render care to the individuals as set forth in the program requirements.</p>
Miscellaneous provisions	N/A
Recently proposed legislation	H.B. 2820, 2021 Reg. Sess. (W. Va.) (relating to oversight of syringe exchange programs by the department of health and human resources) (to House prevention and treatment of substance abuse). This bill would add two new articles designated W. Va. Code Ann. §§ 16-63-1 and 16-63-2, relating to oversight of syringe exchange programs by the department of health and human resources.

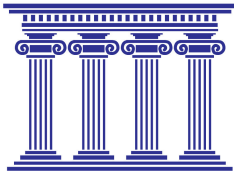
<u>WISCONSIN</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

<u>WYOMING</u>	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	None.

ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.



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