LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

SYRINGE SERVICES PROGRAMS: SUMMARY OF STATE LAWS

JUNE 2022

LAPPA
LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

This project was supported by Grant No. G2199ONDCP03A awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government. Research current as of June 2022.

SYRINGE SERVICES PROGRAMS: SUMMARY OF STATE LAWS

TABLE OF CONTENTS

SUMMARY 3
ALABAMA 16
ALASKA 17
ARIZONA 18
ARKANSAS 20
CALIFORNIA 21
COLORADO 27
CONNECTICUT 29
DELAWARE 32
DISTRICT OF COLUMBIA 34
FLORIDA 36
GEORGIA 39
GUAM 43
HAWAII 44
IDAHO 46
ILLINOIS 48
INDIANA 53
IOWA 56
KANSAS 57
KENTUCKY 58
LOUISIANA 60
MAINE 62
MARYLAND 65
MASSACHUSETTS 72
MICHIGAN 73
MINNESOTA 74

MISSISSIPPI 75
MISSOURI 76
MONTANA 77
NEBRASKA 78
NEVADA 79
NEW HAMPSHIRE 81
NEW JERSEY 83
NEW MEXICO 89
NEW YORK 91
NORTH CAROLINA 97
NORTH DAKOTA 99
OHIO 101
OKLAHOMA 102
OREGON 104
PENNSYLVANIA 106
PUERTO RICO 109
RHODE ISLAND 110
SOUTH CAROLINA 115
SOUTH DAKOTA 116
TENNESSEE 117
TEXAS 120
UTAH 121
VERMONT 125
VIRGIN ISLANDS 129
VIRGINIA 130
WASHINGTON 133
WEST VIRGINIA 134
WISCONSIN 144
WYOMING 145

SUMMARY

An estimated one million people in the United States inject illicit drugs[1] 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 2019[3] and more than 107,000 for the period December 2020 to December 2021.[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 2, 2022, 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

---

[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 (updated Apr. 19, 2022), 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 May 11, 2022), 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%2Frisk%2Fidu.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 March 2, 2022), 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.

Return to Table of Contents

diseases such as HIV, HCV, viral hepatitis, and bacterial and fungal infections through injection 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 people aged 18 to 39 who inject drugs, 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]

---

[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 March 16, 2022), 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 March 16, 2022), 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.

Return to Table of Contents

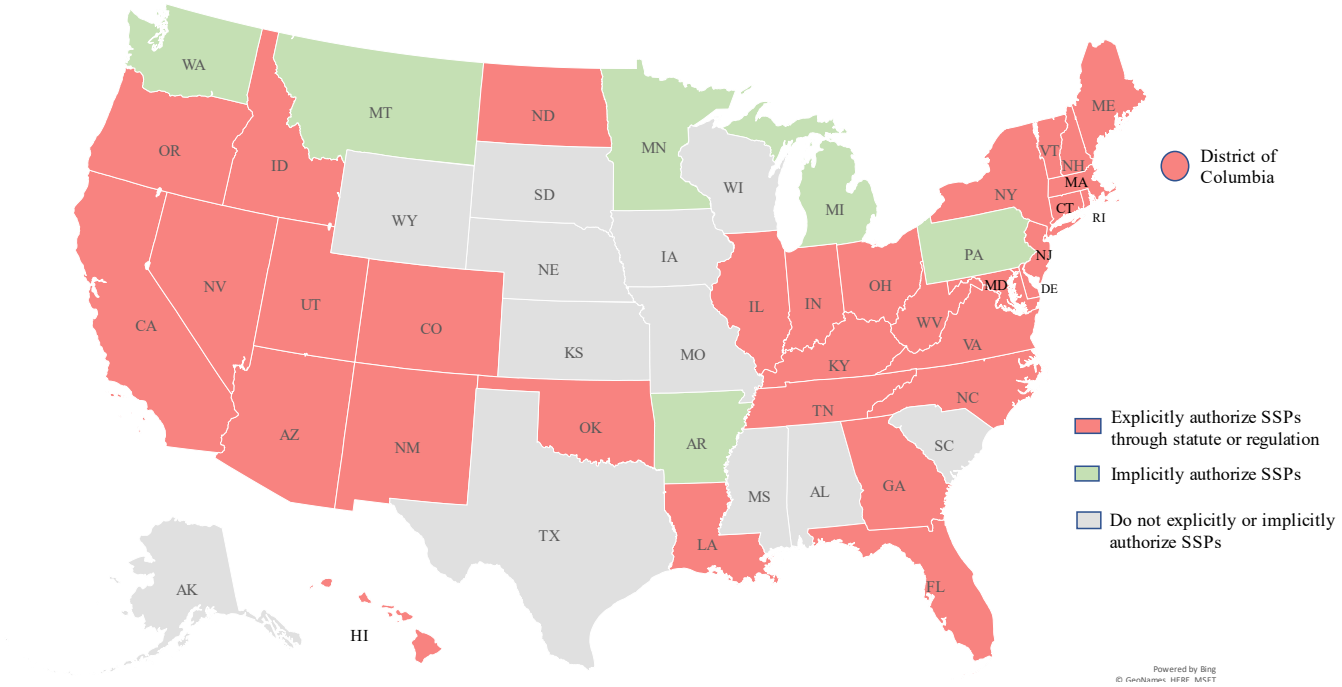
Contrary to popular perception, SSPs do not increase crime in areas where programs are based and do not increase illegal drug use.[17] Further, "[n]early 30 years of research has shown that comprehensive SSPs are safe, effective, and cost-saving … and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections."[18] Additionally, PWID who participate in an SSP are "five times more likely to enter drug treatment and about three times more likely to stop using drugs than those who don't use the programs."[19] Individuals who regularly use an SSP are also "nearly three times as likely to report a reduction in injection frequency as those who have never used an SSP."[20] SSPs are also an important tool in the fight against unintentional drug overdose by teaching PWID how to recognize and respond to a drug overdose, as well as by providing participants with naloxone and training on how to administer it.[21]

Although only 38 states, the District of Columbia, and Puerto Rico either explicitly or implicitly authorize SSPs through statute, regulation, or executive order, as of June 2022, there are 414 operational SSPs located in 44 states, the District of Columbia, and Puerto Rico.[22,23]

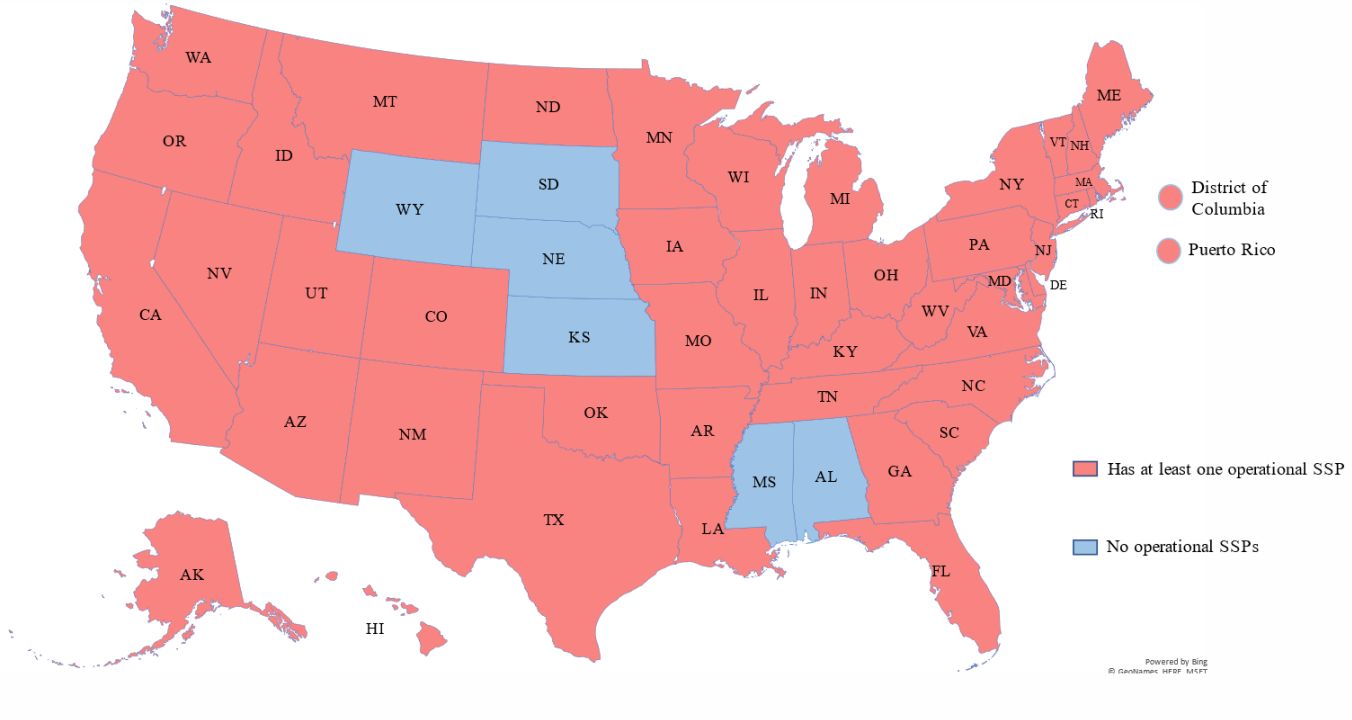
[17] *Summary of Information on the Safety and Effectiveness of Syringe Services Programs (SSPs)*, CTR. FOR DISEASE CONTROL AND PREVENTION (last reviewed May 23, 2019), https://www.cdc.gov/ssp/syringe-services-programs-summary.html.
[18] *Id*.
[19] *Id*.
[20] CTR. FOR DISEASE CONTROL AND PREVENTION, *Syringe Services Programs (SSPs) Fact Sheet*, *supra* note 7.
[21] CTR. FOR DISEASE CONTROL AND PREVENTION, *Syringe Services Programs (SSPs) Fact Sheet*, *supra* note 7.
[22] Thirty-two states and the District of Columbia explicitly authorize SSPs through statute and/or regulation (see map for more information), while six states and Puerto Rico implicitly authorize the establishment of SSPs either by including syringe exchange as part of harm reduction services (*e.g.*, Arkansas), or through exempting syringes provided by a governmental entity from criminal penalties (*e.g.*, Michigan and Montana).
[23] *Opioid & Health Indicators Database*, AMFAR (accessed June 14, 2022) https://opioid.amfar.org/indicator/num_SSPs. Currently, six states do not have an active SSP within their borders – Alabama, Kansas, Mississippi, Nebraska, South Dakota, and Wyoming.

Return to Table of Contents

States that Explicitly or Implicitly Authorize SSPs



Syringe Service Programs: Jurisdictions with Operational SSPs



Return to Table of Contents

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 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 June 2022, seven states (Delaware, Maine, Maryland, New Jersey, New Mexico, New York, and Rhode Island) 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

[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.

[26] *Id.*

[27] *Id.*

[28] *Id.*

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

[30] *Id.*

[31] DEL. CODE ANN. tit. 29, §§ 7992 and 7996 (West 2022) (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 2022) (programs must include policies and procedures for the screening of applicants); MD. CODE ANN. HEALTH-GEN. § 24-901 (West 2022) and MD. CODE REGS. 10.52.01.02 (2022) (definition of "participant" is an individual who has registered with the SSP); N.J. STAT. ANN. § 26:5C-28 (West 2022) (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 (2022) (SSPs must provide procedures for enrollment of participants); 216-40 R.I. CODE R. § 25.5 (2022) (each Center must have a policy and procedure that includes client eligibility criteria and termination criteria).

Return to Table of Contents

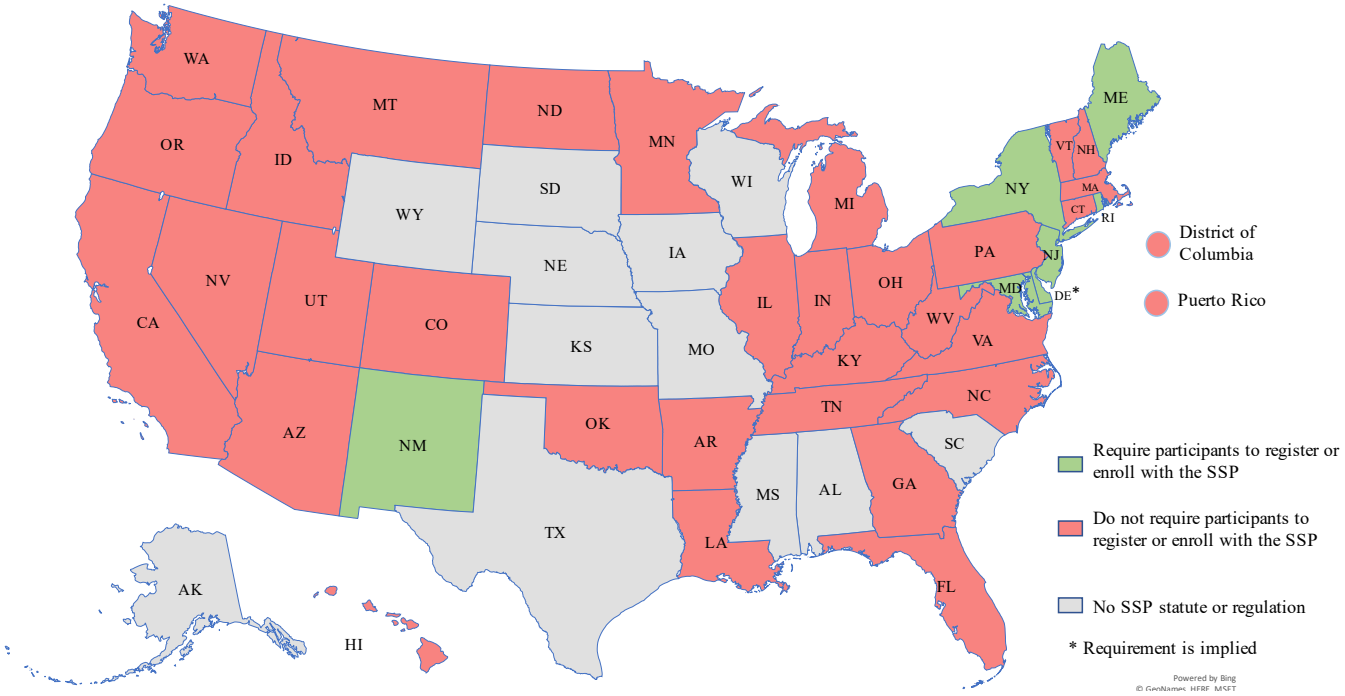
participant of an SSP;[32] and four states (Delaware, Maryland, Virginia, and West Virginia) and the District of Columbia require that programs have some way to identify hypodermic needles and syringes supplied by the SSP.[33] In and of themselves, these provisions do not appear to inhibit access to 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.

[32] CONN. GEN. STAT. ANN. § 21a-65 (West 2022) (participants must have a patient-specific access number to access syringes through a secured machine); DEL. CODE ANN. tit. 29, § 7992 (West 2022) (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 2022) (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 2022) and MD. CODE REGS. 10.52.01.05 (2022) (programs must establish a method of identification for program staff members); MD. CODE ANN. HEALTH-GEN. §§ 24-807 and 24-906 (West 2022) (each program participant shall be issued an identification card with an identification number); N.J. STAT. ANN. § 26:5C-27 (West 2022) (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 2022) (SSPs shall provide a uniform identification card approved by the commissioner to consumers, staff, and volunteers); N.J. ADMIN. CODE § 8:63-3.1 (2022) (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 (2022) (SSPs shall provide procedures for the issuance of participant identification cards); OHIO REV. CODE ANN. § 3707.57 (West 2022) (SSP shall provide each participant with documentation identifying the individual as an active participant in the program).

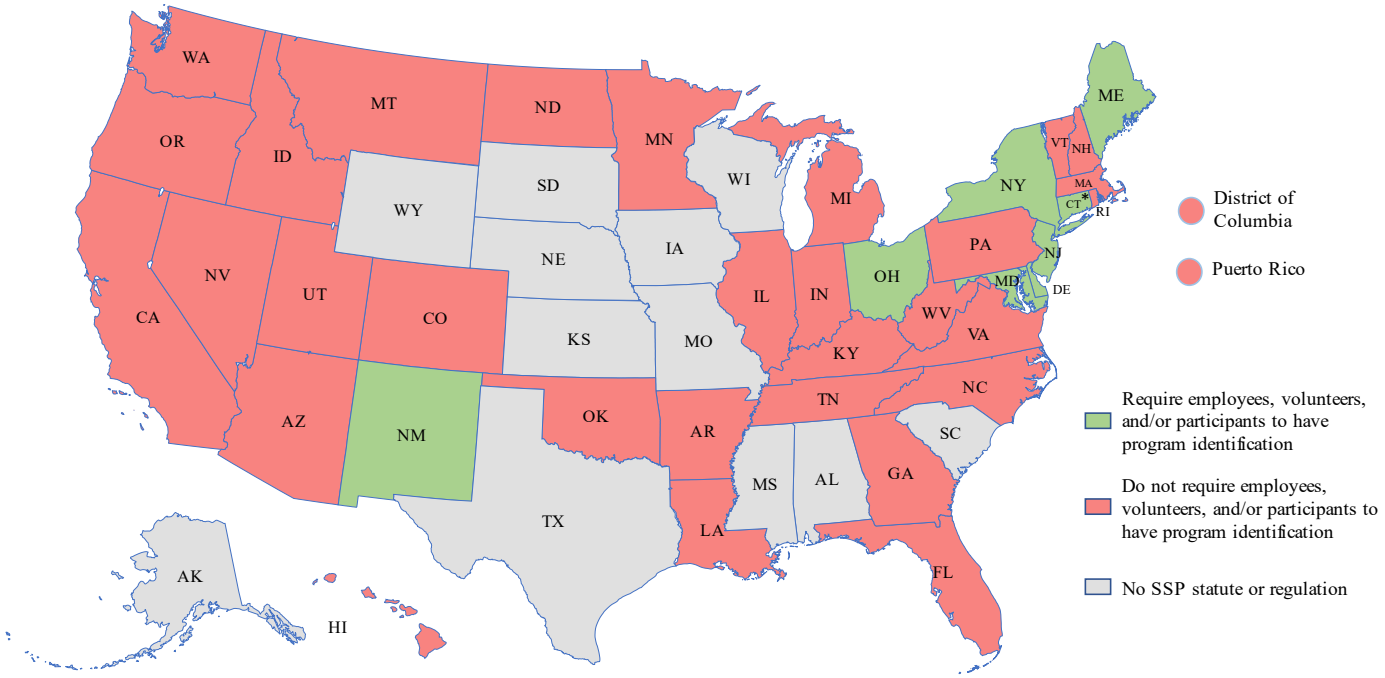
[33] DEL. CODE ANN. tit. 29, §§ 7992 (West 2022) (must have security measures that provide for the identification of program needles); D.C. CODE ANN. § 48-1103.01 (West 2022) (all needles and syringes distributed by the SSP shall be made identifiable through the use of permanent markings, or color coding, or any other effective method); MD. HEALTH-GEN. § 24-806 (West 2022) (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 2022) (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 2022) (SSPs must ensure that "a syringe is unique to the syringe services program").

Return to Table of Contents

Syringe Services Programs: Requirement to Register/Enroll with the SSP

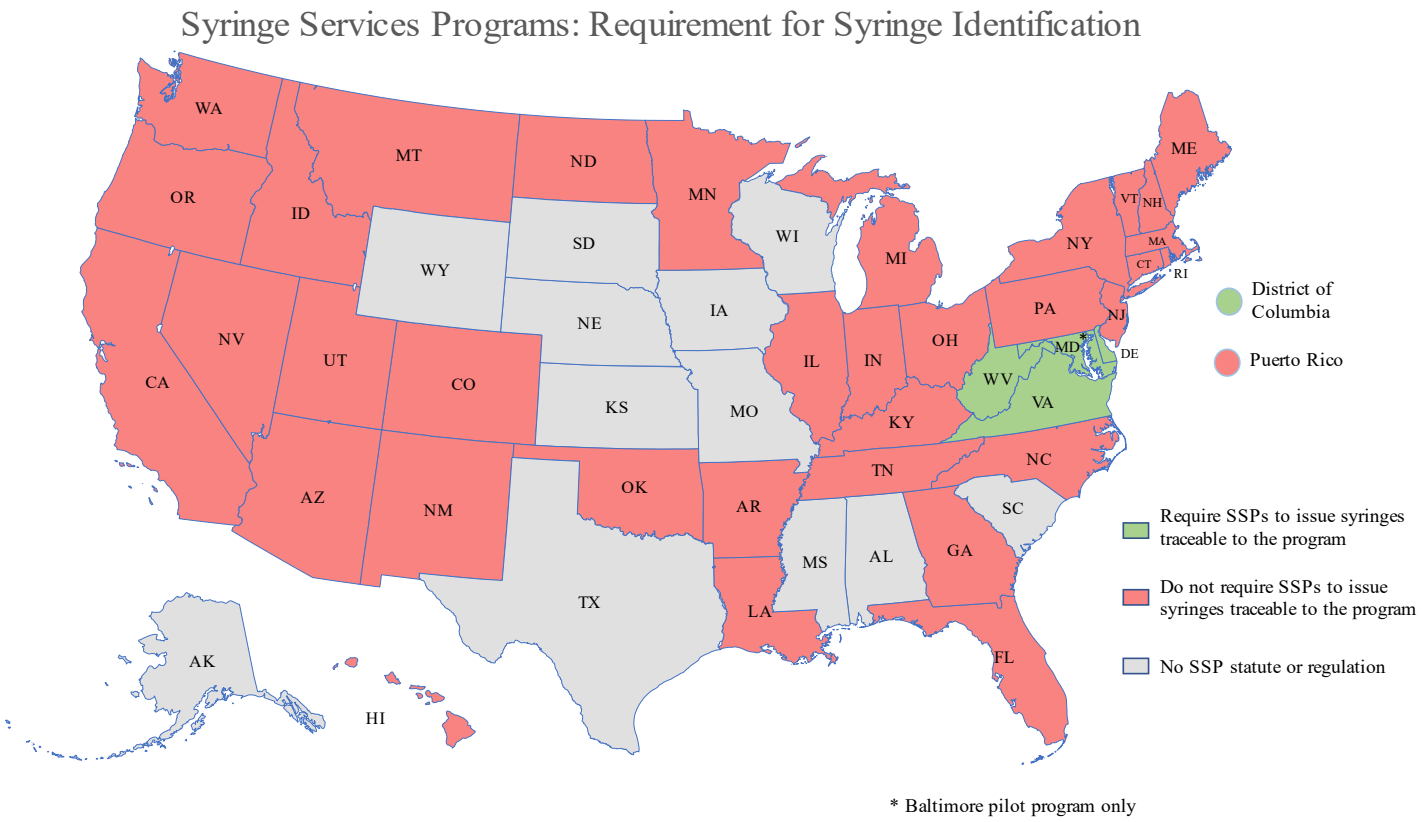


Syringe Services Programs: Requirement for SSP Employees, Volunteers, and/or Participants to Have Program Identification



* Limited to participants accessing syringes through a secured machine

Return to Table of Contents



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

[34] DEL. CODE ANN. tit. 29, §§ 7992 (West 2022) (program shall provide for a 1-to-1 exchange); FLA. STAT. ANN. § 381.0038 (West 2022) (programs must operate a one-to-one exchange); HAW. REV. STAT. ANN. § 325-113 (West 2022) (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 2022) (program shall distribute syringes with a goal of a 1:1 model).

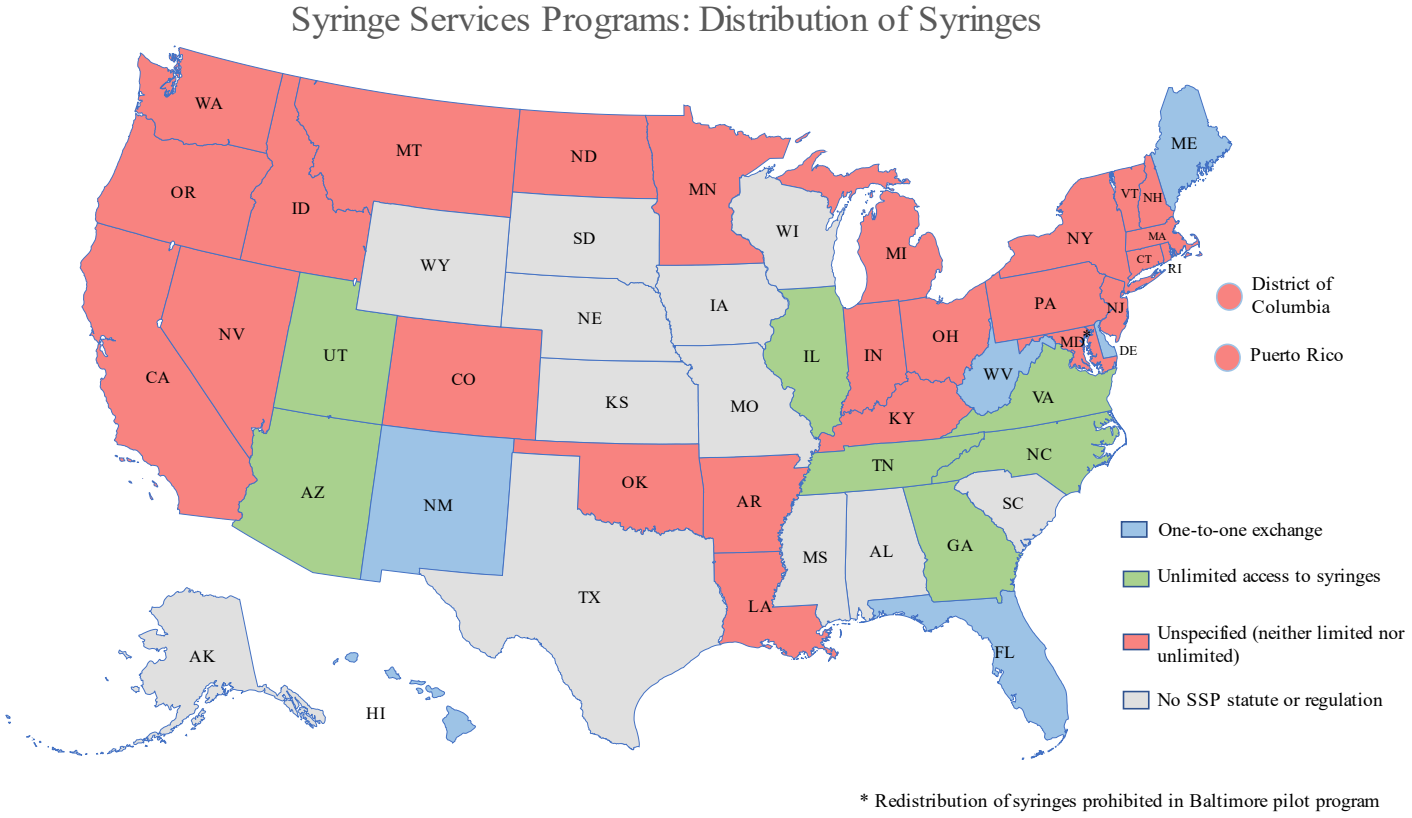
[35] Z. Javed et al., *supra* note 24.

[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.

Return to Table of Contents

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.

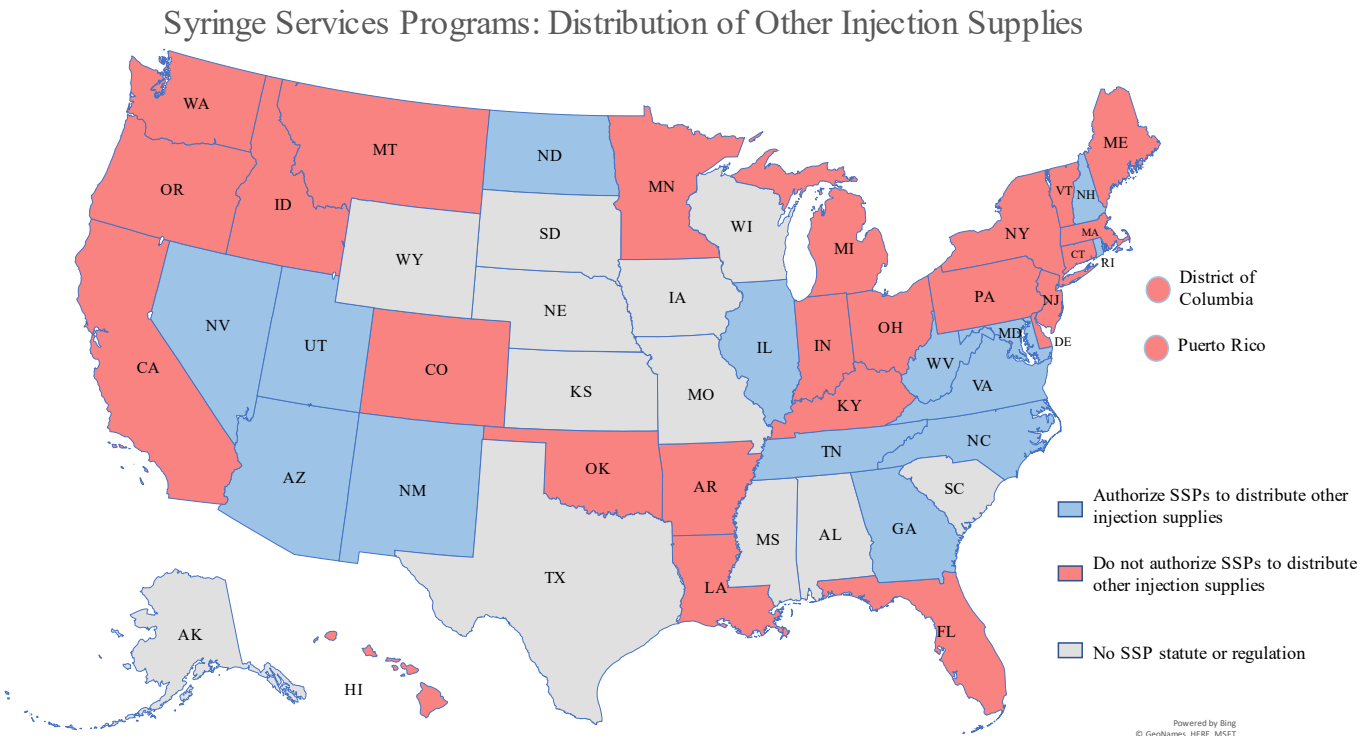


[37] *Id.*

[38] ARIZ. REV. STAT. ANN. § 36-798.51 (West 2022) (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 (2022 (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 2022) (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 2022) (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 2022) (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 2022) (harm reduction program shall include the provision of hypodermic needles and syringes in quantities sufficient to ensure that they are not shared or reused).

Return to Table of Contents

Fourteen states (Arizona, Georgia, Illinois, Maryland, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, 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 2022); GA. CODE ANN. § 16-13-32 (West 2022); GA. COMP. R. & REGS. 511-2-9-.01 (2022); 410 ILL. COMP. STAT. ANN. 710/5 (West 2022); MD. CODE REGS. 10.52.01.02 (2022); NEV. REV. STAT. ANN. §§ 439.989 and 439.991 (West 2021); N.H. REV. STAT. ANN. § 318-B:43 (West 2022); N.C. GEN. STAT. ANN. § 90-113.27 (West 2021); N.D. CENT. CODE ANN. § 23-01-44 (West 2021); 216-40 R.I. CODE R. § 25.5 (2022); TENN. CODE ANN. § 68-1-136 (West 2022); UTAH ADMIN. CODE r. R386-900-3 (2022); VA. CODE ANN. § 32.1-45.4 (West 2022); and W. VA. CODE ANN. § 16-64-8 (West 2022).

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

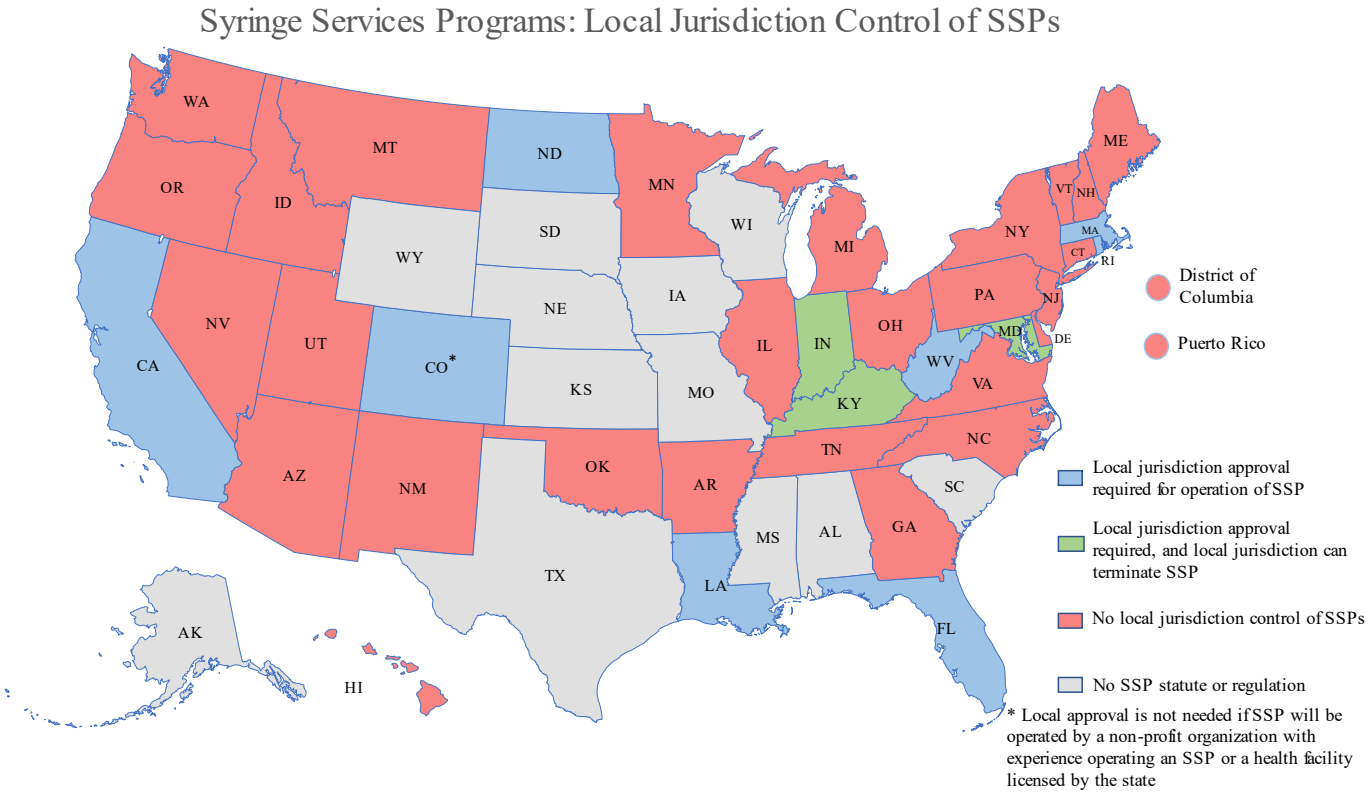
Return to Table of Contents

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

[41] CAL. HEALTH & SAFETY CODE § 121349 (West 2022) (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 2022) (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 2022) (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 2022) (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 2022) (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 2022) (requirements related to the declaration of a public health emergency); KY. REV. STAT. ANN. § 218A.500 (West 2022) (to operate an SSP, 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 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 2022) (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 2022) (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.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); 216-40 R.I. CODE R. § 25.3 (2022) (licensees must submit written documentation of municipal authorization and approval in the form of a copy of the affirmative resolution from the municipal vote with licensure application); W. VA. CODE ANN. § 16-64-2 (West 2022) (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 2022) (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); KY. REV. STAT. ANN. § 218A.500 (West 2022) (to operate an SSP, 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 or of the county, urban-county government, or consolidated local government in which the program would operate); MD. CODE REGS. 10.52.01.09 (2022) (allows the department of health and the local health officer to revoke SSP approval).

Return to Table of Contents

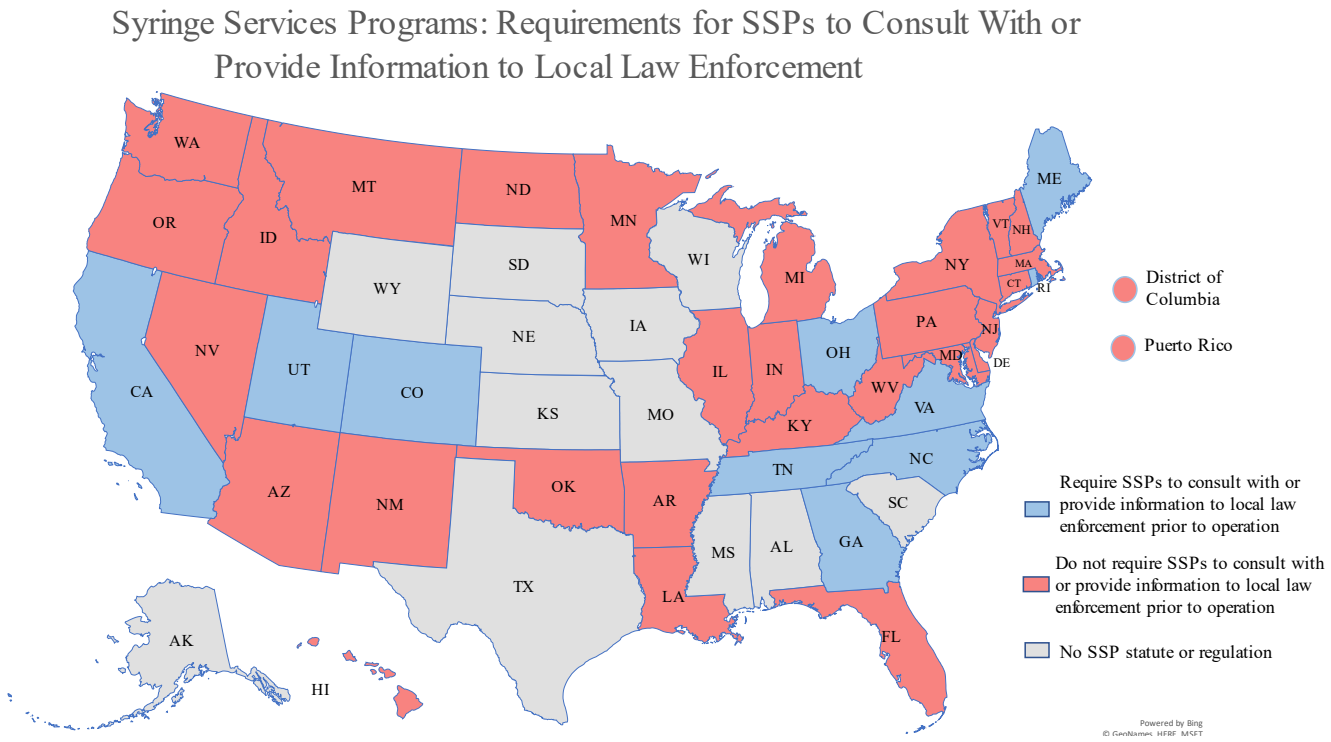


Finally, the CDC recommends that programs work with and involve law enforcement and other stakeholders in the implementation and operation of an SSP in order to form a good working relationship with law enforcement agencies in the community.[43] Ten states (California, Colorado, Georgia, Maine, North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

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

[44] CAL. HEALTH & SAFETY CODE § 121349 (West 2022) (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 2022) (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 (2022) (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 (2022) (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 2022) (before establishing an SSP, the local board of health shall consult with law enforcement representatives); 216-40 R.I. CODE R. § 25.3 (2022) (licensee must

Return to Table of Contents



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.

develop, in collaboration with local public safety officials, a plan to address public safety and order); TENN. CODE ANN. § 68-1-136 (West 2022) (written security plans shall be provided to law enforcement offices with jurisdiction in the program location); UTAH ADMIN. CODE r. R386-900-4 (2022) (operating entity shall meet with local stakeholders which should include law enforcement); VA. CODE ANN. § 32.1-45.4 (West 2022) (written security plans shall be filed annually with each local law enforcement agency serving the jurisdiction where the SSP is located).

[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.

Return to Table of Contents

ALABAMA	
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.

Return to Table of Contents

ALASKA	
Statute(s) and regulation(s)	None.
Does state allow SSPs by statute/regulation?	No. Alaska does not have a drug paraphernalia law, so a specific law permitting SSPs to operate is not necessary.
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.

Return to Table of Contents

ARIZONA	
Statute(s) and regulation(s)	ARIZ. REV. STAT. ANN. §§ 36-798.51 and -798.52 (2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	§ 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. A program established pursuant to this section shall offer all of the following: (1) disposal services and 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 all of the following: overdose prevention; peer support services; the prevention of HIV, viral hepatitis transmission, and the incidence of skin and soft tissue wounds and infections; treatment for mental illness, including treatment referrals; and treatment for substance use disorder, including referrals for substance use disorder treatment; (3) 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 referrals for evidence-based substance use disorder treatment, as appropriate.

Return to Table of Contents

ARIZONA	
Program components (continued)	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. § 36-798.52 – immunity; 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.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

Return to Table of Contents

ARKANSAS	
Statute(s) and regulation(s)	ARK. STAT. ANN. § 20-13-1803 (West 2022); 016.04.6 ARK. CODE R. § 2.00 (2022)
Does state allow SSPs by statute/regulation?	§ 20-13-1803 – 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	016.04.6, § 2.00 – "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.

Return to Table of Contents

CALIFORNIA	
Statute(s) and regulation(s)	CAL. BUS. & PROF. § 4145.5 (West 2022); CAL. HEALTH & SAFETY CODE §§ 11364 and 11364.7 (West 2022); CAL. HEALTH & SAFETY CODE §§ 120780.1, 120780.2, & 120780.5 (West 2022); CAL. HEALTH & SAFETY CODE §§ 121349 to 121349.3 (West 2022); CAL. HEALTH & SAFETY CODE § 122450 (West 2022); CAL CODE REG. tit. 17 §§ 7000 to 7016 (2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Yes; Butte County and the municipalities of Paradise, Santa Ana, and Yuba City prohibit the operation of an SSP while Orange ordinances prohibit the operation of mobile needle exchanges. 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.
Program components	Bus. & Prof. § 4145.5 – notwithstanding any other provision of law, and until January 1, 2026, as a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among persons who use syringes and hypodermic needles, and to prevent subsequent infection of sexual partners, newborn children, or other persons, a physician or pharmacist may, without a prescription or permit, furnish hypodermic needles and syringes for human use to a person 18 years of age or older, and a person 18 years of age or older may, without a prescription or license, obtain hypodermic needles and syringes solely for personal use from a physician or pharmacist. A pharmacy or hypodermic needle and syringe exchange program that furnishes nonprescription needles and syringes shall counsel consumers on safe disposal and provide consumers with one or more of the following disposal options: (1) establish an onsite, safe, hypodermic needle and syringe collection and disposal program; (2) furnish, or make available, mail-back sharps containers authorized by the US Postal Service that meet applicable state and federal requirements, and shall provide tracking forms to verify destruction; (3) furnish, or make available, a sharps container that meets state and federal standards.

Return to Table of Contents

CALIFORNIA	
Program components (continued)	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. 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. Health & Safety § 120780.5 – the state DPH shall award funding to community-based organizations or local health jurisdictions to provide comprehensive HIV prevention and control activities, which includes SSPs. Health & Safety § 121349 – legislative findings; authorization for clean needle and syringe exchange project; in order to reduce the spread of HIV infection and bloodborne hepatitis, SSPs are authorized in any city, county, or city and county 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; provides that the DPH may authorize entities that provide services set forth this in this statute and that have sufficient staff and capacity to provide the services described in § 121349.1 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; authorization shall be made after consultation with the local health officer and local law enforcement leadership, and after a period of public comment; authorization shall not be for more than two years; before the end of the two-year period, DPH may reauthorize the program in consultation with the local health officer and local law enforcement leadership.

Return to Table of Contents

CALIFORNIA	
Program components (continued)	In order to be authorized to conduct an SSP, the application submitted to the department shall demonstrate that the entity complies with all of the following minimum standards: (1) the entity provides, directly or through referral, drug abuse treatment services; HIV or hepatitis screening; hepatitis A and B vaccination; screening for sexually transmitted infections; housing services for the homeless, for victims of domestic violence, or other similar housing services; services related to provision of education and materials for the reduction of sexual risk behaviors, including, but not limited to, the distribution of condoms; (2) the entity has the capacity to commence operations within three months of authorization; (3) the entity has adequate funding to do all of the following at reasonably projected program participation levels: provide needles and syringe exchange services for all participants; provide HIV and viral hepatitis prevention education services; provide for the safe recovery and disposal of used syringes; (4) the entity has the capacity, and an established plan, to collect evaluative data in order to assess program impact, including the total number of persons served, the total number of syringes distributed, recovered, and disposed of, and the total numbers and types of referrals to drug treatment and other services. If the application is provisionally deemed appropriate by DPH, the department shall, at least 45 days prior to approval, provide for a period of public comment as follows: (1) post on the DPH website the name of the applicant, the nature of the services, and the location; (2) send written and email notice to the local health officer of the affected jurisdiction; and (3) send written and email notice to the chief of police, the sheriff, or both as appropriate, of the jurisdictions in which the program will operate. DPH shall establish and maintain on its website the address and contact information of programs providing SSP services pursuant to this chapter. If DPH determines, in its discretion, that a state authorized SSP continues to meet all standards set forth in this section and that a public health need exists, it may administratively approve amendments to a program's operations, and such amendments are not subject to the notice requirements. Health & Safety § 121349.1 – the DPH or a city, county, or a city and county with or without a health department, that acts to

CALIFORNIA	
Program components (continued)	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 or any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability acquired from an authorized SSP. 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. Health & Safety § 121349.3 – report and further comment on SSPs; notice of biennial meeting; biennial report for SSPs authorized by DPH. Health & Safety § 122450 – appropriates funds to, in part, provide technical assistance to local governments and community-based organizations to increase the number of syringe exchange and disposal programs and the number of jurisdictions in which syringe exchange and disposal programs are authorized 17 § 7000 – definitions. 17 § 7002 – application requirements for SSP certification, including a description of the applicant organization's mission and core services, a needs statement that includes information about the presence or absence of other SSPs in the proposed location, and a description of additional services that will accompany syringe exchange, such as overdose prevention supplies and education.

Return to Table of Contents

CALIFORNIA	
Program components (continued)	17 § 7004 – standards for refusal to certify an SSP application; DPH shall reject an application if: (1) information submitted in the application is incorrect or incomplete; (2) the application does not meet statutory requirements; or (3) evidence of projected harm to public safety, presented by local law enforcement, is, in the judgment of DPH, greater than evidence of projected benefits to public health. 17 § 7006 – renewal of SSP certification; certifications are valid for two years and may be renewed by the department; the SSP administrator may communicate to the department, by email or mail, to request renewal of certification for an additional two years; DPH will consult with the local health officer and local law enforcement leadership regarding reauthorization requests; DPH has 30 business days to review and respond to requests for renewal; requests not responded to in writing within 30 days shall be deemed denied.
Miscellaneous provisions	Health & Safety § 11364 – unlawful to possess any device, contrivance, instrument, or paraphernalia used for unlawfully injecting a controlled substance; until January 1, 2026, as a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among persons who use syringes and hypodermic needles, and to prevent subsequent infection of sexual partners, newborn children, or other persons, this section shall not apply to the possession solely for personal use of hypodermic needles or syringes. Health & Safety § 11364.7 – provides that a public entity, its agents or employees shall not be subject to criminal prosecution for distribution of hypodermic needles or syringes or any materials deemed by a local or state health department to be necessary to prevent the spread of disease, or to prevent drug overdose, injury, or disability to participants in a clean needle and syringe exchange program.
Recently proposed legislation	A.B. 1624, Leg. Sess. (Cal. 2021) (“Budget Act of 2022”) (referred to committee on budget). S.B. 840, Leg. Sess. (Cal. 2021) (“Budget Act of 2022”) (introduced; read first time and referred to committee). Appropriates $2,700,000 to support the Syringe Exchange Supply Clearinghouse.

Return to Table of Contents

CALIFORNIA	
Recently proposed legislation (continued)	S.B. 57, Leg. Sess. (Cal. 2021) ("Controlled substances: overdose prevention program") (read second time; ordered to third reading in Assembly). This bill would authorize the City and County of San Francisco, the City and County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs including, among other things, providing a hygienic space where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, providing access or referrals to substance use disorder treatment, and that program staff be authorized and trained to provide emergency administration of an opioid antagonist. S.B. 133, Leg. Sess. (Cal. 2021) ("Budget Act of 2022") (from committee with author's amendments; read second time and amended; re-referred to committee on budget). Amends Health & Safety Code § 120780.2 to provide that the DPH may also support any costs associated with distribution of supplies by SSPs.

Return to Table of Contents

COLORADO	
Statute(s) and regulation(s)	COLO. REV. STAT. ANN. § 18-18-430.5 (West 2022); COLO. REV. STAT. ANN. §§ 25-1-508 and 25-1-520 (West 2022); COLO. REV. STAT. ANN. § 25-20.5-1101 (West 2022)
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	§ 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. 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.

Return to Table of Contents

COLORADO	
Miscellaneous provisions	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. § 18-18-430.5 – persons who are participating as an employee, volunteer, or participant in an approved SSP and pharmacists and pharmacy technicians who sell nonprescription needles or syringes are exempt from criminal prosecution for possession of drug paraphernalia. § 25-1-508 – provides that a county board of health or a district board of health shall have and exercise the following specific power and duties: to approve, as provided in § 25-1-520, a clean syringe exchange program proposed by an agency; a county board of health or district board of health shall not be required to approve a proposed program. § 25-20.5-1101 – harm reduction grant program; requires the department to develop and implement a harm reduction grant program to prevent overdose deaths and reduce health risks associated with drug use; permissible uses of the funding include general operating expenses, and direct and indirect project costs, including, but not limited to: 1) trainings relevant to the field of harm reduction that may include overdose prevention, safer substance use practices, safe disposal, and access to and administration of opiate antagonists and drug detection tests; and 2) purchasing and providing sterile equipment non-laboratory synthetic opiate detection tests, and syringe disposal equipment.
Recently proposed legislation	None.

Return to Table of Contents

CONNECTICUT	
Statute(s) and regulation(s)	CONN. GEN. STAT. ANN. § 19a-124 (West 2022); CONN. GEN. STAT. ANN. § 21a-65 (West 2022)
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	§ 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.
Miscellaneous provisions	§ 21a-65 – provides that a manufacturer or wholesaler may sell hypodermic needles and syringes to an SSP. Hypodermic needles and syringes in a quantity of 10 or less without a prescription may be provided or sold at retail by an SSP.

Return to Table of Contents

CONNECTICUT	
Miscellaneous provisions (continued)	An 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 authorized by said department, 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. Any products provided by the machine shall provide information on access to treatment services to assist individuals obtaining products from the machine. A locked syringe disposal container to accept hypodermic needles and syringes that have been used shall be available as part of the secured machine or in the area around the machine. Only authorized personnel of such program may collect the used syringes for proper disposal.
Recently proposed legislation	H.B. 5037, Leg. Sess. (Conn. 2022) (an act adjusting the state budget for the biennium ending June 30, 2023) (favorable report, tabled for the calendar, House April 25, 2022). Appropriates $460,741 to needle and exchange programs. H.B. 5044, Leg. Sess. (Conn. 2022) (Governor's budget recommendations regarding the use of opioid litigation proceeds) (signed by Governor May 23, 2022; effective July 1, 2022). Creates new section including definition of "harm reduction," which includes, but is not limited to, syringe service programs, naloxone distribution, and public awareness campaigns about Good Samaritan laws; "infrastructure," which includes resources required for an entity to provide harm reduction programs, services, supports, and resources. Provides that moneys in the Opioid Settlement Fund shall be spent only for specified substance use disorder abatement purposes, including, but not limited to: (1) infrastructure required for evidence-based substance use disorder prevention, treatment, recovery, or harm reduction programs, services, and supports; (2) programs, services, supports, and resources for evidence-based substance use disorder prevention, treatment, recovery, or harm reduction; (3) evidence-informed substance use disorder prevention, treatment, recovery, or harm reduction pilot programs or demonstration studies that are not evidence-based, but are approved by the committee as an appropriate use of moneys for a limited period of time as specified by the

CONNECTICUT	
Recently proposed legislation (continued)	committee; and (4) evaluation of effectiveness and outcomes reporting for substance use disorder abatement infrastructure, programs, services, supports, and resources for which moneys from the fund have been disbursed, including, but not limited to, impact on access to harm reduction services or treatment for substance use disorders or reduction in drug-related morbidity. Provides that moneys expended from the fund for the purposes set forth in this bill shall not supplant or take the place of any other funds. Establishes an opioid settlement advisory committee, whose duties shall include recommending and approving goals, objectives, rationales for such goals and objectives, sustainability plans and performance indicators relating to: (1) substance use disorder prevention, treatment, recovery, and harm reduction efforts; (2) reducing disparities in access to prevention, treatment, recovery, and harm reduction programs, services, supports, and resources; and (3) improving health outcomes in traditionally underserved populations.

Return to Table of Contents

DELAWARE	
Statute(s) and regulation(s)	DEL. CODE ANN. tit. 29, §§ 7990 to 7997 (West 2022)
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	29 § 7990 – definitions related to the sterile needle and syringe exchange program for the prevention of AIDS and other diseases. 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. 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

Return to Table of Contents

DELAWARE	
Program components (continued)	structure and delivery methods will be designed in response to the local community in which the program operates. 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. 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. 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. 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.
Miscellaneous provisions	N/A
Recently proposed legislation	S.B. 225, Leg. Sess. (Del. 2022) (budget bill) (in committee). S.B. 250, Leg. Sess. (Del. 2022) (budget bill) (laid on table). Appropriates $557,400 to needle exchange programs.

Return to Table of Contents

DISTRICT OF COLUMBIA	
Statute(s) and regulation(s)	D.C. CODE ANN. § 48-1103.01 (West 2022); D.C. CODE ANN. § 48-1121 (West 2022)
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	§ 48-1103.01 – authorizes the Mayor to establish, within the Department of Human Services, a needle exchange program which may provide clean hypodermic needles and syringes to injecting drug users. programs shall provide counseling on substance abuse addiction and information on appropriate referrals to drug treatment programs to each person to whom a syringe is provided as well as counseling and information on HIV and appropriate referrals for HIV testing and services shall be made available. The program shall be administered by the Commission on Public Health in the Department of Human Services. Only qualified medical officers, registered nurses, counselors, community-based organizations, or other qualified individuals specifically designated by the commissioner shall be authorized to exchange hypodermic needles and syringes. The commissioner shall provide participants with a written statement such person's participation, but no participant shall be required to carry such statement. Notwithstanding any other provision of law, it is not unlawful for any person participating in the program to possess, or for any person to deliver any hypodermic syringe or needle as part of the program. The District, its officers, or employees, shall not be liable for any injury or damage resulting from use of, or contact with, any needle exchanged as part of the program. A community-based organization or other qualified individuals shall not be liable for injury or damage resulting from the use of, or contact with, any needle exchanged as part of the program, unless such injury or damage is a direct result of the gross negligence or intentional misconduct of such organization or individual.

Return to Table of Contents

DISTRICT OF COLUMBIA	
Program components (continued)	All needles and syringes distributed by the program shall be made identifiable through the use of permanent markings, or color coding, or any other method determined by the commissioner. The mayor shall issue an annual evaluation report on the program. The report shall address the following components: (1) number of participants; (2) participant demographics; (3) impact on behaviors which put the individual at risk for HIV transmission; (4) number of materials distributed, including needles, bleach kits, alcohol swabs, and educational materials; (5) impact of program on incidence of HIV infection in the District; and (6) costs of the program versus direct and indirect costs of HIV infection and AIDS in the District. Data on participants shall be obtained through interviews, which shall be used to obtain the following: (1) reasons for program participation; (2) drug use history; (3) sexual behavior and history; (4) health assessment; and (5) impact of program on the participant's behavior and attitudes.
Miscellaneous provisions	§ 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.
Recently proposed legislation	None.

Return to Table of Contents

FLORIDA	
Statute(s) and regulation(s)	FLA. STAT. ANN. § 381.0038 (West 2022)
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	§ 381.0038 – establishes an education program about the threat of AIDS which shall: (1) be designed to reach all citizens; (2) contain special components to reach non-English-speaking and other minority groups; (3) impart knowledge to the public about methods of transmission and prevention; (4) educate the public about transmission risks in social, employment, and educational situations; (5) educate healthcare workers and facility employees about methods of transmission and prevention in their unique workplace environments; (6) contain special components designed to reach persons who may frequently engage in behaviors placing them at high risk; (7) provide information and consultation to state agencies to educate state employees, law enforcement, correctional personnel and inmates, and local government employees; (8) make information available to private employers; (9) contain special components which emphasize appropriate behavior and attitude change; and (10) contain components that include information about domestic violence and risk factors associated with domestic violence and 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. 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

Return to Table of Contents

FLORIDA	
Program components (continued)	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 to operate the program. The SSP must: (1) develop an oversight and accountability system to ensure compliance with statutory and contractual requirements and which requires the program operator to routinely report its progress in achieving the objectives and goal of the program and incorporate mechanisms to track the program operator's compliance and to apply consequences for non-compliance; program must receive the county commission's approval of the system before commencing operations; (2) provide for maximum security of sites where needles and syringes are exchanged and of any equipment used under the program including, at a minimum, an accounting of the number of needles and syringes in use, the number in storage, safe disposal of returned needles, and any other measure that may be required to control the use and dispersal of sterile needles and syringes; (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; if such services are offered solely by referral, they must be made available to participants within 72 hours; the county commission in a rural county may adjust the 72-hour requirement if warranted; (6) provide kits containing an emergency opioid antagonist or provide referrals to a program that can provide such kits; (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

FLORIDA	
Program components (continued)	bloodborne diseases; (f) and other data that may be required by rule. 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.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

Return to Table of Contents

GEORGIA	
Statute(s) and regulation(s)	GA. CODE ANN. §§ 16-13-1, 16-13-32, 16-13-32.1, and 16-13-32.2 (West 2022); GA. COMP. R. & REGS. 511-2-9-.01 to .08 (2022)
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	§ 16-13-32 – it is unlawful for any person or corporation, other than a licensed pharmacist, a pharmacy intern or extern, a practitioner licensed to dispense dangerous drugs, or a person employed by or acting as an agent of a registered SSP, to sell, lend, rent, lease, 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. 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. 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)

Return to Table of Contents

GEORGIA	
Program components (continued)	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. 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. 511-2-9-.03 – application requirements, including: (1) the legal name of the program; (2) contact information for the program administrator along with a signed, notarized statement from the administrator that he or she accepts full responsibility for ensuring compliance with state laws and regulations and all information necessary for the department to conduct a fingerprint criminal background check of the administrator; (3) the location of each program site and venues at which services will be provided by mobile units; (4) hours of operation; (5) 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; and (6) a copy of the program's policies and procedures manual. 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; (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; (4) operate only from locations of which the department has been notified and which must be at least 1,000 feet from any school or child care learning center; (5) strictly limit the disclosure of

GEORGIA	
Program components (continued)	protected health information, including HIV status; (6) ensure that all staff are vaccinated against or immune to the hepatitis B virus; and (7) be overseen by an approved administrator. Each program shall notify the department of any of changes specified in the rule and shall, annually by December 1 each year, report the following data to the department, in a format specified by the department: (1) aggregated demographic information for consumers; (2) number of new syringes distributed to each consumer in each transaction; (3) the number of used syringes returned by consumers, including the number of syringes disposed of and the disposal method; (4) the number of referrals and linkages to care made to HIV, viral hepatitis, STD, and/or tuberculosis testing, service, and treatment providers; (5) the number of consumers tested for HIV, viral hepatitis, STDs, and tuberculosis through the program; (6) the number of referrals made to SUD treatment providers; (7) the number of needlestick injuries and splash exposures at the program, if any; and (8) such other information as deemed necessary by the department. 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. 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

Return to Table of Contents

GEORGIA	
Program components (continued)	renewal. The department shall have the right to examine and copy all manuals, protocols, records, reports, and other documents required to be kept by a program under these regulations. 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. 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.
Miscellaneous provisions	§ 16-13-1 – provides that "drug related object" does not include a hypodermic needle or syringe. § 16-13-32.1 – provides that the offenses listed in this section do not apply to hypodermic needles or syringes. § 16-13-32.2 – provides that the offenses listed in this section do not apply to hypodermic needles or syringes.
Recently proposed legislation	None.

Return to Table of Contents

GUAM	
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.

Return to Table of Contents

HAWAII	
Statute(s) and regulation(s)	HAW. REV. STAT. ANN. §§ 325-111 to -117 (West 2022)
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	§ 325-111 – definitions for SSP. § 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. § 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. § 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

HAWAII	
Program components (continued)	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. § 325-115 – program oversight committee. § 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. § 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.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

Return to Table of Contents

IDAHO	
Statute(s) and regulation(s)	IDAHO CODE ANN. §§ 37-3401 to -3406 (West 2022)
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	§ 37-3402 – legislative intent is to prevent the transmission of disease and to reduce morbidity and mortality among individuals who inject drugs. § 37-3403 – definitions, including definition of "entity," which means the department, a government entity, or a private organization, whether for profit or nonprofit. § 37-3404 – notwithstanding any other law to the contrary, 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. 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. 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.

Return to Table of Contents

IDAHO	
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, including (a) the number of individuals who have exchanged syringes or needles; (b) the number of used syringes or needles exchanged; (c) the number of new syringes or needles provided in exchange for used syringes or needles; (d) the estimated impact, if any, that the programs have had on bloodborne infection rates; and (e) the estimated impact, if any, of the programs on the number of individuals receiving treatment for SUD; (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.

Return to Table of Contents

ILLINOIS	
Statute(s) and regulation(s)	410 ILL. COMP. STAT. ANN. 710/5 (West 2022); 720 ILL. COMP. STAT. ANN. 600/3.5 and 600/4 (West 2022); 720 ILL. COMP. STAT. ANN. 635/1 (West 2022)
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	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. 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; (7) if feasible, a hygienic, separate space for

Return to Table of Contents

ILLINOIS	
Program components (continued)	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. 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 obtained from or returned, directly or indirectly, to a program established under this act or a pharmacy, hospital, clinic, or other health care facility or medical office dispensing drug adulterant testing supplies in accordance with 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. 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. 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.

Return to Table of Contents

ILLINOIS	
Miscellaneous provisions	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. 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. 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. A person who is at least 18 years of age may purchase from a pharmacy and have in his or her possession up to 100 hypodermic syringes or needles.
Recently proposed legislation	H.B. 110, 102nd Gen. Ass. (Ill. 2021) ("Safer consumption services") (re-referred to rules committee March 4, 2022). The bill would create 20 § 301/5-26, safe consumption and overdose prevention services. Includes definitions for "entity," which means "any community-based organization that provides educational, health, harm reduction, housing, or social services and any hospital, medical clinic or office, health center, nursing care facility, mental health facility, or other similar entity that provides medical care," and "program," which means "a safer consumption and overdose services program." The bill provides that, notwithstanding the controlled substances act, the drug paraphernalia control act, or any other provision of law to the contrary, the department may approve an entity to operate a program in one or more jurisdictions upon satisfaction of the requirements set forth in this section. The department shall establish a new intervention license category entitled Harm Reduction Services and shall approve or deny an application for a Harm Reduction Services license. An entity may make application for a license at any time, regardless of previous applications. The department may approve a program upon submission of an application demonstrating that the entity shall, at a minimum: (1) provide a hygienic space where participants may consume their pre-obtained drugs; (2) provide adequate staffing by health

ILLINOIS	
Recently proposed legislation (continued)	care professionals or other trained staff; (3) provide sterile injection supplies, collect used hypodermic needles and syringes, provide secure disposal services, and may provide other drug use supplies that reduce harm; (4) provide education on safer consumption practices, proper disposal of hypodermic needles and syringes, and overdose prevention, including written information in, at a minimum, the four most commonly spoken languages in the state; (5) administer first aid, if needed, and monitor participants for potential overdose; (6) provide referrals to SUD treatment, recovery support services, medical, social determinants of health, and employment and training services; (7) educate participants on the risks of infectious disease and provide sexual health resources and supplies including, but not limited to, condoms; (8) provide access to naloxone; (9) provide reasonable and adequate security for the program site and equipment; (10) ensure confidentiality of program participants by using an anonymous unique identifier; (11) train staff members to deliver services offered by the program or attend training provided by the department; (12) establish operating procedures for the program and eligibility criteria for program participants, if not predetermined by the department; and (13) be designated as or collaborate with an authorized SSP. An entity operating a program shall provide a report to the department that shall include: (1) the number of program participants; (2) aggregate information regarding the characteristics of participants; (3) the number of hypodermic needles, syringes, and harm reduction supplies distributed for on-site use; (4) the number of overdoses experienced and the number of overdoses reversed on-site; (5) the number of individuals directly referred to other services and the type of service; (6) the number of significant incidents during the specified time frame; and (7) the number of ancillary services provide to family members and the public including, but not limited to, social service referrals and educational services. Provides that, notwithstanding any other law to the contrary, the following persons shall not be arrested, charged, or prosecuted for any criminal offense or be subject to any civil or administrative penalty, or be denied any right or privilege, solely for participation or involvement in a program approved by the department under this Act: a program participant; a staff

ILLINOIS	
Recently proposed legislation (continued)	member or administrator of a program, including a healthcare professional, manager, employee, or volunteer; and a property owner who owns real property at which a program is located and operates. H.B. 4334, Leg. Sess. (Ill. 2021) (amends Overdose Prevention and Harm Reduction Act) (re-referred to rules committee). S.B. 3918, Leg. Sess. (Ill. 2021) (amends Overdose Prevention and Harm Reduction Act) (referred to assignments committee). Amends 410 ILL. COMP. STAT. ANN. 710/5 and creates 410 ILL. COMP. STAT. ANN. 710/10 to allow SSPs to provide fentanyl test strips to the public. S.B. 3475, Leg. Sess. (Ill. 2021) ("Opioid Litigation Proceeds Act") (referred to assignments committee). Creates the Opioid Litigation Proceeds Act regarding the distribution of payments received from legal claims made against manufacturers and distributors of prescription opioid analgesics and others. Provides that the intent of the Act is to establish a dedicated fund designated for SUD abatement, including prevention, treatment, recovery, and harm reduction infrastructure, programs, services, supports, and resources. Includes definitions of "harm reduction," which means a program, service, support, or resource that attempts to reduce the adverse consequences of substance use among persons to who use substances, including SSPs; and "infrastructure," which means the resources, such as personnel, buildings, or equipment required for an entity, including harm reduction programs, to provide SUD prevention, treatment, and recovery services, supports, and resources. Provides that moneys in the fund shall be spent only for certain listed purposes, upon approval of the Council, which purposes include infrastructure required for evidence-based SUD prevention, treatment, recovery, or harm reduction programs, services, and supports; programs, services, supports, and resources for evidence-based SUD prevention, treatment, recovery, or harm reduction; and evidence-informed SUD prevention, treatment, recovery, or harm reduction pilot programs or demonstration studies.

Return to Table of Contents

INDIANA	
Statute(s) and regulation(s)	IND. CODE ANN. §§ 16-41-7.5-1 to -14 (West 2022); IND. CODE ANN. § 35-48-4-8.5 (West 2022)
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	§§ 16-41-7.5-1 to -2 – definitions. § 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. § 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. § 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

INDIANA	
Program components (continued)	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. § 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. § 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. § 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.

Return to Table of Contents

INDIANA	
Program components (continued)	§ 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. § 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. § 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. § 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.
Miscellaneous provisions	§ 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.
Recently proposed legislation	None.

Return to Table of Contents

IOWA	
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.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. 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.

Return to Table of Contents

KANSAS	
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.

Return to Table of Contents

KENTUCKY	
Statute(s) and regulation(s)	KY. REV. STAT. ANN. § 218A.500 (West 2022)
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 – definition of "drug paraphernalia" includes hypodermic needles and syringes, and the criminal penalties include using, or possessing with intent to use, drug paraphernalia. 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	H.B. 776, Leg. Sess. (Ky. 2022) (creates new sections to establish a program for harm reduction centers) (introduced in House and referred to committee). Creates new section of KY. REV. STAT. ANN. which includes definitions, including definition of "harm reduction centers," which "means a community-based resource offering services which may include but are not limited to health screening, syringe support, drug checking, disease prevention, recovery assistance, and overdose prevention services where persons may safely consume pre-obtained substances." Provides that, within six months of the effective date, the department for public health shall establish a program to

Return to Table of Contents

KENTUCKY	
Recently proposed legislation (continued)	prevent drug overdoses through the establishment of harm reduction centers, which shall be operated by a local health department. Provides that the legislative body of the county, urban-county government, or consolidated local government in which the program would operate shall approve the opening and operation of the proposed harm reduction center, location of the proposed center, and the hours of operation of the proposed center. Each harm reduction center shall provide the necessary health care professionals to prevent overdose, referrals for counseling, or other medical treatment that may be appropriate for persons utilizing the center. Further provides that harm reduction centers may, in cooperation with a Kentucky public university college or school of medicine, provide drug and substance checking services, and shall offer voluntary testing of any controlled or psychoactive substance, advise the outcome of the testing, provide accurate and appropriate information and harm reduction advice to help individuals make an informed decision, and return a drug or substance to the individual who presented it for checking or dispose of or arrange for the disposal of any such drug or substance. Creates an advisory committee which shall make recommendations regarding maximizing the potential public health and safety benefits of harm reduction centers, the proper disposal of hypodermic needles and syringes, the recovery of participants, and potential collaboration with other public health efforts. Provides that, notwithstanding any other law to the contrary, a person or entity shall not be arrested, charged, or prosecuted pursuant to KRS Chapter 218A or Ky. Rev. Stat. Ann. § 506.120, have their property subject to forfeiture, be subject to any civil or administrative penalty, or be denied any right or privilege for actions, conduct or omissions related to the approval or operation of a harm reduction center. Amends § 218A.510 to delete all references to injecting and deletes hypodermic needles and syringes from the definition of "drug paraphernalia."

Return to Table of Contents

LOUISIANA	
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?	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). Hypodermic syringes or needles provided by drug prevention and/or AIDS education programs are exempt from drug paraphernalia laws (Sec. 102-115 New Orleans). 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).
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.

Return to Table of Contents

LOUISIANA	
Recently proposed legislation	None.

Return to Table of Contents

MAINE	
Statute(s) and regulation(s)	ME. REV. STAT. ANN. tit. 22 § 1341 (West 2022); ME. REV. STAT. ANN. tit. 17-A § 1107-A (West 2022); 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	§ 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 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. 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. If applicable, the

MAINE	
Program components (continued)	amount of services historically provided by the certified program, and other relevant factors, upon the condition the enrollee exchanges those needles, once used, for new needles or disposal. Program staff and their representatives shall carry identification and a copy of their program's certification document while conducting program business. If consumers request a means of confidential enrollment identification to avoid detention for transporting used syringes containing trace elements of substances, programs must offer such identification. Programs are required to notify the Maine CDC in writing of any changes in ownership, relocation or change of SSP address or telephone number, administrator, management or staff of the program, and operating hours. Programs shall also notify the Maine CDC of all data gathered for the prior year using the Program Data Collection Protocol and shall submit such data by November 1 of each year. Upon request by law enforcement, each SSP will provide a staff list within five days. Requires programs to post the certification granted by the department conspicuously in the offices of the administrator of the program. Gives the department the right to refuse certification of an applicant if it finds that the information submitted in the program's application is incorrect or incomplete, the applicant does not meet all applicable requirements, or the applicant or its staff has violated applicable laws, rules, and regulations in the five years preceding the date of application. Further gives the department the right to suspend or revoke any certification issues for violation of laws, regulations, and rules; conduct committing, permitting, aiding, or abetting any illegal practices in the operation of an SSP; or conduct detrimental to the welfare of SSP participants. The Maine CDC shall notify law enforcement of revocations of, or changes in, program certification within 10 days. Program certifications are valid until suspended or revoked by the Maine CDC and may not be assigned or transferred.

Return to Table of Contents

MAINE	
Program components (continued)	Any duly designated employee of the department shall have the right to enter upon and into the premises of any certified SSP and can inspect relevant program documents to determine program compliance. Individuals may appeal the department's decision to deny, suspend, or revoke program certification. The department shall be afforded full access to, and the right to examine and copy, all records, documents, and reports required to be kept by an SSP.
Miscellaneous provisions	§ 1107-A – unlawful possession of a scheduled drug does not include possession of a residual amount of any scheduled drug that is contained in one or more hypodermic apparatuses. § 1111-A – definition of "drug paraphernalia" does not include hypodermic apparatuses.
Recently proposed legislation	None.

Return to Table of Contents

MARYLAND	
Statute(s) and regulation(s)	MD. CODE ANN. HEALTH-GEN. §§ 24-801 to -809 (West 2022); MD. CODE ANN. HEALTH-GEN. §§ 24-901 to -909 (West 2022); MD. CODE REGS. 10.52.01.01 to .09 (2022)
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	MD. CODE ANN. HEALTH-GEN. §§ 24-801 to -809 apply to the AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program established in 1994 in the City of Baltimore. § 24-801 – definitions. § 24-802 – establishes the AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program in the Baltimore City Health Department. Provides that 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. § 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

Return to Table of Contents

MARYLAND	
Program components (continued)	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; (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. § 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. § 24-805 – appointment of program director. § 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. 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

Return to Table of Contents

MARYLAND	
Program components (continued)	other life threatening bloodborne diseases among injecting drug users; (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. 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. § 24-807 – identification cards for program participants. § 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. § 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. MD. CODE ANN. HEALTH-GEN. §§ 24-901 to -909 apply to the Opioid-Associated Disease Prevention and Outreach Programs Act created in 2016. § 24-901 – definitions related to Opioid-Associated Disease Prevention and Outreach Programs. § 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

Return to Table of Contents

MARYLAND	
Program components (continued)	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; 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. § 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

MARYLAND	
Program components (continued)	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. 10.52.01.04 – application process. 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.

Return to Table of Contents

MARYLAND	
Program components (continued)	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. 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. 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;

Return to Table of Contents

MARYLAND	
Program components (continued)	programs shall implement protocols for post-exposure management including testing and post-exposure prophylaxis. 10.52.01.07 – monitoring and evaluation; programs shall submit all data for each reporting period on a quarterly basis. 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. 10.52.01.09 – revocation of approval and appeals process.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

Return to Table of Contents

MASSACHUSETTS	
Statute(s) and regulation(s)	MASS. GEN. LAWS ANN. ch. 111, § 215 (West 2022)
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.

Return to Table of Contents

MICHIGAN	
Statute(s) and regulation(s)	MICH. COMP. LAWS ANN. § 333.7457 (West 2022)
Does state allow SSPs by statute/regulation?	No.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Yes; establishes an SSP and requires the usage of identification cards for staff, volunteers, and participants; requires a license to operate an SSP (Detroit). 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). "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).
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.

Return to Table of Contents

MINNESOTA	
Statute(s) and regulation(s)	MINN. STAT. ANN. § 116.835 (West 2022)
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	H.F. 4398, 92nd Leg. (Minn. 2021) (state agencies and departments, various provisions modified relating to department of health, drug overdose and substance use) (introduction and first reading; referred to committee). H.F. 4434, 92nd Leg. (Minn. 2021) (commissioner of health directed to issue grants for drug overdose prevention and substance use prevention and infectious disease prevention activities) (introduction and first reading, referred to committee). H.F. 4706, 92nd Leg. (Minn. 2021) (health; various related provisions changed, and money appropriated) (committee report, to adopt as amended and re-refer to committee). The bills would amend MINN. STAT. ANN. § 145.924 to provide that the commissioner may manage a program and award grants to agencies experienced in syringe services programs for expanding access to harm reduction services and improving linkages to care to prevent HIV/AIDS, hepatitis, and other infectious diseases for those experiencing homelessness or housing instability.

Return to Table of Contents

MISSISSIPPI	
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.

Return to Table of Contents

MISSOURI	
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. 1844, Leg. Sess. (Mo. 2022) (relating to distributors of hypodermic needles) (referred to committee). Amends § 579.040 to provide that any entity registered with the department of health and senior services that possesses, distributes, or delivers hypodermic needles or syringes for the purpose of operating a syringe exchange program or otherwise mitigating health risks associated with unsterile injection drug use shall be exempt from the criminal penalties associated with distributing, possession, or delivering drug paraphernalia. Further amends § 579.076 related to criminal penalties for delivering or manufacturing drug paraphernalia to provide that any entity registered with the department of health and senior services that delivers or manufactures hypodermic needles or syringes for the purpose of operating a syringe exchange program or otherwise mitigating health risks associated with unsterile injection drug use shall be exempt from the criminal penalties in this section. S.B. 690, Leg. Sess. (Mo. 2022) (modifies provisions of law relating to opioid addiction treatment) (in conference). Amends §§ 579.040 and 579.076 to provide that any entity registered with the department of health and senior services that possesses, distributes, or delivers hypodermic needles or syringes for the purpose of operating a syringe access program or otherwise mitigating health risks associated with unsterile injection drug use shall be exempt from the provisions of those sections.

Return to Table of Contents

MONTANA	
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.

Return to Table of Contents

NEBRASKA	
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.

Return to Table of Contents

NEVADA	
Statute(s) and regulation(s)	NEV. REV. STAT. ANN. §§ 439.985 to 439.994 (West 2021); NEV. REV. STAT. ANN. § 453.336 (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	§ 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. § 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. § 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. § 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. § 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.

Return to Table of Contents

NEVADA	
Program components (continued)	§ 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. § 439.992 – immunity from civil liability for the state, any political subdivision thereof, the sterile hypodermic device program, and program staff and volunteers. § 439.993 – confidentiality of records. § 439.994 – discrimination prohibited.
Miscellaneous provisions	§ 453.336 – unlawful to knowingly or intentionally possess a controlled substance, unless such substance was obtained directly from, or pursuant to, a prescription or order of a physician; it is not a violation of this section if a person possesses a trace amount of a controlled substance and that trace amount is in or on a hypodermic device obtained from a sterile hypodermic device program.
Recently proposed legislation	None.

Return to Table of Contents

NEW HAMPSHIRE	
Statute(s) and regulation(s)	N.H. REV. STAT. ANN. § 318-B:26 (West 2022); N.H. REV. STAT. ANN. §§ 318-B:43 to B:45 (West 2022); N.H. CODE ADMIN. R. He-C 502.01 and 502.02 (West 2022)
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	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. 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

NEW HAMPSHIRE	
Program components (continued)	therapy; and (i) providing referral to medical care, mental health services, and other support services; (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. 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. 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. 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. He-C 502.02 – definitions of organizations authorized to operate SSPs.
Miscellaneous provisions	B:26 – in the case of a residual amount of a controlled substance a person shall be guilty of a misdemeanor if the person is not part of a syringe service program.
Recently proposed legislation	None.

Return to Table of Contents

NEW JERSEY	
Statute(s) and regulation(s)	N.J. STAT. ANN. §§ 2C:36-1 and 2C:36-6a (West 2022); N.J. STAT. ANN. § 24:6J-5.1 (West 2022); N.J. STAT. ANN. §§ 26:5C-25 to -29 (West 2022); N.J. ADMIN. CODE § 8:63-1.1 to --4.1 (2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow or ban SSPs by ordinance or regulation?	Yes; authorizes the Visiting Nurse Association Health Group to establish an SSP (Asbury Park). Requires the division of environmental health to establish and implement an SSP (Jersey City). The department of health and community wellness may establish and implement an SSP (Newark). Authorizes Hyacinth AIDS Foundation to establish an SSP (Trenton).
Program components	§ 26:5C-26 – legislative findings and declarations relative to harm reduction services. § 26:5C-26.1 – definitions, including "authorized harm reduction services," which means services approved by the department of health and provided in a manner consistent with state and federal law, which services include, but are not limited to, syringe access and disposal, referrals to health and social services, harm reduction counseling and supplies, including fentanyl test strips, and HIV and HCV testing; "eligible entity," which means a federally qualified health center, a public health agency, an SUD treatment program, an AIDS service organization, or another entity with the capacity to provide harm reduction services; and "harm reduction supplies," which means any materials or equipment that may be used to prevent, reduce, or mitigate the harms of disease transmission, overdose, and other harms associated with personal drug use. § 26:5C-27 – the department of health shall permit the establishment and operation of harm reduction services. The department shall prescribe by regulation requirements for the establishment of such services to provide hypodermic syringes and needles.

Return to Table of Contents

NEW JERSEY	
Program components (continued)	The department shall: (1) permit a registration form to be submitted in a manner prescribed by the department from any entity that seeks to provide harm reduction services, which shall be a prerequisite for doing so; (2) approve or deny a registration request based upon the requirements established by regulation; (3) support and facilitate the linkage of harm reduction services to health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted treatment services, and other SUD treatment services to consumers receiving harm reduction services and housing assistance programs, career and employment-related counseling programs, and education counseling programs; (4) provide for the adoption of a uniform membership card or other uniform statewide means of identification for consumers, staff, and volunteers of entities offering authorized harm reduction services; and (5) maintain a record of de-identified statistical aggregate data reported to the department by entities offering authorized harm reduction services. § 26:5C-28 – an eligible entity may be approved by the department to provide authorized harm reduction services. Such entity can provide services at a fixed location or through a mobile access component and may operate the program directly or may contract with one or more of the following entities to operate the program: a hospital or other health care facility, a federally qualified health center, a public health agency, an SUD treatment program, an AIDS service organization, or another nonprofit entity designated by the department. An entity authorized to provide harm reduction services shall be managed in accordance with standards or guidance issued by the Division of HIV, STD, and TB Services in the Department of Health and in a manner that is consistent with national best practices for the provision of harm reduction services. To the extent permitted by federal law, an authorized entity may deliver harm reduction services and other related supplies to consumers via postal mail or other delivery service. An entity providing harm reduction services 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, provided that the department may authorize provision of

NEW JERSEY	
Program components (continued)	syringes to consumers under 18 in limited circumstances, at the department's discretion; (2) shall provide training to program staff in the following subjects: harm reduction; substance use disorder, medical, and social service referrals; infection control procedures; and other subjects as determined by the entity and the department; (3) shall offer information about HIV, HCV, and other bloodborne pathogens and information concerning the safe use of drugs by intravenous injection; (4) shall provide information and referrals, including HIV, HCV, and STI testing options, access to MAT programs and other SUD treatment programs, and available health and social service options relevant to the needs of consumers; (5) except as otherwise authorized, shall screen out individuals under the age of 18; (6) shall develop a plan for the disposal of used syringes; (7) may obtain and distribute naloxone or another opioid antidote to consumers and to family members and friends of consumers, and to any member of the general public and shall provide overdose prevention information to such individuals; (8) shall maintain the confidentiality and security of information about consumers receiving harm reduction services through appropriate administrative, technical, and physical controls and safeguards; (9) shall provide a uniform membership card to consumers, staff, and volunteers; (10) shall provide consumers with a schedule of the program's hours of operation, locations, and information about prevention and harm reduction and SUD treatment services; (11) establish and implement accurate data collection methods and procedures for the purpose of evaluating the provision of harm reduction services. The department shall have the sole authority to terminate authorization for an entity to provide harm reduction services without the need for application or approval by the host municipality. The provisions of this section shall not be construed as preempting the powers and authority granted to municipalities under the "Municipal Land Use Law," nor as requiring a determination that the provision of harm reduction services is an inherently beneficial use thereunder.

Return to Table of Contents

NEW JERSEY	
Program components (continued)	§ 26:5C-29 – requires the commissioner of health to report to the governor and the legislature no later than one year after the effective date of this Act and biennially thereafter on the status of harm reduction services provided by entities and shall include in that report the data provided to the department be each entity authorized to provide harm reduction services. For the purpose of each biennial report, the department shall: (1) collaborate with local stakeholders, including healthcare providers, healthcare systems, social services providers, and law enforcement, to provide education and collect data on the value of providing harm reduction services; (2) determine the type of data to be reported and shared, which may include the number of consumers served, the number of syringes distributed, the number of referrals made to social support services and healthcare providers, overall crime statistics, and the incidence and locations of needlestick injuries. The department shall prepare a detailed analysis of harm reduction services provided and report on the results of that analysis to the governor, the governor's advisory council on HIV/AIDS and related bloodborne pathogens, and the legislature annually. The analysis shall include, but not be limited to: (1) any increase or decrease in the spread of HIV, HCV, 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 receiving harm reduction services and an assessment of their reasons for accessing those services; (4) the number of consumers who participated in SUD treatment programs; and (5) the number of consumers receiving harm reduction services who benefitted from counseling and referrals to programs and entities that are relevant to their health, housing, social service, employment, and other needs. § 26:5C-31 – requires the commissioner of health to adopt rules, no later than 90 days after the effective date of this Act, to implement the provisions of this Act.

Return to Table of Contents

NEW JERSEY	
Program components (continued)	§ 8:63-1.2 – definitions related to SSP demonstration project rules. § 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. § 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. § 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. § 8:63-2.4 – the department shall announce a request for applications to participate in the demonstration project. § 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. § 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. 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

Return to Table of Contents

NEW JERSEY	
Program components (continued)	protocol; termination of program participants; syringes and other supplies; collection and storage of used syringes and regulated medical waste; 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:36-1 – it shall not be unlawful for a person to use, or possess with intent to use, a hypodermic needle or syringe for the personal use of a controlled substance; this provision shall extend to a hypodermic syringe or needle that contains a residual amount of a controlled dangerous substance or controlled substance analog. § 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. § 24:6J-5.1 – if an opioid antidote is administered by a health care practitioner or a first responder to a person believed to be experiencing a drug overdose, an opioid antidote and information concerning substance use disorder treatment programs and resources and sterile syringe access programs and resources shall be provided to the person.
Recently proposed legislation	A.B. 3672, 220th Leg. (N.J. 2022) (provides that sterile syringe access programs are inherently beneficial uses) (introduced; referred to committee). The bill would amend § 40:55D-4 to provide that a sterile syringe access program is an inherently beneficial use for purposes of the municipal land use law.

Return to Table of Contents

NEW MEXICO	
Statute(s) and regulation(s)	N.M. STAT. ANN. §§ 24-2C-1 to -6 (West 2022); N.M. STAT. ANN. § 30-31-25.1 (West 2022); 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	§ 24-2C-3 – definitions of "department," which means the department of health, and "participant," which means a person who receives supplies or devices or services provided by the harm reduction program. § 24-2C-4 – the department shall: (1) establish and administer a program that shall be known as the "harm reduction program" to reduce overdose mortality and other negative health outcomes associated with drug use; (2) qualify persons as harm reduction program participants, issue a document that identifies the bearer of the document as a participant, and provide the bearer of the document with access to supplies, devices, or services provided by the program; (3) compile data to assist in planning and evaluating efforts to combat overdose mortality and other negative health outcomes associated with drug use; and (4) make an annual report, including legislative recommendations, to the legislative health and human services committee by October 1 each year. The department shall appoint an advisory committee which shall develop polices and procedures for evaluation of the harm reduction program, develop criteria for data collection and program evaluation, and meet as necessary to monitor and analyze data and produce a report on the harm reduction program's impact on overdose mortality and other negative health outcomes associated with drug use. Allows the department to contract with private providers to operate the harm reduction program. The department shall promulgate regulations as necessary for administration of the harm reduction act, including developing criteria for the types of supplies or devices provided and standards for distribution.

Return to Table of Contents

NEW MEXICO	
Program components (continued)	§ 24-2C-5 – the SSP shall provide program participants with: (1) 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; (2) other objects used to prepare or consume controlled substances; (3) supplies or devices used for testing controlled substances for potentially dangerous adulterants; (4) supplies or devices approved by the department for distribution; (5) education on the prevention of the transmission of HIV and viral hepatitis, drug overdose mortality and other negative health outcomes, and referral to SUD treatment services. § 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 – it is unlawful for a person to use or possess with intent to use drug paraphernalia; the provisions of this subsection do not apply to a person who is in possession of hypodermic needles or syringes for the purpose of participation in or administration of the harm reduction act or supplies or devices obtained pursuant to the harm reduction act in accordance with rules established by the department of health for the harm reduction program. It is unlawful for a person to deliver, possess with intent to delivery, or manufacture with intent to delivery drug paraphernalia. The provisions of this subsection do 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 (*eff. May 18, 2022*).
Recently proposed legislation	None.

Return to Table of Contents

NEW YORK	
Statute(s) and regulation(s)	N.Y. PENAL LAW § 220.03 (McKinney 2022); N.Y. PUB. HEALTH LAW § 3381 (McKinney 2022); N.Y. COMP. CODES R. & REGS. tit. 10, § 80.135 (2022)
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	§ 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. 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

NEW YORK	
Program components (continued)	facilities, and health care practitioners cooperate in a safe disposal of used hypodermic needles or syringes. 10 § 80.135 – authorization to conduct hypodermic syringe and needle exchange programs. 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. Authorization only extends to those hypodermic needles and syringes distributed or collected pursuant to the approved plan and only as long as such employees or trained volunteers of the not-for-profit organizations or government entities are assigned to the program. The organization or entity must develop and maintain a list of employees and trained volunteers and provide

Return to Table of Contents

NEW YORK	
Program components (continued)	such list to the department and report all personnel changes to the department. An approval obtained pursuant to this section shall continue for two years or until receipt of a written notice of termination of the program, whichever occurs first. The commissioner may approve extensions of the plan for additional two-year periods. Individuals participating in the approved plan may obtain and possess hypodermic syringes and needles without a prescription provided that: (1) this authorization extends only to obtaining or possessing those hypodermic needles and syringes which have been distributed or collected pursuant to the approved plan; (2) this authorization is effective only so long as the person is an active participant in the approved plan; and (3) this authorization shall be automatically void with respect to any hypodermic needle or syringe which is sold or furnished or attempted to be sold or furnished by a participant in violation of state or federal law. An approval pursuant to this section shall allow a not-for-profit organization or government entity to purchase hypodermic needles and syringes as part of a needle exchange plan by the commissioner. 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, which shall include, but not be limited to: (1) requirements for training staff and volunteers; (2) procedures to ensure staff security; (3) enlisting community support, including development of a community advisory board; (4) requirements involving community concerns regarding the conduct of a program, including those involving law enforcement agencies; (5) determining eligibility of individuals for participation in a program; (6) referral of injection drug users under the age of 18; (7) enrollment of participants in a program and issuance of participant identification cards; (8) obtaining and recording participant information; (9) distribution and collection of hypodermic needles and syringes, including the number of needles that can be provided to a participant in a single transaction; (10) procedures to ensure that hypodermic needles and syringes are secured properly; (11) to terminate program

NEW YORK	
Program components (continued)	participants; (12) developing new sites or expanding or changing existing sites for programs; (13) relating to the provision of HIV prevention education and other appropriate interventions for participants; (14) referring participants to services, including developing written agreements with service providers and documenting referral linkages; (15) data collection and program reporting; and (16) evaluation of programs. An organization or entity engaged in an SSP shall maintain the following records of hypodermic syringes, needles, participants, and transactions: (1) an inventory of hypodermic syringes and needles, including the number purchased and distributed, and the balance on hand; (2) a record of the number of hypodermic syringes and needles distributed to each participant in each transaction; (3) a record of the number of used hypodermic syringes and needles returned by each participant in each transaction; (4) the number and manner of disposal of hypodermic syringes and needles collected by the program; and (5) 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. 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: (1) the number of program participants; (2) aggregate information regarding the characteristics of program participants; (3) the total number of hypodermic syringes and needles distributed, and the average number distributed per participant per transaction; (4) the total number of hypodermic syringes and needles collected, and the average collected per participant per transaction; (5) information regarding the service needs of plan participants; (6) a list of employees and trained volunteers; (7) significant problems encountered and milestones achieved; and (8) other

NEW YORK	
Program components (continued)	information deemed necessary by the department to ensure that the conduct of an SSP adheres to the requirements of this regulation. Entities must provide an annual report of plan activities, summarizing the information previously reported and shall contain an evaluation of the organization's progress in attaining the plan's goals. The organization or entity may be inspected as necessary to ensure compliance. Any organization or entity seeking to obtain, possess, and furnish hypodermic needles and syringes without prescription must submit a plan to the commissioner for approval, which shall include certain specified information, including, but not limited to: (1) assessment of need in the community; (2) description of the applicant's previous and planned community activities to enlist support for and to further integration of the program within the community; (3) the design and protocols of the project, including procedures for determining participant eligibility, procedures to provide assessment and service referrals, issuance of identification cards, and procedures for distribution and collection of hypodermic needles and syringes; (4) proposed plans for the proper safeguarding and handling and disposal of hypodermic needles and syringes; (5) plan for evaluating program services and goals; and (6) overdose prevention education that specifically includes information about methods participants should use to prevent any adverse reactions from injecting fentanyl and lack of knowledge of the kinds and amounts of substances users are injecting. 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 listed elements.
Miscellaneous provisions	§ 220.03 – a person is guilty of criminal possession of a controlled substance when he or she knowingly or unlawfully possesses a controlled substance; provided, however, that it shall not be a violation of this section when a person possesses a residual amount of a controlled substance and that residual amount is in or on a hypodermic syringe or needle.

Return to Table of Contents

NEW YORK	
Recently proposed legislation	A.B. 7354, 2022 Leg. Sess. (N.Y.) (refers individuals to appropriate service providers) (amend and recommit to Health committee) S.B. 4359, 2022 Leg. Sess. (N.Y.) (refers individuals to appropriate service providers) (amend and recommit to Health committee). This bill amends Pub. Health Law § 2803-u to provide that the office of addiction services and supports, in consultation with the department, shall develop or utilize existing educational materials to be provided to general hospitals to disseminate to individuals with documented substance use disorder or who appear to have or be at risk for an SUD during discharge planning, which materials shall include information regarding the various types of harm reduction, treatment, and recovery services including, but not limited to, overdose prevention and syringe exchange services. Further provides that, if the hospital does not directly provide SUD services, or the individual refuses services, the hospital shall refer such individuals to an appropriate service provider that provides behavioral health services or a hypodermic needle and syringe exchange program that has the ability to provide services to the individual within 72 hours.

Return to Table of Contents

NORTH CAROLINA	
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	§ 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. 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.

Return to Table of Contents

NORTH CAROLINA	
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.

Return to Table of Contents

NORTH DAKOTA	
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	§ 23-01-44 – definitions, including "qualified entity," which means a local health department, a city that operates a program within the boundaries of the city, or an organization authorized by the department of health and human services, the board of county commissioners, or the governing body for the operation of a program within the boundaries of the city; and "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 department of health and human services shall design and administer a syringe exchange program. The department 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. 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

Return to Table of Contents

NORTH DAKOTA	
Program components (continued)	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. The department of health may terminate an SSP for failure to comply with any of the provisions of this section. 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. A law enforcement officer may not stop, search, or seize an individual based on the individual's participation in an SSP. Syringes, needles, and supplies appropriately collected under this section are not considered drug paraphernalia or possession of a controlled substance. Each program shall file a semiannual report with the department 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.
Miscellaneous provisions	§ 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.
Recently proposed legislation	None.

Return to Table of Contents

OHIO	
Statute(s) and regulation(s)	OHIO REV. CODE ANN. § 3707.57 (West 2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	§ 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. Before establishing a bloodborne infectious disease prevention program, the board of health shall consult with members of the community, including law enforcement and prosecutors.
Miscellaneous provisions	None.
Recently proposed legislation	None.

Return to Table of Contents

OKLAHOMA	
Statute(s) and regulation(s)	OKLA. STAT. ANN. tit. 63, § 2-1101 (West 2022); OKLA. STAT. ANN. tit. 63, §§ 2-101 and 2-101.1 (West 2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	§ 2-101 – definitions, including "harm-reduction services," which means programs established to (1) reduce the spread of infectious diseases related to injection drug use; (2) reduce drug dependency, overdose deaths and associated complications; and (3) increase safe recovery and disposal of used syringes and sharp waste. § 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. 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. Registered providers of harm-reduction services shall report at least quarterly to the department of health the: (1) number of

Return to Table of Contents

OKLAHOMA	
Program components (continued)	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. The commissioner of health shall promulgate rules for the implementation of this section.
Miscellaneous provisions	§ 2-101.1 – provisions related to drug paraphernalia do not apply to objects in the possession of harm reduction services providers.
Recently proposed legislation	OKLA. ADMIN. CODE 310:521-9-1 to -6 (Okla. Dept. of Health) (submitted to governor and legislature for approval). The proposed rules implement the requirements for harm-reduction services established pursuant to OKLA. STAT. ANN. tit. 63, §§ 2-101 and 2-1101. Proposed rule 521-9-3 lists the eligible providers: (1) government entities; (2) religious institutions or churches; (3) nonprofit organizations; (4) for-profit companies; (5) nongovernmental entities partnering with a governmental agency; and (6) tribal governments. Proposed rule 521-9-4 provides that no entity may engage in harm-reduction services without first registering with the department in the form and manner prescribed by the department. Proposed rule 521-9-5 provides that registered programs may engage in harm-reduction services as outlined in § 2-1101 and shall offer such services free of charge and shall operate and furnish services in compliance with all applicable federal, state, and local laws and regulations. Proposed rule 521-9-6 provides that all entities providing harm-reduction services must complete an application for registration with the sexual health and harm reduction service program at the department. It also lists the information that must be provided on the application. Proposed rule 521-9-7 provides that programs shall submit electronic reports to the department on the last business day of each calendar quarter, which includes the following information: (1) the umber 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. Failure to report the required data constitutes grounds for non-renewal of the provider's registration.

Return to Table of Contents

OREGON	
Statute(s) and regulation(s)	OR. REV. STAT. ANN. § 475.525 (West 2022); OR. REV. STAT. ANN. § 475.757 (West 2022); S.B. 755, Leg. Sess. (Or. 2021); OR. ADMIN. R. 944-001-0000 to 944-001-0040 (West 2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	§ 475.757 – "syringe service program" means a program that provides services including free sterile needles and syringes and safe disposal for needles and syringes. S.B. 755, Leg. Sess. (Or. 2021) (eff. July 19, 2021, currently uncodified). Ch. 2, § 2 – expanding treatment and services. Provides that the Oversight and Accountability Council shall oversee and approve grants and funding the implement Behavioral Health Resource Networks (BHRNs) and increase access to community care. Defines "BHRN" as "an entity or collection of entities that individually or jointly provide some or all of the services described in this section." The council, in consultation with the Oregon Health Authority, shall provide grants and funding to agencies or organizations, whether government or community based, to establish BHRNs for the purposes of immediately screening the acute needs of people who use drugs and assessing and addressing any ongoing needs through ongoing case management, harm reduction, treatment, housing, and linkage to other care and services. 944-001-0010 – definitions, including "Behavioral Health Resource Network (BHRN)," which means an organization, tribal entity, or network of organizations that receives funds from the Oversight and Accountability Council or the Oregon Health Authority; and "harm reduction services," which means low-barrier interventions that reduce the negative individual and public health outcomes of substance use and substance related harm, such as overdose and substance use related infections, and which services include, but are not limited to, supported access to naloxone, sterile syringes, safer use and

Return to Table of Contents

OREGON	
Program components (continued)	wound care supplies, substance use-related infectious disease screening, sobering support, contingency management, drug checking supplies, and overdose prevention sites, where the law allows. 944-001-0020 – comprehensive BHRNs must include certain required services, including harm reduction services, which may be provided by one or more entities who refer between and collaborate with each other. 944-001-0030 – formation of BHRNs and funding. Organizations, local governments, the Nine Federally Recognized Tribes of Oregon, and the Urban Indian Health Program may seek to establish a BHRN and are eligible to apply through an application process designated by the oversight and accountability council. Such entities may seek participation in a BHRN by: (1) applying as a pre-established service provider or network of service providers that cover all of the required services outlined in statute and in these rules; (2) applying as a partial network of service providers that cover some of the required services and seeking additional funding or partnerships to cover all of the services; or (3) applying as a single service provider that covers one or more of the required services seeking to be part of a BHRN. Applicants must identify in their applications how they intend to partner with other entities to provide services.
Miscellaneous provisions	§ 475.525 – provides that drug paraphernalia does not include hypodermic syringes and needles. § 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."
Recently proposed legislation	None.

Return to Table of Contents

PENNSYLVANIA	
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?	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). 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).
Program components	N/A
Miscellaneous provisions	N/A
Recently proposed legislation	H.B. 2264, Leg. Sess. (Pa. 2022) (an act relating to controlled substances and drug paraphernalia) (referred to judiciary committee). This bill amends the definition of "drug paraphernalia" to provide that the term does not include: (1) a syringe, needle, or other object used to reduce the risk of disease transmission or other harm, provided by a public or

PENNSYLVANIA	
Recently proposed legislation (continued)	private entity, volunteer, or healthcare provider through a syringe services program to a participant in the SSP; (2) a syringe, needle, or other object used to reduce the risk of disease transmission or other harm, provided by a pharmacist; or (3) a syringe, needle, or other object used to reduce the risk of disease transmission or other harm and distributed to an individual in the usual course of business by a healthcare provider authorized to distribute the item. Further provides that a participant in an SSP shall evidence participation in the SSP by producing an identification card, which shall contain at least the following: (1) a unique identification number generated by the SSP; and (2) the contact information for the SSP. Provides that "syringe services program" means a program that, at a minimum, provides or arranges for the provision of the following: (1) access to sterile syringes, needles, and other objects used to reduce the risk of disease transmission or other harm; (2) safe disposal of used syringes, needles, and drug preparation equipment; (3) information and educational materials to each participant regarding SUD prevention and treatment; (4) information for participations to reduce injection and overdose risks; (5) naloxone to participants or information about where naloxone can be obtained at low or no cost; and (6) information on health care, including mental health services. Amends the criminal penalty provisions to provide that the following shall be immune from civil or criminal liability under state or local law for activities specifically permitted by this act: (1) pharmacist; (2) healthcare provider; (3) SSP, including its employees, operators, volunteers, or participants, when the SSP is in compliance with the reporting requirements regarding the following: (a) the number of individuals served; (b) the number of needles and syringes dispensed; (c) the number of naloxone kits dispensed; and (d) the number of treatment referrals provided to individuals served by the SSP. Amends statute regarding criminal penalties to provide that no person shall be prosecuted for a residual amount of a controlled substance contained in a used syringe, needle, or other object which is excluded from the definition of "drug paraphernalia."

Return to Table of Contents

PENNSYLVANIA	
Recently proposed legislation (continued)	Requires the department of health to issue guidance on best practices for SSPs and further provides that, prior to commencing operations of an SSP, the SSP shall report the following to the department of health: (1) the legal name of the organization, agency, or healthcare facility operating the SSP; (2) the areas and populations to be served by the program; and (3) the written notice of the proposed location to the governing authority in which the SSP is to be located. No later than one year after commencing operations and every 12 months thereafter, each SSP shall report the following to the department of health: (1) the number of individuals served; (2) the number of needles and syringes dispensed; (3) the number of naloxone kits dispensed; and (4) the number of treatment referrals provided to individuals served by the SSP. The department shall post such reports on its publicly accessible internet website.

Return to Table of Contents

PUERTO RICO	
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.

Return to Table of Contents

RHODE ISLAND	
Statute(s) and regulation(s)	R.I. GEN. LAWS ANN. §§ 23-11-18 and -19 (West 2022); 216-40 R.I. CODE R. §§ 10-25.1 to 25.9 (West 2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	§ 23-11-18 – legislative findings. § 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. § 10-25.2 – definitions, including "harm reduction center," which means a community-based resource for health screening, disease prevention, and recovery assistance where persons may consume pre-obtained controlled substances in a non-judgmental, supportive environment; "harm reduction services," which means practical strategies and evidence-based approaches aimed at reducing behaviors associated with negative consequences associated with drug use, such as: safe smoking practices, safe injection practices, using with others, use of clean needles and syringes, etc.; "municipal authorization and approval" means an express affirmative vote by the city or town council, or the equivalent governing body, of any municipality where a fixed, mobile, or short-term harm reduction center is proposed to be located, which the affirmative vote approves the opening and operation of the harm reduction center.

Return to Table of Contents

RHODE ISLAND	
Program components (continued)	§ 10-25.3 – licensing procedures. No person or governmental unit acting severally or jointly with any other person or governmental unit shall establish, conduct, maintain, or operate or hold itself out as a harm reduction center in Rhode Island without a license. Applications shall be made to the department upon provided forms, and shall contain information required by the department, including, but not limited to, evidence of ability to comply with this part. Applicants shall provide a listing of the names and addresses of the direct and indirect owners, including all officers, directors, and other persons or any subsidiary corporation owning stock, if the center is organized as a corporation, and all partners, if the center is organized as a partnership, and such list shall be updated on an annual basis. The department shall issue a license if the applicant meets the requirements of this part. The harm reduction center licensee must submit written documentation of municipal authorization and approval in the form of a copy of the affirmative resolution from the municipal vote with the licensure application. Additionally, mobile routes must have municipal authorization, which shall include, but not be limited to: (1) specific addresses or blocks where the mobile unit or short-term unit will be operating with specific schedule outlined; and (2) if partnering with a property owner, a letter must be obtained agreeing to host the mobile or short-term unit or to operate on their premises, including hours of operation. If the routes or locations change, a municipal designee must be notified prior to the new route/location, and approval must be obtained as soon as practicable for the new location/route. The licensee must develop, in collaboration with local public safety officials, a plan to address public safety and order for the center. The department will conduct an inspection of the center prior to issuing a license. A license shall be issued for a specific premise and/or temporary service site(s) and shall not be transferable. The license shall be posted in a conspicuous place on the licensed premises.

Return to Table of Contents

RHODE ISLAND	
Program components (continued)	A duly authorized representative of the department shall have the right to enter at any time without prior notice to inspect the entire premises and services, including all records of any center for which an application has been received or for which a license has been issued. Refusal to permit inspections shall constitute a valid ground for license revocation. § 10-25.4 – organization and management; each center shall have an organized governing body or equivalent legal authority ultimately responsible for the management and control of the operation, the assurance of quality care and services, compliance with all state and local laws and regulations, and all relevant health and safety requirements, including compliance with this part. The governing body shall be responsible for providing a sufficient number of appropriately qualified personnel, physical resources, equipment, supplies, and services for the provision of safe, effective, and efficient delivery of care services to clients. The governing body shall appoint and assure the competence of a medical director who is responsible for overseeing clinical practices and services and for achieving and maintaining quality services and a harm reduction center director who is responsible for the day-to-day administrative management of the center. The governing body, in consultation with the medical director, shall be ultimately responsible to develop and implement policies governing no less than the following: (1) harm reduction services to be provided; (2) client consent for the provision of services; (3) referrals to community providers and organizations; (4) effective review of clinical practices; (5) quality assurance for care and services; and (6) such other matters as may be relevant to the organization and operation of the center, the delivery of services, and as may be required under the rules and regulations of this part. All staff shall be trained in: (1) CPR; (2) overdose response; (3) opioid antagonist administration; (4) disposal and transportation of sharps and hazardous medical waste; and (5) confidentiality of medical information and anonymity for clients. Harm reduction centers must have appropriately qualified personnel which may include, but not be limited to, peers, case managers, nurses, and mental health counselors. Upon hire and

Return to Table of Contents

RHODE ISLAND	
Program components (continued)	prior to delivering services, a pre-employment health screening shall be required for each individual who has or may have direct contact with a client. The harm reduction center must develop and implement policies/protocols which address reporting deaths and overdoses within the harm reduction center to the center's medical director and to the department. Client deaths as a result of a drug overdose or other cause within the center shall be reported to the director within 24 hours. Deaths shall also be reported to the Office of State Medical Examiners. Nonfatal opioid overdose incidents within the center shall be reported to the department within 48 hours. Each center shall maintain administrative records and reporting as may be deemed necessary by the department which shall include, but are not limited to, the following: (1) a deidentified, daily record of: (a) number of client visits including total visits and unique client visits; (b) number and type of services utilized, including stratification of consumption service by method of consumption; (c) time of visit; (d) number of overdoses (fatal and non-fatal), including stratification of location of overdose; (e) use of an opioid antagonist or other opioid resuscitation method, including stratifying by location and method; and (f) amount of opioid antagonists administered per overdose; and (2) statistical data pertaining to its operations and services utilized. § 10-25.5 – management of services. Each center must have a policy and procedure that includes, at a minimum, the following: (1) client eligibility criteria; (2) client termination criteria and process; and (3) client denial of services criteria. Clients shall be anonymous and shall not be asked to present identification to utilize center drug consumption services. The center must have a process to ensure each person using the center has information pertaining to no less than: (1) the philosophy and goals of the center; (2) services available directly at the center; (3) services provided through consultation and referrals; (4) policies and procedures including drug usage and sharing policy, disposal of paraphernalia, confidentiality and anonymity, and client termination criteria and process; and (5) client denial of services criteria.

Return to Table of Contents

RHODE ISLAND	
Program components (continued)	The harm reduction center must provide the following services, at a minimum: (1) drug consumption; (2) harm reduction education/training and supplies; and (3) needle exchange. The center must provide referrals for counseling or other medical treatment that may be appropriate for clients. Centers must make available additional referrals and information to serve the needs of their client population, such as, but not limited to the following: (1) basic needs (clothes, food, etc.) referrals and supplies; (2) referrals to housing serves; (3) referrals to employment services; and (4) referrals to legal services. Harm reduction centers are permitted to offer drug checking/testing of clients' pre-acquired substances, including the use of fentanyl test strips or other means of drug testing as available. Clients shall be anonymous, but centers are required to assign a non-identifying ID to allow for population-level tracking and reporting of service utilization.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

Return to Table of Contents

SOUTH CAROLINA	
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.

Return to Table of Contents

SOUTH DAKOTA	
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.

Return to Table of Contents

TENNESSEE	
Statute(s) and regulation(s)	TENN. CODE ANN. § 68-1-136 (West 2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	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 of the program 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: (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; programs shall strive for one-to-one syringe exchanges and no public funds may be used by a nongovernmental organization to purchase needles, hypodermic syringes, or other injection supplies; (3) 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; (4) educational materials on all of the following: (a) overdose prevention; (b) the prevention of HIV, AIDS, and viral hepatitis transmission; (c) drug abuse prevention; (d) treatment for mental illness, including treatment referrals; and (e) treatment for substance abuse, including referrals for medication assisted treatment; (5) 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 (6) personal consultations from a program

Return to Table of Contents

TENNESSEE	
Program components (continued)	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. This exception only applies if the person claiming the exception provides written verification that a needle, syringe, or other injections supplies were obtained from an SSP. For participants in the program, the exception only applies to possession when the participant is engaged in the exchange or in transit to or from the exchange. 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, including the legal name of the organization or agency 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. Not later than one year after commencing operations of an SSP, and every 12 months thereafter, each county or district health

TENNESSEE	
Program components (continued)	department or organization operating such a program shall report the following information to the department of 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 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. Except as otherwise provided, an SSP shall not conduct an exchange within 2,000 feet of any school or public park. A program shall not conduct an exchange within 1,000 feet of any school or park if such program is located 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. The commissioner of health shall promulgate rules to effectuate the purposes of this section. On a petition to a county health department or a district health department by a county legislative body for the establishing and operating of an SSP in the petitioning county, the county or district health department may subsequently seek approval of the department of health to establish and operate an SSP in the petitioning county. Programs established under this section shall be funded entirely by the county legislative body making petition to the county or district health department.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

Return to Table of Contents

TEXAS	
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.

Return to Table of Contents

UTAH	
Statute(s) and regulation(s)	UTAH CODE ANN. § 26-7-8 (West 2022); UTAH CODE ANN. §§ 58-37a-3 and -5 (West 2022); UTAH ADMIN. CODE r. 386-900-1 to -8 (2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	§ 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. 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. 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

Return to Table of Contents

UTAH	
	additional reductions in the number of syringes contaminated with bloodborne disease if the programs receive additional
Program components (continued)	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. R386-900-3 – definitions, including "syringe exchange program," which means a program that provides access to sterile syringes, other clean and new prevention materials including, but not limited to, cotton filters, cookers, tourniquets, alcohol swabs, and/or condoms, and collects and properly disposes of, used syringes, and provides information and referrals and other services as identified by population and community needs to reduce the harms associated with injection drug use. 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., the purpose of which is to provide education on the purpose and goals of an SSP, syringe exchange protocols, awareness of the operating entity's plans and community partnerships and will assess community readiness, norms, needs, and parameters for implementing syringe exchange in that area. 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. If the entity discontinues syringe exchange activities, written notice shall also be submitted utilizing the department's report form within 15 days of termination of activities to the department.

Return to Table of Contents

UTAH	
	An operating entity must submit a safety protocol to the department for the prevention of needlestick and sharps injury before initiating SSP activities and shall submit a sharps
Program components (continued)	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. 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. R386-900-6 – confidentiality of reports. The department may collect and maintain data on SSPs and SSP clients. All information collected pursuant to this rule shall not be released or made public, except as otherwise provided by law.
Miscellaneous provisions	§ 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.

Return to Table of Contents

UTAH	
	§ 58-37a-5 – a person may not be charged with distribution of hypodermic syringes as drug paraphernalia if, at the time of
Miscellaneous provisions (continued)	distribution, the syringes are in a sealed sterile package and are for a legitimate medical purpose, including the prevention of disease transmission.
Recently proposed legislation	None.

Return to Table of Contents

VERMONT	
Statute(s) and regulation(s)	VT. STAT. ANN. tit. 18, §§ 4475, 4476, 4478, and 4774 (West 2022); Vt. Stat. Ann. tit. 18, § 4240 (West 2022)
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	§ 4240 – the department shall develop and implement a prevention, intervention, and response strategy, depending on available resources, that shall, among other things, provide education and training on overdose prevention, intervention, and response to individuals living with addiction and participating in opioid treatment programs, syringe exchange programs, residential drug treatment programs, or correctional services. § 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. § 4476 – a person who sells drug paraphernalia to a person under 18 years of age shall be imprisoned for not more than two years or fined not more than $2,000, or both. The distribution and possession of needles and syringes as part of an organized community-based needle exchange program shall not be a violation of this section. § 4774 – opioid abatement special fund; funds shall be used, among other things, to expand syringe service programs, specifically providing comprehensive syringe services programs with more wraparound services, including linkages to

Return to Table of Contents

VERMONT	
Miscellaneous provisions (continued)	treatment, access to sterile syringes, and linkages to care and treatment of infectious diseases.
Recently proposed legislation	H.B. 728, Leg. Sess. (Vt. 2022) (an act relating to opioid overdose response services) (vetoed by governor). Bill would amend § 4475 to include other harm reduction supplies as items not included in the definition of "drug paraphernalia." Further amends § 4475, definition of "organized community-based needle exchange program" to delete provision that the program be operated by an AIDS service organization, substance abuse treatment provider, or licensed health care provider or facility. Provides that, on or before January 1, 2023, the department of health shall submit a written report to the House Committee on Human Services and to the Senate Committee on Health and Welfare on updates to the needle exchange program operating guidelines pursuant to VT. STAT. ANN. tit. 18, § 4478 that reflect current practice and consideration of the feasibility and costs of designating organizations to deliver peer-operated needle exchange. S.B. 266, Leg. Sess. (Vt. 2022) (an act relating to substance use disorder treatment and overdose prevention) (committee on judiciary relieved; bill committed to committee on health and welfare). Amends VT. STAT. ANN. tit. 18, § 4254 to provide that the following individuals shall not be cited, arrested, or prosecuted for a violation of this chapter or subject to the property forfeiture provisions of this chapter for participation in or with an approved overdose prevention site program: (1) an individual using the services of an approved overdose prevention site program; (2) a staff member or administrator of an approved overdose prevention site program, including a health care professional, manager, employee, or volunteer; or (3) a property owner who owns real property at which an approved overdose prevention site program is located and operates. Provides that the immunity provisions of this section apply only to the use and derivative use of evidence gained as a proximate result of participation in or with an approved overdose prevention site program.

Return to Table of Contents

VERMONT	
Recently proposed legislation (continued)	An overdose prevention site program shall: (1) provide a space supervised by health care professionals or other trained staff where people who use drugs can consume pre-obtained drugs; (2) provide sterile injection supplies, collect used hypodermic needles and syringes, and provide secure hypodermic needle and syringe disposal services; (3) answer questions on overdose prevention practices; (4) administer first aid, if needed, and monitor and treat potential overdoses; (5) provide referrals to addiction treatment, medical, and social services upon request; (6) educate participants on the risks of contracting HIV and viral hepatitis, wound care, and safe sex education; (7) provide overdose prevention education and access to or referrals to obtain naloxone; (8) educate participants regarding proper disposal of hypodermic needles and syringes; (9) provide reasonable security of the program site; (10) establish operating procedures for the program as well as eligibility criteria for participants; and (11) train staff members to deliver services offered by the program. An entity may apply to the Vermont Department of Health or a district or municipal board of health for approval to operate an overdose prevention site program and may establish and operate more than one program. Applications shall be approved or denied within 45 days after receipt and shall provide a written explanation for any denial. Approval shall be for a period of two years and may be renewed. Provides that an entity operating an overdose prevention site shall submit an annual report to the approving agency that shall include: (1) the number of participants; (2) aggregate information regarding the characteristics of the program participants; (3) the number of hypodermic needles and syringes distributed for use on-site; (4) the number of overdoses and the number of overdoses reversed on-site; and (5) the number of participants directly and formally referred to other services and the types of services. Also creates VT. STAT. ANN. tit. 18, § 4815, harm reduction centers, which provides that a network of approved harm reduction centers shall be established at geographically diverse locations throughout the state for the purpose of preventing overdoses and providing services to individuals with SUD, such as: (1) distributing sterile syringes and safely disposing of used

VERMONT	
Recently proposed legislation (continued)	needles; (2) distributing Narcan; (3) providing fentanyl test strips; (4) initiating an individual on low barrier buprenorphine within three hours following request; (5) providing continued access to MAT using low barrier methods; (6) providing telehealth services to the extent permitted under federal law; and (7) making support staff, such as peer support staff, nurses, and social workers, available on-site to provide services and assistance to clients. Sets out the requirements for applications to operate a harm reduction center, and requirements for annual reports to be submitted by the Department to the legislature. Appropriates $500,000 from the General Fund to the Department of Health for the purpose of distributing to approved harm reduction centers throughout the state based on the anticipated number of clients to be served at each center.

Return to Table of Contents

VIRGIN ISLANDS	
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.

Return to Table of Contents

VIRGINIA	
Statute(s) and regulation(s)	VA. CODE ANN. § 32.1-45.4 (West 2022); VA. CODE ANN. §§ 54.1-3466 and 54.1-3467 (West 2022)
Does state allow SSPs by statute/regulation?	Yes.
Do any municipalities or counties within state allow SSPs by ordinance or regulation?	Unknown.
Program components	§ 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: (1) reduce the spread of HIV, viral hepatitis, and other bloodborne diseases in the Commonwealth; (2) reduce the transmission of bloodborne diseases through needlestick injuries to law enforcement and other emergency personnel; (3) provide information to individuals who inject drugs regarding addiction recovery treatment services and encourage such individuals to participate in evidence-based substance use treatment programs; (4) prevent opioid overdose deaths through distribution of naloxone or other opioid antagonists; and (5) 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

Return to Table of Contents

VIRGINIA	
Program components (continued)	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; (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. The provisions of § 18.2-250 regarding possession of controlled substances; § 18.2-265.3 regarding penalties for sale and possessing with intent to sell, drug paraphernalia; and § 54.1-3466 regarding possession or distribution of controlled paraphernalia do not apply to individuals who dispense or distribute hypodermic needles and syringes as part of a comprehensive harm reduction program, individuals acting on behalf or for the benefit of a comprehensive harm reduction program when such possession is incidental to the provision of services as part of the program, or individuals receiving services from a program when such controlled substance is a residual amount contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to a harm reduction program, or such paraphernalia is obtained from a harm reduction program. 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

VIRGINIA	
Program components (continued)	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. § 54.1-3467 – distribution by any method of any hypodermic needles or syringes shall be restricted to licensed pharmacists or to others who have a license or permit from the board; however, nothing in this section shall prohibit the dispensing or distributing of hypodermic needles and syringes by persons authorized by the state health commissioner pursuant to a comprehensive harm reduction program.
Recently proposed legislation	None.

Return to Table of Contents

WASHINGTON	
Statute(s) and regulation(s)	WASH. REV. CODE ANN. § 69.50.412 (West 2022)
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	H.B. 1816, Leg. Sess. (Wa. 2022) (making 2021-2023 fiscal biennium supplemental operating appropriations) (referred to committee). Appropriates $5,010,000 of the of the general fund – state appropriation for fiscal year 2023, and $990,000 of the general fund – federal appropriation are provided solely for the authority, in coordination with the department of health, to deploy an opioid awareness campaign and to contract with syringe service programs and other service settings assisting people with substance use disorders to: prevent and respond to overdoses; provide other harm reduction services and supplies, including but not limited to, distributing naloxone, fentanyl, and other drug testing supplies; and for expanding contingency management services. S.B. 5693, Leg. Sess. (Wa. 2022) (making 2021-2023 fiscal biennium supplemental operating appropriations) (governor partially vetoed; Chapter 297, 2022 Laws PV; eff. March 31, 2022). Appropriates $6,010,000 of the general fund – state appropriation for fiscal year 2023, and $990,000 of the general fund – federal appropriation are provided solely for the authority, in coordination with the department of health, to deploy an opioid awareness campaign and to contract with syringe service programs and other service settings assisting people with substance use disorders to: prevent and respond to overdoses; provide other harm reduction services and supplies, including but not limited to, distributing naloxone, fentanyl, and other drug testing supplies; and for expanding contingency management services.

Return to Table of Contents

WEST VIRGINIA	
Statute(s) and regulation(s)	W. VA. CODE ANN. §§ 16-64-1 to -10 (West 2022); W. Va. Code R. §§ 69-17-1 to -16 (2022)
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	§ 16-64-1 – definitions, including "harm reduction program," which means a program that provides services intended to lessen the adverse consequences of drug use and protect public health and safety by providing direct access or referral to syringes services program, SUD treatment programs, screenings, vaccinations, education about overdose prevention, wound care, opioid antagonist distribution and education, and other medical services; and "syringe services program," which means a community-based program that provides access to sterile syringes, facilitates safe disposal of used syringes, and is part of a harm reduction program. § 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; (2) provide the name of the program; (3) provide a description of the harm reduction program it is associated with and the harm reduction services provided in accordance with § 16-2-3; (4) provide contact information; (5) provide the hours of operation, location, and staffing; the description of hours of operation must include the specific days the SSP is open, opening and closing times, and frequency of exchange services; the description of staffing must include number of staff, titles of positions, and descriptions of their functions; (6) provide a specific description of the applicant's ability to refer to or facilitate entry into substance use treatment; (7) 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; (8) pay an application fee in an amount not to exceed $500, to be determined by the director by legislative rule; and (9) provide a written statement of support from a majority of the members of the county commission and a

WEST VIRGINIA	
Program components (continued)	majority of the members of a governing body of a municipality in which it is located or is proposing to locate. § 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: (1) HIV, hepatitis, and sexually transmitted diseases screening; (2) vaccinations; (3) birth control and long-term birth control; (4) behavioral health services; (5) overdose prevention supplies and education; (6) syringe collection and sharps disposal; (7) educational services related to disease transmission; (8) assist or refer an individual to a substance use treatment program; (9) refer to a health care practitioner or treat medical conditions; and (10) 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: (1) offer services, at every visit, from a qualified licensed health care provider; (2) exclude minors from participation in the syringe exchange, but may provide minors with harm reduction services; (3) ensure a syringe is unique to the SSP; (4) distribute syringes with a goal of a 1:1 model; (5) distribute syringes directly to the program recipient; (6) require proof of West Virginia identification upon dispensing needles; (7) train staff on: (a) the services and eligibility requirements of the program; (b) the services provided by the program; (c) the applicant's policies and procedures concerning syringe exchange transaction; (d) disposing of infectious waste; (e) sharps waste disposal education that ensures familiarity with state law; (f) procedures for obtaining or making referrals; (g) opioid antagonist administration; (h) cultural diversity and sensitivity to protected classes under state and federal law; and (i) completion of attendance logs for participation in mandatory training; and (8) maintain a program for the public to report syringe litter and shall endeavor to collect all syringe litter in the community. An SSP 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.

Return to Table of Contents

WEST VIRGINIA	
Program components (continued)	Each SSP shall have a syringe dispensing plan which includes, but is not limited to, the following: (1) maintaining records of returned syringes by participants for two years; (2) preventing syringe stick injuries; (3) tracking the number of syringes dispensed; (4) tracking the number of syringes collected; (5) tracking the number of syringes collected as a result of community reports of syringe litter; (6) eliminating direct handling of sharps waste; (7) following a syringe stick protocol and plan; (8) a budget for sharps waste disposal or an explanation if no cost is associated with the sharps waste disposal; and (9) a plan to coordinate with the continuum of care, including the requirements of this section. A license is effective for one year. § 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 recission 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. § 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. § 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. § 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, which 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)

Return to Table of Contents

WEST VIRGINIA	
Program components (continued)	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. § 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 any of the following: (1) 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; (2) 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, and 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 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. § 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.

Return to Table of Contents

WEST VIRGINIA	
Program components (continued)	§ 69-17-2 – definitions, including "1:1 exchange model," which means a practice of restricting syringe access by providing a participant only the number of syringes that the participant returns to the SSP for disposal either by counting or by weight; "injection equipment," which means equipment involved in injecting drugs including, but not limited to, cookers, cottons, water, and alcohol wipes; and "participant," which means an individual who receives services or supports, or both, from an SSP or harm reduction program, or both. § 69-17-3 – no person, partnership, association, or corporation may operate an SSP in WV without first obtaining a license. A license is valid only for the location and persons named and described in the application. Mobile site applications shall list all places the mobile site locates itself. Each SSP shall be licensed separately, regardless of whether the program is operated under the same business name or management as another SSP. Each fixed site and mobile site shall be licensed separately. Licenses are not transferrable or assignable. New SSPs shall apply for an initial license not less than 30 days and not more than 60 days before the SSP begins operation as part of a harm reduction program. If an application is denied, the SSP may reapply for an initial license by submitting a new application together with the applicable fee. Initial licenses are valid for one year. Applicants shall submit a completed application to the director 60 days prior to the expiration of a current license along with a non-refundable fee. Renewal licenses are valid for one year. Initial license fee = $250. Renewal license fee = $50. § 69-17-4 – inspections and plans of correction; if the director receives a complaint about a program or has reason to believe that a program is operating in violation of law or regulation, the director or designee shall conduct an unannounced inspection of the program. Inspections may include interviews with owners and staff; interviews of participants with their consent; review of program records; observation of service delivery; review of program documents and policies; and review of any other documents necessary for the determination of compliance. The SSP shall ensure immediate access to all records upon request. Within 15 working days of the investigation, the

Return to Table of Contents

WEST VIRGINIA	
Program components (continued)	director shall provide the program administrator a written report of the results of the investigation which shall specify any deficiency found and the statute or rule that forms the basis for each deficiency. Within 10 working days after receipt of the inspection report, the program administrator shall submit a written plan to correct all deficiencies which shall specify: (1) any action taken or procedures proposed to correct the deficiencies and prevent their recurrence; (2) the date of completion of each action taken or to be taken; and (3) the signature of the program administrator, or his or her designee, or other executive officer of the SSP. The SSP shall immediately correct a violation that severely risks the health or safety of a participant, program staff member, contracted individual, or volunteer. The director may impose a civil money penalty; suspend, limit, or revoke a license; or take such other action as deemed appropriate to address any violations or deficiencies. In the event the director determines that the continued operation of the SSP is a threat to the health, welfare, and safety of its participants, the director may issue an order immediately closing the program pursuant to applicable administrative procedures. Any person may file a complaint with the director alleging violation of applicable laws, rules, or policies by an SSP. The complaint shall identify the program by name and state in detail the nature of the complaint. § 69-17-5 – organization and management; each SSP shall identify a program administrator and disclose other employees and their duties. § 69-17-6 – service environment and operation; each SSP shall have: (1) programmatic guidelines including a sharps disposal plan, a staff training plan, data collection and program evaluation plan, and a community relations plan; (2) sufficient space and adequate equipment for the provision of or referral for all services specified in the SSP's description of harm reduction services offered; (3) clean and safe participant treatment areas; (4) a secure room and lockable equipment for physical participant records or appropriate security mechanisms for electronic records, or both; (5) policies and procedures regarding the confidentiality of all information in participant

WEST VIRGINIA	
Program components (continued)	records which specify the requirements for access to the secure room and to electronic records, including levels of access; and (6) sanitary and secure disposal areas. Each SSP shall have a service delivery plan that shall include: (1) sterile syringes and harm reduction services for participants; (2) HIV and viral hepatitis prevention education services for participants; (3) safe recovery and disposal of non-sterile syringes and sharps waste from participants; (4) HIV and hepatitis screening; (5) participant confidentiality protocol; (6) screening for sexually transmitted infections; and (7) education and supplies for safer sex practices. Each SSP shall develop and implement a data collection program evaluation plan that: (1) incorporates evaluation data into program design; (2) specifically outlines the method and process for collecting and documenting data elements; (3) uses the bureau for public health's designated data reporting tool to provide required data elements; (4) outlines the method and process for quantitative assessment of participants; and (5) outlines the method and process for quality improvement. § 69-17-7 – staff; training and credentialing of staff. All employees, volunteers, contracted individuals, and associates of an SSP are subject to the restrictions, prohibitions, and requirements established in this rule. Sets out the requirements for professional medical staff; unlicensed program staff, contracted individuals, and volunteers, including staff training and credentialing. Sets out the minimum requirements for training staff members and contracted individuals. § 69-17-8 – participant rights. § 69-17-9 – provision of services. Participants must be at least 18 years of age. Other harm reduction services may be offered to individuals under 18 years old where permitted and appropriate. Participants must present proof of WV identification upon dispensing syringes and injection equipment. SSPs shall develop and implement an enrollment procedure for participants. Each participant shall be assigned a unique

Return to Table of Contents

WEST VIRGINIA	
Program components (continued)	participant code that cannot be duplicated. Information to be requested during enrollment into the SSP includes, at a minimum: participant initials; birth year; zip code or area of current residence; sex or gender; race or ethnicity; preferred language; pregnancy status; information related to access to other services; and information related to social determinants of health. An SSP shall be part of a harm reduction program and offer or refer for the harm reduction services described herein. Services that must be offered, at a minimum, include: (1) HIV, hepatitis, and sexually transmitted diseases screening; (2) vaccinations; (3) birth control and long-term birth control; (4) behavioral health services; (5) overdose prevention supplies and education; (6) educational services related to disease transmission; (7) assistance or referral of a participant to an SUD treatment program; (8) referral to a health care practitioner for treatment of medical conditions; and (9) programmatic guidelines including a sharps disposal plan, staff training plan, data collection and program evaluation plans, and community relations plan. Each visit at the SSP shall include an offer for the provision of or referral for harm reduction services from a qualified, licensed health care provider. SSPs shall ensure that a syringe is unique to the SSP. Acceptable means for uniquely identifying the syringe to the SSP may include, but are not limited to, color codes, labels, or serial numbers or codes. Each program must have a policy identifying what measures are used to uniquely distinguish that program's syringes. SSPs shall dispense syringes with a goal of a 1:1 exchange model. SSPs may substitute weighing the volume of returned syringes rather than a 1:1 exchange model. § 69-17-10 – reports and records. The director shall keep on file a report of any inspection, survey, or investigation of an SSP. Information in reports or records shall be available to the public except for the following: (1) information regarding complaints and subsequent investigations that is deemed confidential by

WEST VIRGINIA	
Program components (continued)	any provision of this rule or applicable state or federal law; (2) information of a personal nature from a participant or personnel file; or (3) information required to be kept confidential by state or federal law. The SSP shall file an annual report with the director which includes the following information: (1) the total number of participants served by the program; (2) the total number and types of syringes that were dispensed, collected, and disposed of by the SSP; (3) statistics regarding the number of individuals entering SUD treatment; and (4) the total number and types of referrals made to SUD treatment and other harm reduction services. § 69-17-11 – quality assurance and performance improvement; the SSP shall maintain current quality assessment and performance improvement policies that objectively and systematically monitor and evaluate the quality and appropriateness of participant service, evaluate the methods to improve participant service, identify and correct deficiencies within the program, and provide for opportunities to improve the programs performance and quality of service. Quality assessment and performance improvement policies and areas of measurement shall include, but not be limited to: (1) staff, administrative, and practitioner performance; (2) evaluation of services provided; (3) incidents and adverse events; (4) evaluation of all services provided to participants by the SSP and harm reduction program; (5) review and verification of staff credentials, training, periodic evaluations, and licensure; (6) review of SSP policies and procedures; (7) infection control issues in regard to universal infection control guidelines set forth by the CDC; and (8) review of participant outcomes and service outcomes. § 69-17-12 – infection control. The SSP shall maintain an effective infection control program that protects the participants and program personnel and volunteers by preventing and controlling infections and communicable diseases. § 69-17-13 – license suspension or revocation; sets out the reasons for which an SSP license may be suspended or revoked, including that the written statement of support from a majority

WEST VIRGINIA	
Program components (continued)	of the members of the county commission or a majority of the members of a governing body of a municipality in which an SSP is located has been rescinded. § 69-17-14 – penalties and equitable relief; sets out the grounds for penalties and injunctions, including failure to obtain a license, failure to timely file reports, intentional misrepresentation. In determining whether a penalty is to be imposed and in fixing the amount of the penalty, the director shall consider the following factors: (1) the gravity of the violation; (2) what actions, if any, the program administrator took to correct the violations; (3) whether there were any previous violations; (4) the financial benefits that the SSP derived from committing or continuing to commit the violation. § 69-17-15 – administrative due process; before an SSP license is denied, suspended, penalized, or revoked, written notice shall be given to the program administrator of the SSP, stating the grounds of the denial, suspension, penalty, or revocation and the date set for any enforcement action and the location to which it applies. § 69-17-16 – administrative appeals and judicial review. Any owner of an SSP who disagrees with the final administrative decision as a result of the administrative hearing may, within 30 days after receiving notice of the decision, appeal the decision to the court with the petitioner resides or does business.
Miscellaneous provisions	N/A
Recently proposed legislation	None.

Return to Table of Contents

WISCONSIN	
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.

Return to Table of Contents

WYOMING	
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.

Return to Table of Contents

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.


LAPPA
LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION