

SYRINGE SERVICES PROGRAMS: SUMMARY OF STATE LAWS

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SYRINGE SERVICES PROGRAMS: SUMMARY OF STATE LAWS

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SUMMARY

Researchers estimate that nearly 2.4 million people in the United States inject drugs¹ including heroin, amphetamines, buprenorphine, benzodiazepines, barbiturates, cocaine, and methamphetamine.² Prior to August 2023, the number of people in the United States who suffered a fatal overdose increased every year, with 70,630 drug overdose deaths in 2019³ and nearly 115,000 for the period between August 2022 to August 2023.⁴ Since that time, the number of fatal overdoses has decreased such that slightly fewer than 70,000 individuals died of an overdose in the 12-month period ending December 2025.⁵

In addition to overdose, people who inject drugs (PWID) are at risk of contracting human immunodeficiency virus (HIV), viral hepatitis, bacterial and fungal infections, and tuberculosis, as well as developing heart infections such as endocarditis.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 In 2023, the most recent year for which there is data, injection drug use was the most commonly reported risk behavior identified in new HCV cases for that year.⁸ Moreover, PWID “are 22 times more likely to have HIV than the general population.”⁹ The increase in injection drug use also significantly increases economic costs to the United States. In one study of Tennessee hospitals, researchers found that for the period 2016 to 2023, hospital treatment of injection-related infections incurred more than \$5 billion in charges and 602,321 inpatient days.¹⁰ The transmission of bloodborne diseases such as HIV, HCV, viral hepatitis, and bacterial

¹ Heather Bradley, Sara N. Glick, and Eric W. Hall, *Estimated Number of People Who Inject Drugs in the United States, 2022*, 116 AM. J. OF PUB. HEALTH 376-379 (Feb. 11, 2026), <https://ajph.aphapublications.org/doi/10.2105/AJPH.2025.308310>.

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 & HUMAN SVCS. 1 (Dec. 2020), <https://www.cdc.gov/nchs/data/databriefs/db394-H.pdf>.

⁴ *Provisional Drug Overdose Death Counts*, CTRS. FOR DISEASE CONTROL & PREVENTION (last reviewed May 13, 2026), <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

⁵ *Id.*

⁶ *Infectious Diseases in Persons Who Inject Drugs*, CTRS. FOR DISEASE CONTROL & PREVENTION (Feb. 16, 2024), <https://www.cdc.gov/persons-who-inject-drugs/about/index.html> and *Opioid Use Associated with Dramatic Rise in Dangerous Heart Infection*, AM. COLL. OF CARDIOLOGY (March 6, 2019), <https://www.acc.org/about-acc/press-releases/2019/03/06/10/36/opioid-use-associated-with-dramatic-rise-in-dangerous-heart-infection>.

⁷ *Surveillance for Viral Hepatitis – United States, 2016*, CTRS. FOR DISEASE CONTROL & PREVENTION (archived; last reviewed Apr. 16, 2018),

<https://archive.cdc.gov/#/details?url=https://www.cdc.gov/hepatitis/statistics/2016surveillance/commentary.htm>.

⁸ *Hepatitis C Surveillance, Table 3.3 – Acute Hepatitis C: Risk & Exposure Data*, CTRS. FOR DISEASE CONTROL & PREVENTION (Apr. 15, 2025), <https://www.cdc.gov/hepatitis-surveillance-2023/hepatitis-c/table-3-3.html>.

⁹ *People Who Inject Drugs (PWID)*, INT'L ASS'N OF PROVIDERS OF AIDS CARE (reviewed June 2025), <https://www.iapac.org/fact-sheet/people-who-inject-drugs-pwid/>.

¹⁰ Emily R. Moore, et al, *Burden of Injection Drug Use-related Infection Hospitalizations in Tennessee, 2016-2023*, 13(4) OPEN FORUM INFECTIOUS DISEASES, OXFORD UNIV. PRESS (March 21, 2026), [Burden of Injection Drug Use-Related Infection Hospitalizations in Tennessee, 2016–2023 | Open Forum Infectious Diseases | Oxford Academic](#). See also, 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](#) (finding the annual cost of injection drug use-related infections to be \$700 million annually).

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

A 2024 report published by the Centers for Disease Control and Prevention (CDC) found that, among PWID, 19 percent reported using a syringe that had been used by someone else (called receptive sharing); 37 percent reported receptive sharing of injection equipment, such as cookers, cotton swabs, alcohol wipes, sharps waste disposal containers, and tourniquets; and 28 percent reported giving a syringe that they had used to someone else to use.¹² Sharing syringes and other injection-related equipment is associated with an increased risk of contracting HIV and viral hepatitis. Research has consistently shown that syringe services programs (SSPs)¹³ are effective at reducing syringe sharing and reduce the risk of contracting a bloodborne or infectious disease, including an estimated 50 percent reduction in the incidence of HIV and HCV.¹⁴ Unfortunately, only 57 percent of PWID reported participating in an SSP while only 18 percent reported receiving sterile syringes from a pharmacy.¹⁵ The lack of SSP usage is likely due to the inability of communities to establish effective SSPs “owing to persistent legal, sociopolitical, and funding challenges.”¹⁶

SSPs are harm reduction programs that provide a wide range of services including the provision of new, unused hypodermic needles and syringes and other injection drug use supplies to PWID. Comprehensive SSPs either directly provide or offer linkage or referrals to entities that provide: (1) substance use disorder treatment, including medication for addiction treatment; (2) vaccination for viral hepatitis; (3) screening for viral hepatitis, HIV, sexually transmitted infections, tuberculosis, and other infectious diseases; (4) provision of pre- and post-exposure prophylaxis for HIV; (5) naloxone and other overdose prevention tools; (6) peer support services; (7) educational materials and training in areas related to injection drug use; and (8) linkage and referrals to other services, including medical care and mental health services.¹⁷

¹¹ *Infectious Diseases in Persons Who Inject Drugs*, CTRS. FOR DISEASE CONTROL & PREVENTION (Feb. 16, 2024), <https://www.cdc.gov/persons-who-inject-drugs/about/index.html>.

¹² *HIV Risk, Prevention, and Testing Behaviors Among Persons Who Inject Drugs*, CTRS. FOR DISEASE CONTROL & PREVENTION (March 31, 2026), <https://www.cdc.gov/hiv-data/nhbs/hiv-risk-prevention-testing-pwid.html>.

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 See, e.g., *Strengthening Syringe Services Programs (SSPs)*, CTRS. FOR DISEASE CONTROL & PREVENTION (March 20, 2024), <https://www.cdc.gov/hepatitis-syringe-services/php/about/index.html> and see, e.g., *Vital Signs: HIV and Injection Drug Use - Syringe Services programs for HIV Prevention*, CTRS. FOR DISEASE CONTROL & PREVENTION (archived; last updated July 28, 2017),

<https://archive.cdc.gov/#/details?q=determination%20of%20need%20for%20syringe%20services%20programs&start=10&rows=10&url=https://www.cdc.gov/vitalsigns/hiv-drug-use/infographic.html> and *Infectious Diseases in Persons Who Inject Drugs*, CTRS. FOR DISEASE CONTROL & PREVENTION (Feb. 16, 2024), <https://www.cdc.gov/persons-who-inject-drugs/about/index.html>.

¹⁵ CTRS. FOR DISEASE CONTROL & PREVENTION, *HIV Risk, Prevention, and Testing Behaviors*, *supra* note 12.

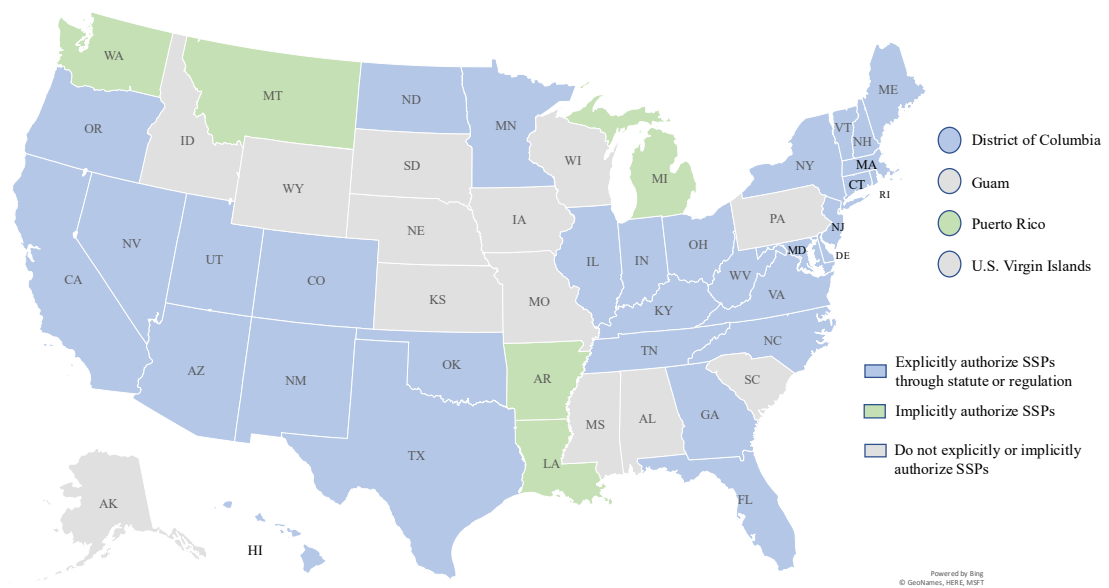
¹⁶ Dita Broz, et al, *Syringe Services Programs’ Role in Ending the HIV Epidemic in the U.S.: Why We Cannot Do It without Them*, 61(5) *Am. J. of Preventive Med.* (Nov. 2021), [https://www.ajpmonline.org/article/S0749-3797\(21\)00389-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(21)00389-5/fulltext).

¹⁷ See *Strengthening Syringe Services Programs (SSPs)*, CTRS. FOR DISEASE CONTROL & PREVENTION (March 20, 2024), <https://www.cdc.gov/hepatitis-syringe-services/php/about/index.html> and *Syringe Services Programs*, HIV.GOV (updated Apr. 2, 2026), <https://www.hiv.gov/federal-response/other-topics/syringe-services-programs>.

Studies have shown that SSPs do not increase crime in areas where programs are based and do not increase illegal drug use.¹⁸ “Nearly 30 years of research shows that comprehensive SSPs are safe, effective, and cost-saving; do not increase illegal drug use or crime; and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections.”¹⁹ Moreover, PWID who participate in an SSP are “five times more likely to enter drug treatment and three times more likely to stop injecting drugs.”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 and by providing participants with naloxone and training on how to administer it.²¹

Although only 37 states, the District of Columbia, and Puerto Rico either explicitly or implicitly authorize SSPs through statute, regulation, or executive order, as of May 2026, there are at least 555 operational SSPs located in 44 states, the District of Columbia, and Puerto Rico.^{22,23}

States that Explicitly or Implicitly Authorize SSPs



¹⁸ *Syringe Services Programs*, HIV.GOV (updated Apr. 2, 2026), <https://www.hiv.gov/federal-response/other-topics/syringe-services-programs>.

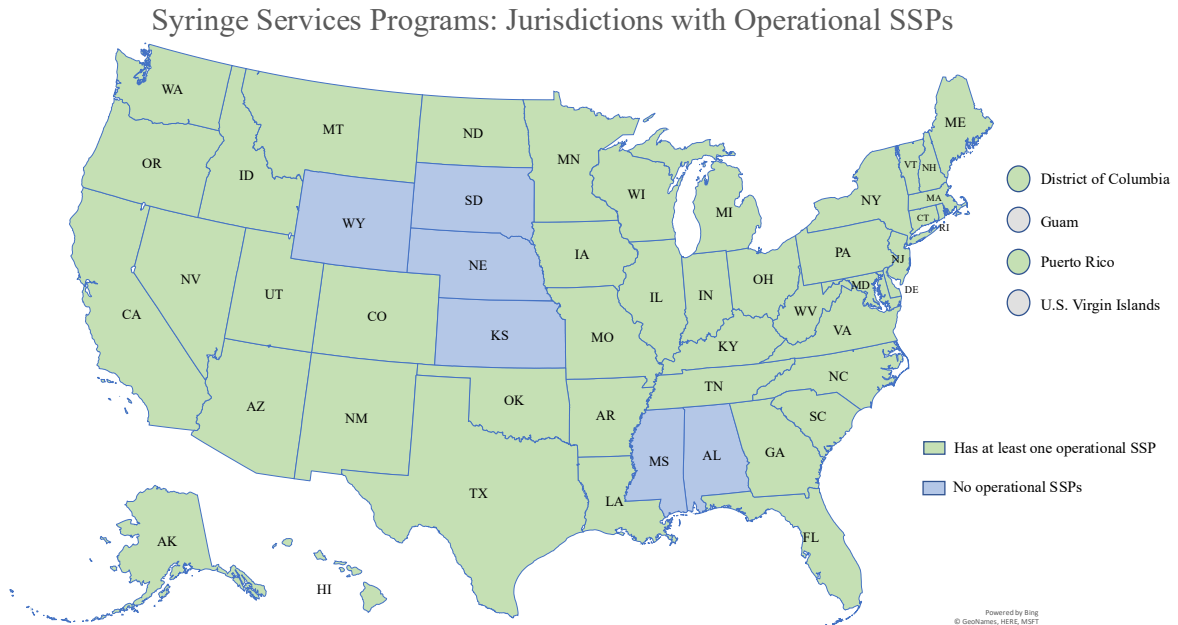
¹⁹ *Id.*

²⁰ *Id.*

²¹ See Zulqarnain Javed, et al, *Syringe Services programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation*, CTRS. FOR DISEASE CONTROL & PREVENTION (archived; 2020), <https://stacks.cdc.gov/view/cdc/105304>.

²² Thirty-three states and the District of Columbia explicitly authorize SSPs through statute and/or regulation (see map for more information), while four 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 Currently, five states – Kansas, Mississippi, Nebraska, South Dakota, and Wyoming – Guam, and the U.S. Virgin Islands do not have an active SSP within their borders. *Harm Reduction Locations*, NASEN, [NASEN | North America Syringe Exchange Network: NASEN Directory](#) (accessed May 2026).



SSP laws vary widely 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 One study identified four main thresholds that people seeking services must face: (1) the registration threshold; (2) the competence threshold; (3) the threshold of effectiveness; and (4) the threshold of trust.²⁶ According to the study’s authors, “[t]he 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

²⁴ Zulqarnain Javed, et al, *Syringe Services programs: A Technical Package of Effective Strategies and Approaches for Planning, Design, and Implementation*, CTRS. FOR DISEASE CONTROL & PREVENTION 9 (archived; 2020), <https://stacks.cdc.gov/view/cdc/105304>.

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.*

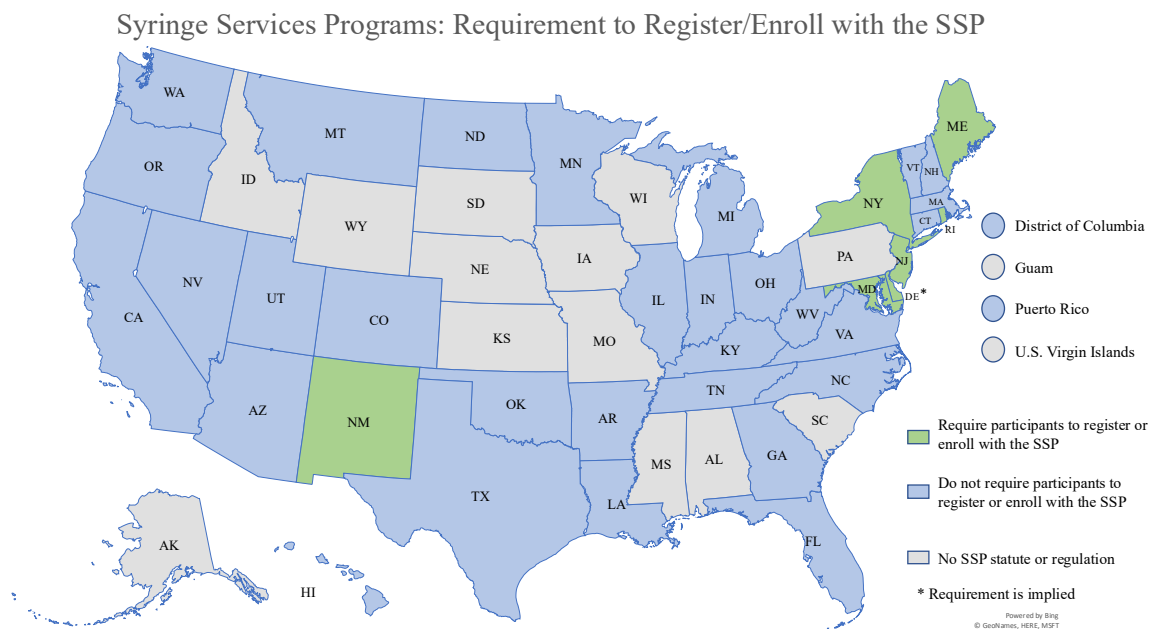
²⁷ *Id.*

²⁸ *Id.*

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

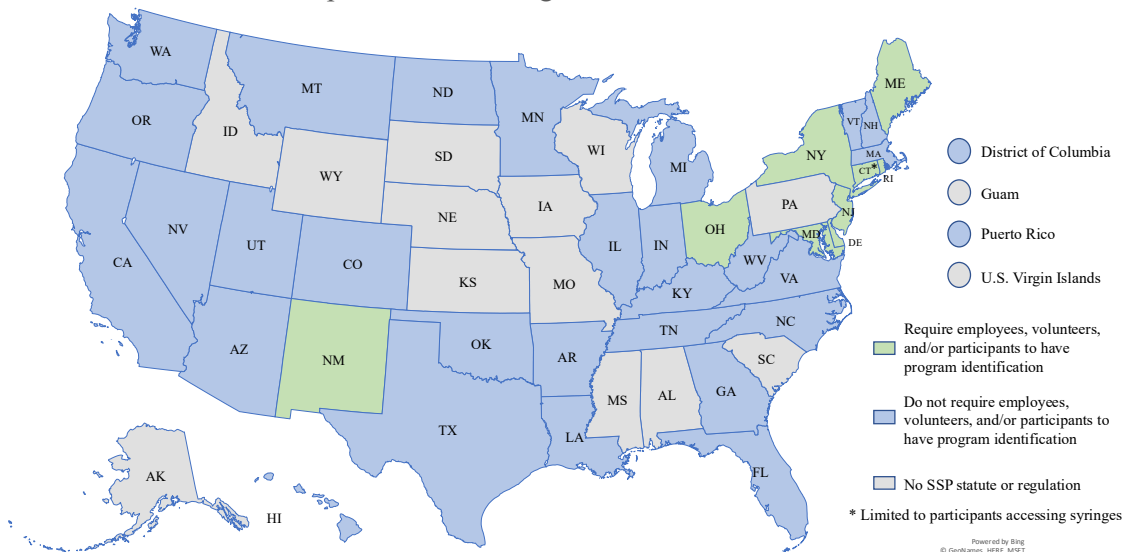
to address each of these barriers,” which includes “maximizing access (service location and hours) and ensuring anonymity and no requirements for participation in other services.”³⁰

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 May 2026: (1) 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; (2) nine states (Connecticut, Delaware, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, and Rhode Island) require that either employees, volunteers, participants, or all of the these categories have identification or another method of identifying such a person as an employee, volunteer, or participant of an SSP; and (3) 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. On their face, these provisions do not inhibit access to an SSP; however, PWID and are in need of the services provided by an SSP may be reluctant to make use of those services if they are required to register or carry identification that reflects their participation in an SSP.

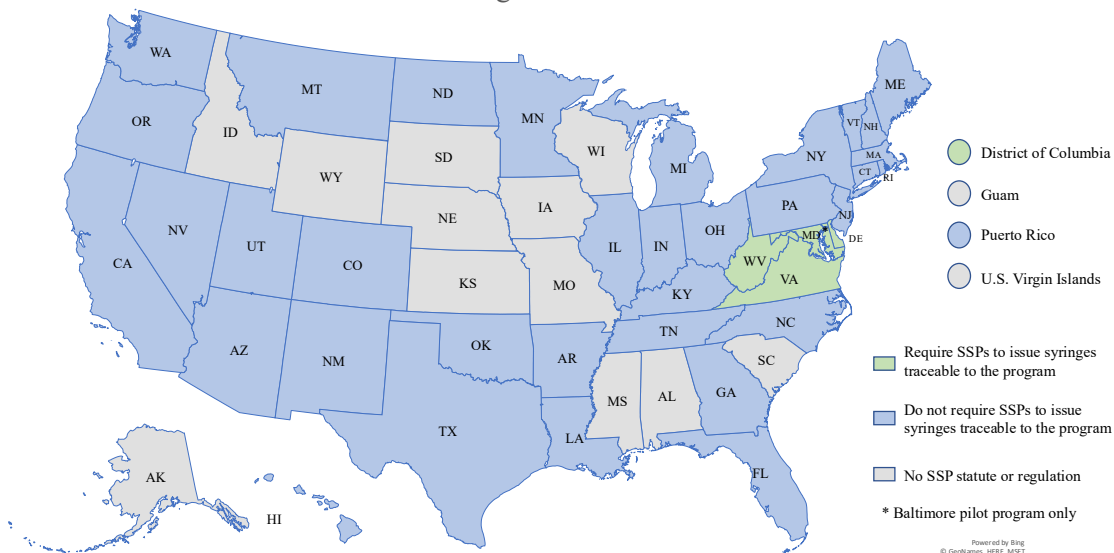


³⁰ *Id.*

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



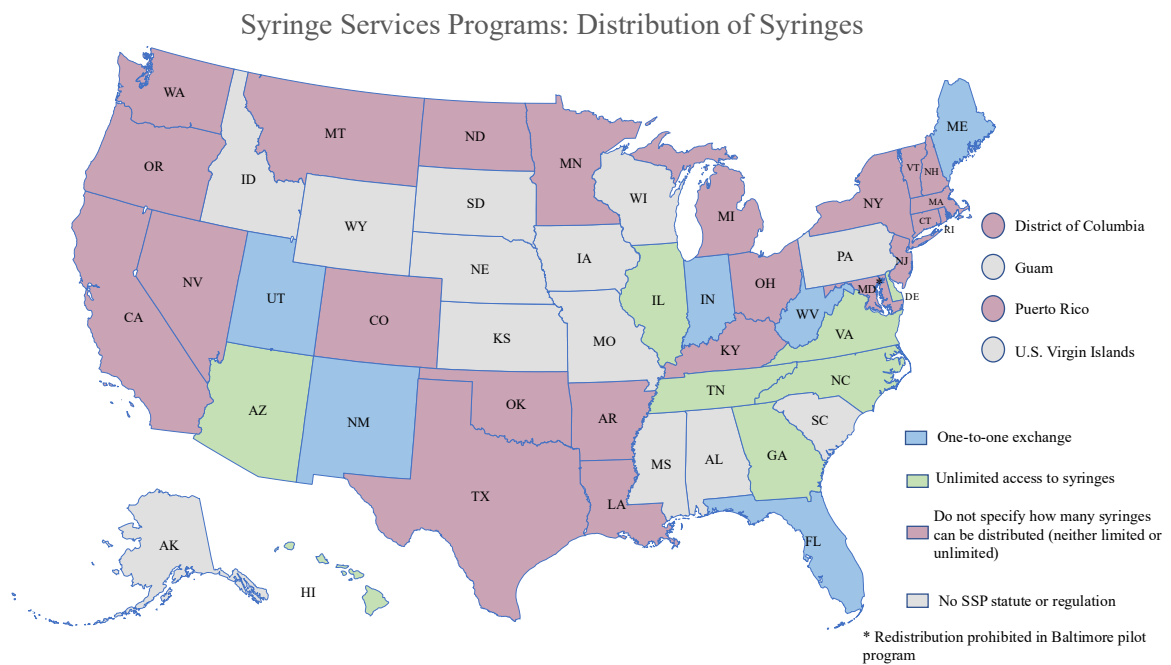
Syringe Services Programs: Requirement for SSP Syringes to be Traceable to the Program



Six states (Florida, Hawaii, Indiana, Maine, New Mexico, and West Virginia) require that programs operate pursuant to a one-to-one model. 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”³¹ and “discourage participants from giving sterile syringes to people who do not attend the program but would benefit from receiving new injection supplies.”³² Unlimited, needs-based distribution of hypodermic needles and syringes also provides programs with the flexibility needed to serve participants during emergency situations, such as “during the COVID-19 pandemic when programs had to reduce or discontinue operating hours.”³³

Eight states (Arizona, Delaware, Georgia, Hawaii, Illinois, North Carolina, Tennessee, and Virginia) follow the Pew Charitable Trusts’ recommendation and allow participants to receive an unlimited number of hypodermic needles and syringes, while 25 states (Arkansas, California, Colorado, Connecticut, Idaho, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, Texas, Vermont, and Washington), the District of Columbia, and Puerto Rico do not specify if access is limited or unlimited.

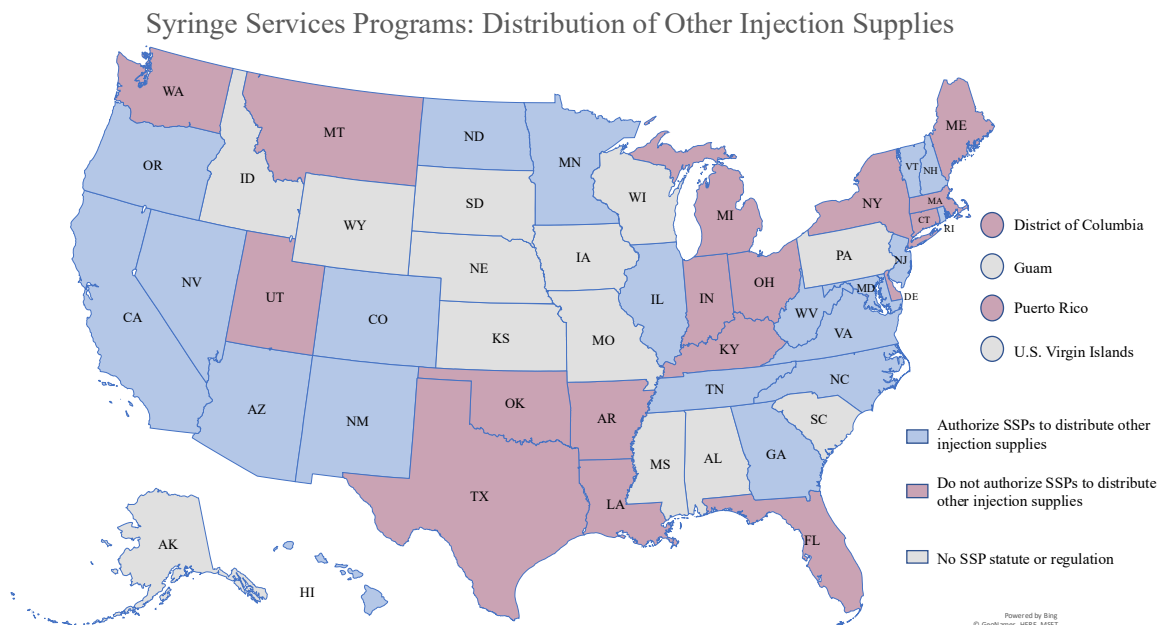


³¹ Z. Javed et al., *supra* note 24, at 9.

³² *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.

³³ *Id.*

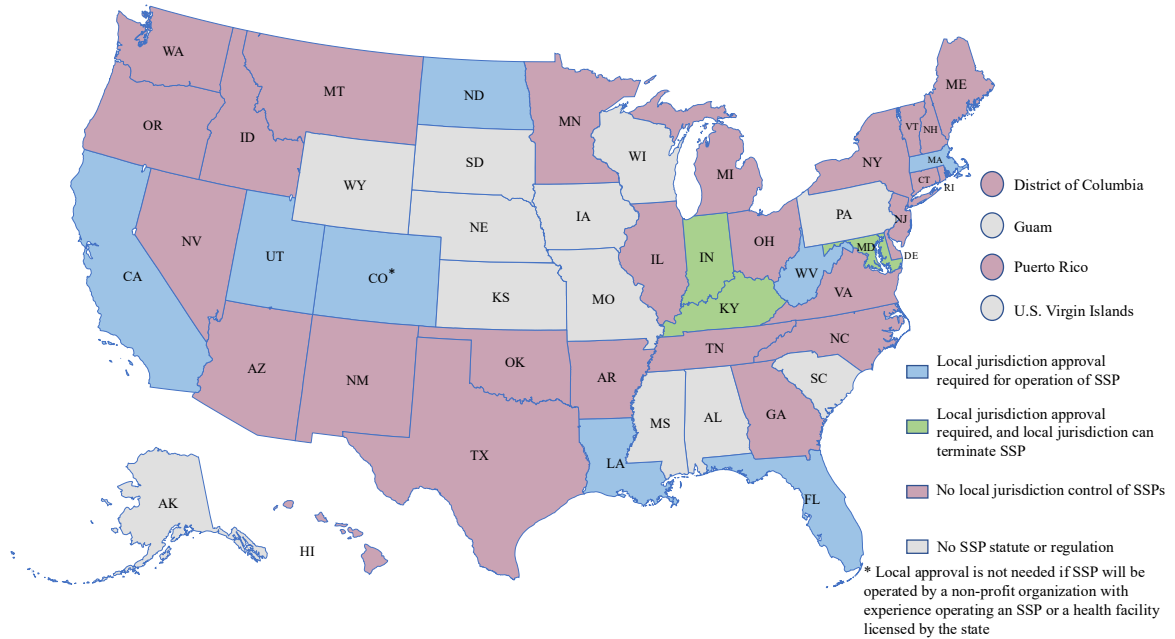
Twenty states (Arizona, California, Colorado, Georgia, Hawaii, Illinois, Maryland, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oregon, Rhode Island, Tennessee, Vermont, Virginia, and West Virginia) specifically authorize programs to provide other injection supplies, such as cookers, cotton swabs, alcohol wipes, sharps waste disposal containers, and tourniquets, to participants which also helps to decrease the likelihood of infectious disease transmission. Additional states may permit SSPs to provide participants with other injection supplies, but that is not specified in statute or rule. Utah was previously included in the list of states that permitted SSPs to distribute other safer use injection supplies, but the legislature amended its law to prohibit SSPs from distributing any “drug paraphernalia” other than syringes.³⁴ Although Utah regulations still permit the distribution of other injection supplies, the revised statute supersedes the rule meaning that SSPs could potentially face legal action if they continue to distribute supplies in addition to syringes.



Conversely, as an additional barrier to access, 11 states (California, Colorado, Florida, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, North Dakota, Rhode Island, and West Virginia) condition operation of an SSP on local approval, and three states (Indiana, Kentucky, and Maryland) allow a local authority to terminate a program. (See “Syringe Services Programs: Local Jurisdiction Control of SSPs” map on the following page.)

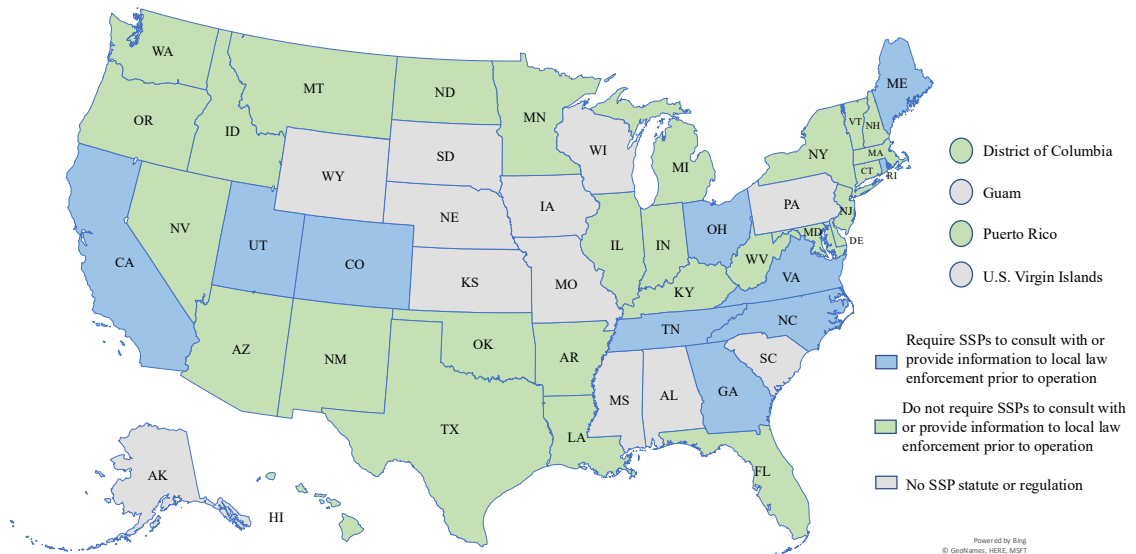
³⁴ UTAH CODE ANN. § 26B-7-117 (West 2026).

Syringe Services Programs: Local Jurisdiction Control of SSPs



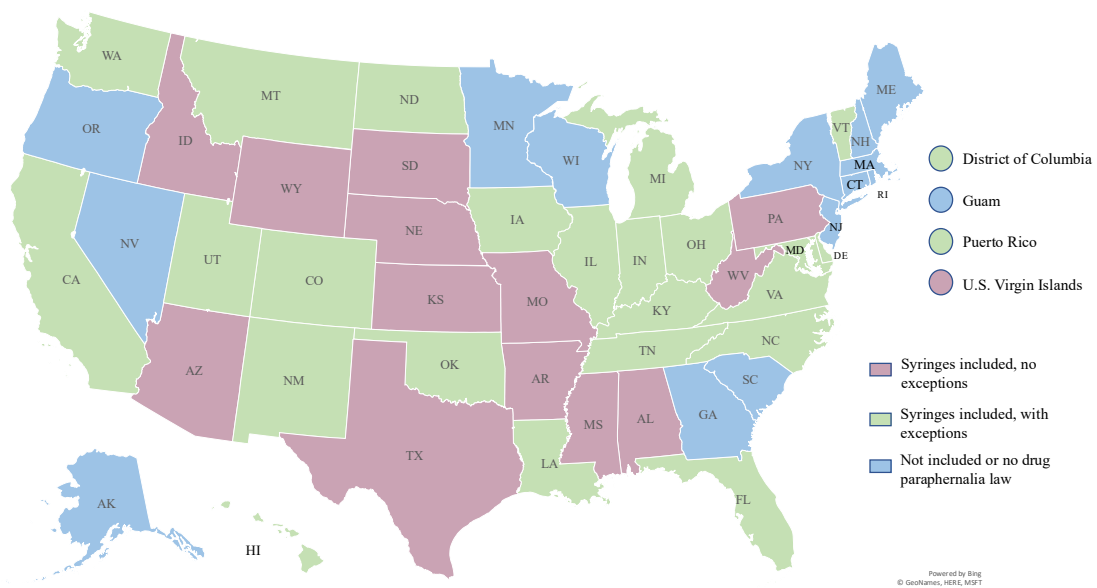
Experts recommend that programs involve law enforcement and other stakeholders in the implementation and operation of an SSP in order to form working relationships with law enforcement agencies in the community. Ten states (California, Colorado, Georgia, Maine, North Carolina, Ohio, Rhode Island, Tennessee, 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.

Syringe Services Programs: Requirements for SSPs to Consult With or Provide Information to Local Law Enforcement



Finally, even in states where SSPs are authorized by law, the majority of states (36 states plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) have drug paraphernalia laws that include hypodermic syringes and needles as drug paraphernalia and include criminal penalties for possession or distribution of hypodermic syringes and needles. However, of those, 23 states (California, Colorado, Delaware, Florida, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Michigan, Montana, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Tennessee, Utah, Vermont, Virginia, and Washington), the District of Columbia, and Puerto Rico include exceptions to those paraphernalia laws applicable to SSPs, and an additional 14 states (Alaska, Connecticut, Georgia, Maine, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New York, Oregon, Rhode Island, South Carolina, and Wisconsin) and Guam do not include hypodermic syringes and needles in their drug paraphernalia laws or do not have a state drug paraphernalia law in place.

Syringe Services Programs: Drug Paraphernalia Laws and Exceptions



On 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 the state includes hypodermic syringes and needles in its drug paraphernalia law and, if so, whether there are any exceptions, program components, miscellaneous provisions, and information on any recently proposed (within the previous six months) 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.

<u>ALABAMA</u>	
Statute(s) and regulation(s)	ALA. CODE § 13A-12-260 (2026) (drug paraphernalia; use or possession; delivery or sale; forfeiture)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 13A-12-260 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>ALASKA</u>	
Statute(s) and regulation(s)	None
Effective date(s) of SSP provisions	N/A
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 technically necessary.
Type of program	N/A
Are syringes considered drug paraphernalia?	No. Alaska does not have a drug paraphernalia law.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>ARIZONA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • ARIZ. REV. STAT. ANN. § 13-3415 (2026) (possession, manufacture, delivery and advertisement of drug paraphernalia; classification; civil forfeiture; factors; definitions) • ARIZ. REV. STAT. ANN. § 36-798.51 (2026) (overdose and disease prevention programs; requirements; standards) • ARIZ. REV. STAT. ANN. § 36-798.52 (2026) (immunity)
Effective date(s) of SSP provisions	September 29, 2021 (§§ 36-798.51 and 36-798.52)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Overdose and disease prevention program
Are syringes considered drug paraphernalia?	Yes. § 13-3415 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting drugs into the human body.
Program components	<p>§ 36-798.51 – 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:</p> <ol style="list-style-type: none"> (1) To reduce the spread of viral hepatitis, HIV, and other bloodborne diseases; (2) To reduce needlestick injuries to law enforcement officers and other emergency personnel; (3) To encourage individuals who inject drugs to enroll in evidence-based treatment; (4) To increase proper disposal of used syringes; and (5) To reduce the occurrence of skin and soft tissue wounds/infections related to injecting drugs. <p>A program established pursuant to this section shall offer all of the following:</p> <ol style="list-style-type: none"> (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;

<u>ARIZONA</u>	
Program components (cont'd)	<p>(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;</p> <p>(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</p> <p>(4) 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.</p> <p>A program established pursuant to this section shall develop standards for distributing and disposing of needles and hypodermic syringes based on scientific evidence and best practices. The number of needles and hypodermic syringes disposed of through a program shall be at least equivalent to the number of needles and hypodermic syringes distributed through the program.</p> <p>§ 36-798.52 – notwithstanding title 13, chapter 34, an employee, volunteer, or participant of an SSP may not be charged with or prosecuted for possession of a needle, hypodermic syringe, or other injection supply item obtained from or returned to an SSP or a residual amount of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supply item obtained from or returned to an SSP; only applies if the person claiming immunity provides verification that a needle, hypodermic syringe, or other injection supply item was obtained from an SSP.</p>
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>ARKANSAS</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • ARK. STAT. ANN. § 5-64-101 (West 2026) (definitions) • ARK. STAT. ANN. § 20-13-1803 (West 2026) (definitions) • 016.04.6 ARK. CODE R. § 2.00 (2025) (contract/grant specifications and the application process)
Effective date(s) of SSP provisions	July 1, 2015 (§ 20-13-1803)
Does state allow SSPs by statute/regulation?	<p>Yes, indirectly.</p> <p>§ 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.”</p>
Type of program	Harm reduction program
Are syringes considered drug paraphernalia?	Yes. § 5-64-101 – “drug paraphernalia” includes a hypodermic syringe, needle, or other object used, intended for use, or designed for use in parenterally injecting a controlled substance into the human body.
Program components	N/A
Miscellaneous provisions	016.04.6, § 2.00 – prohibits the state from using Substance Abuse Prevention and Treatment Block Grant funds to carry out any projects which include the exchange of sterilized needles for hypodermic injection of any illegal drug.
Recently proposed legislation	None

<u>CALIFORNIA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • CAL. BUS. & PROF. § 4145.5 (West 2026) (furnishing for human use without a prescription or license; furnishing as public health measure; furnishing for use on animals; storage; disposal options; consumer information) • CAL HEALTH & SAFETY CODE § 11014.5 (West 2026) (drug paraphernalia) • CAL. HEALTH & SAFETY CODE § 11364 (West 2026) (opium pipes; instruments for injecting or smoking controlled substances; exceptions for safe disposal and personal use) • CAL. HEALTH & SAFETY CODE § 11364.7 (West 2026) (delivering, furnishing, transferring, possessing or manufacture with intent to deliver, furnish, transfer, or manufacture drug paraphernalia; penalties and punishment) • CAL. HEALTH & SAFETY CODE § 120780.1 (West 2026) (clean needle and syringe exchange program; conditions) • CAL. HEALTH & SAFETY CODE § 120780.2 (West 2026) (purchase of sterile hypodermic needles and syringes) • CAL. HEALTH & SAFETY CODE § 120780.5 (West 2026) (funding awards on a competitive basis; HIV prevention and control activities to individuals at high risk for HIV infection; eligibility; funding levels; allocation of funds; duties of department) • CAL. HEALTH & SAFETY CODE §§ 121349 to 121349.3 (West 2026) (collectively “Clean Needle and Syringe Exchange Program”) • CAL. HEALTH & SAFETY CODE § 122450 (West 2026) (funds appropriated to local health jurisdictions and community-based organizations; issuance of grants) • CAL CODE REG. tit. 17 §§ 7000 to 7016 (2026) (collectively “Syringe Exchange Program (SEP) Certification”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • October 7, 2005 (§§ 121349 to 121349.3) • January 1, 2008 (§ 120780.1) • October 1, 2013 (17 §§ 7000 to 7016) • June 24, 2015 (§ 120780.2) • June 27, 2016 (§ 122450) • June 27, 2019 (§ 120780.5) • January 1, 2025 (§§ 11014.5, 11364, and 11364.7) • January 1, 2026 (§ 4145.5)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Clean needle and syringe exchange program
Are syringes considered drug paraphernalia?	Yes, but with exceptions.

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Are syringes considered drug paraphernalia? (cont'd)	<p>HEALTH & SAFETY § 11014.5 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects designed for use in parenterally injecting controlled substances into the human body.</p> <p>HEALTH & SAFETY § 11364 – unlawful to possess any device, contrivance, instrument, or paraphernalia used for unlawfully injecting a controlled substance; 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.</p> <p>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.</p>
Program components	<p>BUS. & PROF. § 4145.5 – notwithstanding any other provision of law, 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 a 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.</p> <p>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:</p> <ol style="list-style-type: none"> (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

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Program components (cont'd)	<p>applicable state and federal requirements, and shall provide tracking forms to verify destruction; or</p> <p>(3) Furnish or make available, a sharps container that meets state and federal standards.</p> <p>A pharmacy that furnishes nonprescription syringes shall provide written information or verbal counseling to consumers at the time of furnishing or sale of nonprescription hypodermic needles or syringes on how to access drug treatment, access testing and treatment for HIV and hepatitis C, and safely dispose of sharps waste.</p> <p>HEALTH & SAFETY § 120780.1 – a public entity that receives General Fund money from the State Department of Public Health (DPH) for HIV prevention and education may use that money to support clean needle and syringe exchange programs; must meet all of the listed conditions.</p> <p>HEALTH & SAFETY § 120780.2 – the DPH may purchase sterile hypodermic needles and syringes, and other supplies, for distribution to syringe exchange programs authorized pursuant to law and support any costs associated with distribution of supplies.</p> <p>HEALTH & SAFETY § 120780.5 – 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.</p> <p>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</p>

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Program components (cont'd)	<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> (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; and (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. <p>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:</p> <ol style="list-style-type: none"> (1) Post on the DPH website the name of the applicant, the

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Program components (cont'd)	<p>nature of the services, and the location;</p> <p>(2) Send written and email notice to the local health officer of the affected jurisdiction; and</p> <p>(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.</p> <p>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.</p> <p>HEALTH & SAFETY § 121349.1 – the DPH or a city, county, or a city and county with or without a health department, that acts to authorize a clean needle and syringe exchange program shall, in consultation with the DPH, authorize the exchange of clean hypodermic needles and syringes as part of a network of comprehensive services; staff and volunteers participating in the SSP shall not be subject to criminal prosecution for violation of any law related to the possession, furnishing, or transfer of hypodermic needles or syringes and program participants shall not be subject to criminal prosecution for possession of needles or syringes 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.</p> <p>HEALTH & SAFETY § 121349.2 – local government, local health officials, and law enforcement shall be given the opportunity to comment on clean needle and syringe exchange programs on a biennial basis and the public shall be given the opportunity to provide input to local leaders to ensure that any potential adverse impacts on the public welfare of SSPs are addressed and mitigated.</p> <p>HEALTH & SAFETY § 121349.3 – report and further comment on SSPs; notice of biennial meeting; biennial report for SSPs authorized by DPH.</p> <p>HEALTH & SAFETY § 122450 – appropriates funds to, in part,</p>

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Program components (cont'd)	<p>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.</p> <p>17 § 7000 (syringe exchange program (SEP) certification definitions) includes definitions for:</p> <ul style="list-style-type: none"> • “Applicant,” which means the entity applying for authorization to certify an SEP and includes the individual who signs the application for certification; • “Fixed site,” which means a building or single location, not a mobile site, where syringe exchange services are provided on a regular basis; • “Local health jurisdiction,” which means a California city or county with a local health department; • “Mobile site,” which means a location where syringe exchange is conducted using a vehicle such as a van, or by foot in a location that is not a fixed indoor setting; and • “Needs statement,” which means a paragraph that provides the rationale for the request for certification in the location specified and uses data and other objective sources to document the need. <p>17 § 7002 (application requirements for SEP certification) – sets forth the requirements for SEP certification applications which include information regarding the individual or entity making the application, a description of the applicant organization’s mission and core services, which must include – and can be offered directly or via referral – at a minimum the following:</p> <ol style="list-style-type: none"> (1) Drug abuse treatment services; (2) HIV or hepatitis screening; (3) Hepatitis A and B vaccination; (4) Screening for sexually transmitted infections; (5) Housing services for the homeless, for victims of domestic violence, or other similar housing services; and (6) Services related to the provision of education and materials for the reduction of sexual risk behaviors.

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Program components (cont'd)	<p>Applications shall also include a needs statement, a description of the proposed syringe exchange services, the anticipated number of participants, a description of the delivery modes to be employed, the hours of operation, and a budget. There must be a 45-day public comment period for members of the public to comment online about an application. Certifications shall be valid for two years, subject to renewal.</p> <p>17 § 7004 (standards for refusal to certify an SSP application) – an application that contains the deficiencies in this section shall receive department notification to re-apply to address the deficiency and the applicant shall have 60 days thereafter to do so. The department shall reject an application if any of the following deficiencies exist:</p> <ol style="list-style-type: none"> (1) Information submitted in the application is incorrect or incomplete; (2) The applicant does not meet all of the requirements of HEALTH & SAFETY CODE § 121349; or (3) Evidence of projected harm to public safety, presented by local law enforcement, is, in the department’s judgment, greater than evidence of projected benefits to public health. <p>17 § 7006 (renewal of SEP certification) – certifications are valid for two years and may be renewed by the department. Pursuant to law, the department will consult with the local health department and local law enforcement leadership regarding reauthorization requests. The department shall have 30 days to review and respond to the applicant’s request for renewal. If the department does not respond within 30 business days, the request for renewal shall be deemed denied.</p> <p>17 § 7008 (reasons for denial of certification renewal or revocation of SEP certification) – an SEP certification shall be revoked and an application for renewal denied if the applicant or the SEP violates the terms of this subchapter or fails to comply with the provisions of HEALTH & SAFETY CODE § 121349.</p> <p>17 § 7010 (process to request review following denial or revocation) – provides that a person may request a hearing within 30 days of a revocation and denial of renewal application.</p>

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Program components (cont'd)	<p>17 § 1712 (operational requirements for certified SEPs) – requires certified SEPs to include program participant input into program design, implementation, and evaluation. It provides that program design, implementation, and evaluation shall be guided by a syringe dispensing plan, a syringe collection and sharps waste disposal plan, a service delivery plan, a data collection and program evaluation plan, and a community relations plan. It includes the elements each plan should include.</p> <p>17 § 1716 (reporting requirements for certified SEPs) – requires certified SEPs to return a report to the department, postmarked or delivered by email by the anniversary date of certification each and every year of the program’s operation which report shall include the data elements listed in HEALTH & SAFETY CODE § 121349(d)(4) and a report on the events recorded under the community relations plan.</p>
Miscellaneous provisions	None
Recently proposed legislation	None

<u>COLORADO</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • COLO. REV. STAT. ANN. § 18-18-426 (West 2026) (drug paraphernalia—definitions) • Colo. Rev. Stat. Ann. § 18-18-428 (West 2026) (possession of drug paraphernalia—penalty—exceptions) • COLO. REV. STAT. ANN. § 18-18-430.5 (West 2026) (drug paraphernalia—exemption) • COLO. REV. STAT. ANN. § 25-1-508 (West 2026) (county or district boards of public health—public health directors) • COLO. REV. STAT. ANN. § 25-1-520 (West 2026) (clean syringe exchange programs—operation—approval—testing supplies) • COLO. REV. STAT. ANN. § 25-20.5-1101 (West 2026) (harm reduction grant program—creation—application—permissible uses—department duties)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • August 11, 2010 (§§ 18-18-430.5 and 25-1-508) • August 2, 2019 (§ 25-20.5-1101) • June 6, 2024 (§§ 18-18-428 and 25-1-520)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Clean syringe exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 18-18-426 – “drug paraphernalia” includes all equipment, products, and materials of any kind that are used, intended for use, or designed for use in injecting or otherwise introducing into the human body a controlled substance. Hypodermic syringes and needles are not included in the list of drug paraphernalia examples.</p> <p>§ 18-18-428 – sets forth the crime of possession of drug paraphernalia and provides that it does not apply to the possession of drug paraphernalia that a person received from an approved syringe exchange program or a program carried out by a harm reduction organization while participating in the program.</p> <p>§ 18-18-430.5 – provides that 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.</p>

<u>COLORADO</u>	
Program components	<p>§ 25-1-520 – a county public health agency or district public health agency may request approval from its county board of health or district board of health for a clean syringe exchange program operated by the agency or by a nonprofit organization with which the agency contracts to operate the SSP. The board must consult with the agency and interested stakeholders, including, but not limited to, local law enforcement agencies, district attorneys, substance use disorder treatment providers, persons with a substance use disorder in remission, nonprofit organizations, hepatitis C and HIV advocacy organizations, and members of the community prior to approving or disapproving any such program. The board and stakeholders shall consider the scope of the problem to be addressed, concerns of the law enforcement community, and the parameters of the proposed program. A nonprofit organization with experience operating an SSP or a health facility licensed or certified by the state may operate an SSP without prior board approval. Such organization must still consult with interested stakeholders and discuss the issues set forth in this section.</p> <p>The SSP must, at a minimum, have the ability to:</p> <ol style="list-style-type: none"> (1) Provide an injection drug user with information and the means to protect himself or herself, his or her partner, and his or her family from exposure to bloodborne disease through access to education, sterile injection equipment, voluntary testing for bloodborne diseases, and counseling; (2) Provide thorough referrals to facilitate entry into substance use disorder treatment programs, including opioid substitution therapy; (3) Encourage usage of medical care and mental health services as well as social welfare and health promotion; (4) Provide safety protocols and classes for the proper handling and disposal of injection materials; (5) Plan and implement the SSP with the clear objective of reducing the transmission of bloodborne diseases within a specific geographic area; and (6) Develop a timeline and an education program regarding the legal rights under this section. <p>The SSP may purchase and distribute other supplies and tools intended to reduce the health risks associated with the use of drugs including, but not limited to, smoking materials.</p>

<u>COLORADO</u>	
Miscellaneous provisions	<p>§ 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.</p> <p>§ 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:</p> <ol style="list-style-type: none"> (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

<u>CONNECTICUT</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • CONN. GEN. STAT. ANN. § 19a-124 (West 2026) (syringe services programs) • CONN. GEN. STAT. ANN. § 21a-65 (West 2026) (sale of hypodermic needles and syringes restricted; application to use secured machine; destruction of used hypodermic needles and syringes; penalty) • CONN. GEN. STAT. ANN. § 21a-286 (West 2026) (agreements for distribution and administration of opioid antagonists; secure boxes, vending machines and secured machines; test strips; regulations)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • July 1, 1992 (§ 19a-124) • June 13, 2023 (§ 21a-286) • May 30, 2024 (§ 21a-65)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Syringe services program
Are syringes considered drug paraphernalia?	No.
Program components	<p>§ 19a-124 – the Department of Public Health shall establish, within available appropriations, syringe services programs to enhance health outcomes of people who inject drugs in any community impacted by HIV or hepatitis C and shall establish protocols in accordance with this section. The department may authorize programs through local health departments or other local organizations.</p> <p>SSPs shall:</p> <ol style="list-style-type: none"> (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.

<u>CONNECTICUT</u>	
Program components (cont'd)	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	<p>§ 21a-65 – provides that a manufacturer or wholesaler may sell hypodermic needles and syringes to an SSP.</p> <p>Hypodermic needles and syringes in a quantity of 10 or less without a prescription may be provided or sold at retail by an SSP.</p> <p>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.</p> <p>§ 21a-286 – includes definition of “secured machine,” which means a device that (1) restricts access to individuals participating in an SSP by utilizing a designated access number, personalized magnetic strip card, or any other technology to identify such individuals for the purpose of providing access; and (2) is registered with the department in a form and manner prescribed by the commissioner.</p>
Recently proposed legislation	None

<u>DELAWARE</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • DEL. CODE ANN. tit. 16, § 4701 (West 2026) (definitions) • DEL. CODE ANN. tit. 29, §§ 7990 to 7997 (West 2026) (collectively “Sterile Needle and Syringe Exchange Program for the Prevention of AIDS and Other Diseases”)
Effective date(s) of SSP provisions	July 17, 2006 (§§ 7990 to 7997)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Sterile needle and syringe exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>16 § 4701 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances, the use, manufacture, delivery, or possession of which is in violation of this chapter.</p> <p>29 § 7993 (criminal liability) – exempts exchanges under the SSP from the criminal provisions of state law for participants, employees of the division, or designated program staff whenever the possession or distribution of the controlled paraphernalia or hypodermic syringe or needle is a direct result of the employee’s or participant’s activities in connection with the work of the program. A program staff member or program participant is not immune from criminal prosecution for the redistribution of hypodermic needles or syringes in any form, any activities not authorized or approved by the program, or violation of laws prohibiting or regulating the use, possession, dispensing, distribution, or promotion of controlled substances.</p>
Program components	<p>29 § 7990 (definitions) – definitions related to the sterile needle and syringe exchange program for the prevention of AIDS and other diseases.</p> <p>29 § 7991 (establishment of program) – the director of the State Division of Public Health shall maintain a sterile needle and syringe exchange program which shall be administered by the director or his or her designees. Provides that the director may designate private providers of services to operate the program.</p> <p>29 § 7992 (operation of the 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:</p>

<u>DELAWARE</u>	
Program components (cont'd)	<p>(1) Provide needles and syringes on an as-needed basis, whereby a participant receives sterile needles and syringes based on need and usage;</p> <p>(2) Be designed to prevent non-injection drug users from participating in the program;</p> <p>(3) Be designed and maintained to provide maximum security of exchange sites and equipment, including security measures that shall be required to allow 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, provided, however, that a participant may return used needles and syringes at any program site if more than one site is available;</p> <p>(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;</p> <p>(5) Include services to: (a) educate participants about the dangers of contracting HIV or hepatitis viruses through needle-sharing practices; (b) provide HIV and other communicable disease testing as appropriate when available; and (c) provide a linkage for referrals to drug counseling and treatment services, and follow-up to those referrals to assure that participants are retained in care and receive available treatment;</p> <p>(6) Establish procedures for identifying participants consistent with the confidentiality provisions of this subchapter; and</p> <p>(7) Establish a method of identification and authorization for program staff members who have access to hypodermic needles, syringes, or program records.</p> <p>Program structure and delivery methods will be designed in response to the local community in which the program operates.</p> <p>29 § 7994 (oversight committee) – the director shall appoint an oversight committee for the program to provide assistance and advice on the oversight of the program. It sets forth the requirements for committee membership.</p> <p>29 § 7995 (data collection and program reports) – program data</p>

<u>DELAWARE</u>	
Program components (cont'd)	<p>collection requirements, including:</p> <ol style="list-style-type: none"> (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 and other high-risk behaviors; (6) Impact on the transmission of HIV and hepatitis infection among injection drug users and their contacts; and (7) Other data as requested by the director or oversight committee. <p>29 § 7996 (identification of participants and confidentiality) – 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. Information obtained by the program that would identify program participants, including program records, is confidential, not open to public inspection or disclosure, and not discoverable in any criminal or civil proceeding. The program may release or disclose information upon the written consent of and direction by the participant. If a program participant raises the issue of participant in the program either as a subject matter or legal defense in an administrative, civil, or criminal proceeding, the program participant waives the confidentiality of identity provided in this section.</p>
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>DISTRICT OF COLUMBIA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • D.C. CODE ANN. § 48-1101 (West 2025) (definitions) • D.C. CODE ANN. § 48-1103 (West 2025) (prohibited acts) • D.C. CODE ANN. § 48-1103.01 (West 2025) (needle exchange program) • D.C. CODE ANN. § 48-1121 (West 2025) (distribution of needle and syringe near schools prohibited)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • November 22, 2000 (§ 48-1121) • March 16, 2021 (§ 48-1103.01) • April 21, 2023 (§ 48-1103)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Needle exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with exceptions.</p> <p>§ 48-1101 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting a controlled substance into the human body.</p> <p>§ 48-1103 – it is unlawful for any person to use, or to possess with intent to use, drug paraphernalia to introduce into the human body a controlled substance. However, it shall not be unlawful for a person to use, or possess with intent to use, drug paraphernalia for the personal use of a controlled substance.</p> <p>It is further unlawful for any person to deliver or sell, possess with intent to deliver or sell, or manufacture with intent to deliver or sell drug paraphernalia, knowingly, or under circumstances where one reasonably should know, that it will be used to inject or otherwise introduce into the human body a controlled substance. It is not unlawful for a community-based organization to deliver or sell, or possess with intent to deliver or sell, drug paraphernalia for the personal use of a controlled substance. It is further not unlawful for the District government employees, contractors, and grantees, acting within the scope of their employment, contract, or grant to deliver, or possess with intent to deliver, drug paraphernalia for the personal use of a controlled substance.</p>
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

<u>DISTRICT OF COLUMBIA</u>	
Program components (cont'd)	<p>syringe is provided as well as counseling and information on HIV and appropriate referrals for HIV testing and services shall be made available.</p> <p>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.</p> <p>The commissioner shall provide participants with a written statement of such person's participation, but no participant shall be required to carry such statement.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The mayor shall issue an annual evaluation report on the program. The report shall address the following components:</p> <ol style="list-style-type: none"> (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

<u>DISTRICT OF COLUMBIA</u>	
Program components (cont'd)	<p>District; and</p> <p>(6) Costs of the program versus direct and indirect costs of HIV infection and AIDS in the District.</p> <p>Data on participants shall be obtained through interviews, which shall be used to obtain the following:</p> <p>(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.</p>
Miscellaneous provisions	<p>§ 48-1121 – the Public Housing Police of the DC Housing Authority shall prepare a monthly report on activity involving illegal drugs at or near any public housing site where an SSP is conducted; the executive director shall ascertain any public housing resident concerns about any SSP conducted on or near the site, and the DC government shall take appropriate action to require relocation of any such program if so recommended by the police or a significant number of residents.</p>
Recently proposed legislation	None

<u>FLORIDA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • FLA. STAT. ANN. § 381.0038 (West 2026) (education; sterile needle and syringe exchange programs) • FLA. STAT. ANN. § 893.145 (West 2026) (“drug paraphernalia” defined)
Effective date(s) of SSP provisions	July 1, 2016 (§ 381.0038)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Sterile needle and syringe exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 893.145 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.</p> <p>§ 381.0038 - 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.</p>
Program components	<p>§ 381.0038 – establishes an education program about the threat of AIDS which shall:</p> <ol style="list-style-type: none"> (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;

<u>FLORIDA</u>	
Program components (cont'd)	<p>(7) Provide information and consultation to state agencies to educate state employees, law enforcement, correctional personnel and inmates, and local government employees;</p> <p>(8) Make information available to private employers;</p> <p>(9) Contain special components which emphasize appropriate behavior and attitude change; and</p> <p>(10) Contain components that include information about domestic violence and risk factors associated with domestic violence and AIDS.</p> <p>Provides that a county commission may authorize a sterile needle and syringe exchange program to operate within its county boundaries. The program may operate at one or more fixed locations or through mobile health units. The SSP shall offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other bloodborne diseases among intravenous drug users and their sexual partners and offspring; prevention of disease transmission must be the goal of the program.</p> <p>An SSP may not operate unless it is authorized and approved by a county commission in accordance with this subsection. The county commission must:</p> <ol style="list-style-type: none"> (1) Authorize the program under the provisions of a county ordinance; (2) Enter into a letter of agreement with the department in which the county commission agrees that any SSP will operate in accordance with this subsection; (3) Enlist the local county health department to provide ongoing advice, consultation, and recommendations for the operation of the SSP; and (4) Contract with a hospital, healthcare clinic, medical school, licensed addictions receiving facility, or 501(c)(3) HIV/AIDS service organization to operate the program. <p>The SSP must:</p> <ol style="list-style-type: none"> (1) Develop an oversight and accountability system to ensure compliance with statutory and contractual requirements and which requires the program operator

<u>FLORIDA</u>	
Program components (cont'd)	<p>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;</p> <ol style="list-style-type: none"> (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; and (7) Collect data for annual reporting purposes, which includes: (a) the number of participants served; (b) the number of used needles and syringes received and the number of clean, unused needles and syringes distributed through exchange with participants; (c) the demographic profiles of participants; (d) the number of participants entering drug counseling or treatment; (e) the number of participants receiving testing for HIV, AIDS, viral hepatitis, or other bloodborne diseases; and (f) other data that may be required by rule. <p>State, county, or municipal funds may not be used to operate an SSP, SSPs shall be funded through grants and donations from private resources and funds.</p>
Miscellaneous provisions	None

<u>FLORIDA</u>	
Recently proposed legislation	None

<u>GEORGIA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • GA. CODE ANN. § 16-13-1 (West 2026) (drug related objects) • GA. CODE ANN. § 16-13-32 (West 2026) (transactions in drug related objects prohibited) • GA. CODE ANN. § 16-13-32.1 (West 2026) (transactions in drug related objects prohibited; factors in considering intent) • GA. CODE ANN. § 16-13-32.2 (West 2026) (possession of drug related objects prohibited) • GA. COMP. R. & REGS. 511-2-9-.01 to .08 (2026) (collectively “Syringe Services Programs”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • July 1, 2019 (§ 16-13-32) • August 16, 2020 (511-2-9-.01 to -.08) • July 1, 2022 (§§ 16-13-1, 16-13-32.1, and 16-13-32.2)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Syringe services program
Are syringes considered drug paraphernalia?	<p>No. § 16-13-1 – provides that “drug related object” does not include a hypodermic needle or syringe.</p> <p>§ 16-13-32.1 – provides that the offenses listed in this section do not apply to hypodermic needles or syringes.</p> <p>§ 16-13-32.2 – provides that the offenses listed in this section do not apply to hypodermic needles or syringes.</p>
Program components	<p>§ 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.</p> <p>A person employed by or acting as an agent of a registered SSP shall be immune from civil and criminal liability arising from the possession, distribution, or exchange of hypodermic syringes or needles and related supplies as part of such SSP.</p> <p>The department of public health shall be authorized to promulgate rules and regulations for the purpose of supervising the activities of SSPs, including provisions for the registration of such programs.</p> <p>“Syringe services program” means an organization which provides:</p>

<u>GEORGIA</u>	
Program components (cont'd)	<ol style="list-style-type: none"> (1) Substance abuse and harm reduction counseling, education, and referral services for substance abuse disorder treatment; (2) Training and provision of naloxone to reverse opioid overdoses; (3) Screening for HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis; (4) Referrals and linkage to HIV, viral hepatitis, sexually transmitted diseases, and tuberculosis prevention, treatment, and care services; (5) Safer injection supplies; and (6) Evidence based interventions to reduce negative consequences of drug related behaviors. <p>511-2-9-.01 (definitions) – definitions include “syringe services program,” which has the same definition as that set forth in § 16-13-32.</p> <p>511-2-9-.02 (registration required) – any person or entity that operates an SSP shall be registered with the department of public health. Registrations are valid for two years.</p> <p>511-2-9-.03 (application for registration) – sets forth application requirements, including:</p> <ol style="list-style-type: none"> (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

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Program components (cont'd)	<p>(6) A copy of the program's policies and procedures manual.</p> <p>511-2-9-.04 (operating requirements) – each SSP shall:</p> <ol style="list-style-type: none"> (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 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. <p>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:</p> <ol style="list-style-type: none"> (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;

<u>GEORGIA</u>	
Program components (cont'd)	<p>(6) The number of referrals made to SUD treatment providers;</p> <p>(7) The number of needlestick injuries and splash exposures at the program, if any; and</p> <p>(8) Such other information as deemed necessary by the department.</p> <p>511-2-9-.05 (policies and procedures manual) – each SSP shall develop a policies and procedures manual for operation of the program which includes:</p> <ol style="list-style-type: none"> (1) Provisions regarding confidentiality of protected health information; (2) Plan for the provision of substance abuse and harm reduction counseling, education, and referral services; (3) A site biosafety plan which includes engineering and work practice controls to reduce the likelihood of exposure by SSP staff and consumers to bloodborne pathogens and other potentially biohazardous materials; (4) A protocol for the safe and secure disposal of syringes and related supplies; (5) Protocol for the management of needlestick injuries and splash exposures; (6) A staff training plan; (7) A site security plan, which shall be provided to all law enforcement agencies with jurisdiction over each SSP site; and (8) A data collection protocol. <p>511-2-9-.06 (right of inspection and copying) –any duly designated employee of the department shall have the right to enter upon and into the premises of an SSP or applicant at any time for the purpose of conducting a physical inspection of the program site; a satisfactory inspection shall be required prior to the issuance of an initial registration and upon each biennial renewal. 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.</p> <p>511-2-9-.07 (renewal of registration) – 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</p>

<u>GEORGIA</u>	
Program components (cont'd)	<p>expiration date shall be placed in lapsed status and may renew in the six-month period immediately following the expiration date.</p> <p>511-2-9-.08 (granting and suspension or revocation of registration) – grounds for which an application may be denied or a registration suspended or revoked include:</p> <ol style="list-style-type: none"> (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	None
Recently proposed legislation	None

<u>HAWAII</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • HAW. REV. STAT. ANN. §§ 325-111 to -117 (West 2026) (collectively “Needle Exchange Program”) • HAW. REV. STAT. ANN. § 329-1 (West 2026) (definitions)
Effective date(s) of SSP provisions	July 1, 1992 (§§ 325-111 to -117)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Needle exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with exceptions.</p> <p>§ 329-1 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, primarily intended for use, or primarily designed for use in parenterally injecting prohibited controlled substances into the human body.</p> <p>§ 325-114 (liability) – possession or delivery of needles or syringes or authorized objects (see definition below) shall not constitute a drug paraphernalia offense for program staff acting in the course and scope of official duties, provided, that delivery is limited to other program staff or to syringe exchange participants, neither shall possession of needles or syringes or authorized objects constitute an offense for syringe exchange participants participating in a program visit. The department shall establish a specific list of authorized objects, which may be updated from time to time as needed.</p> <p>These exceptions do not apply to any needles, syringes, or authorized objects possessed by anyone other than syringe exchange participants or program staff or delivered between:</p> <ol style="list-style-type: none"> (1) Syringe exchange participants; (2) A syringe exchange participant and an individual who is neither a participant nor program staff; (3) Individuals who are neither participants nor program staff; or (4) An individual who is neither a participant nor program staff. <p>A law enforcement officer who, acting in good faith, arrests or charges a person who is thereafter determined to be exempt from an offense pursuant to this section shall not be subject to civil liability for the mere arrest or filing of charges.</p>
Program components	§ 325-111 (definitions) – includes definitions for “authorized objects,” which means objects authorized by the department for

<u>HAWAII</u>	
Program components (cont'd)	<p>dissemination to syringe exchange participants for the purpose of reducing infection or injury, provided that the objects are incidental to syringe exchange and may include, but not be limited to, cookers, cottons, or ties; and “needs-based distribution,” which means a syringe distribution practice that provides sterile needles and syringes to syringe exchange participants in quantities sufficient to reduce the likelihood of needles and syringes being shared or reused.</p> <p>§ 325-112 (sterile needle and syringe exchange program established) – the director of health may establish a sterile needle and syringe exchange program. The program shall be administered by the director or his or her designee. The director is authorized to designate private providers of service to operate the program.</p> <p>§ 325-113 (operation of the program) – the program shall be operated for the purpose of preventing the transmission of HIV, hepatitis B, hepatitis C, and other bloodborne diseases, and providing drug users with referrals to appropriate health and social services.</p> <p>The program:</p> <ol style="list-style-type: none"> (1) Shall provide for maximum security of exchange sites and equipment, including a full accounting of the number of needles and syringes distributed, the number of needles and syringes in storage, the number of used needles and syringes collected, and any other measures that may be required to control the use and dispersal of sterile needles and syringes, provided that a syringe exchange participant may exchange used needles and syringes at any exchange site if more than one site is available; (2) Shall provide needs-based distribution of sterile needles and syringes; (3) May provide screening procedures to allow non-injection drug users to safely and effectively receive services, exclusive of syringes and needles, from the program; (4) Shall include services to: (a) educate the syringe exchange participant about the dangers of contracting bloodborne infections through needle- and other

<u>HAWAII</u>	
Program components (cont'd)	<p>materials-sharing practices; and (b) offer substance use disorder treatment referral and counseling services to all syringe exchange participants and non-injection drug users; and</p> <p>(5) Shall compile research data on behavioral changes; enrollment in substance use disorder treatment, counseling, and education programs; service provision; 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 infections.</p> <p>The department of health and its designees shall keep records to identify and authorize program staff to have access to needles, syringes, or authorized objects, and the program’s records.</p> <p>§ 325-114 (liability) – in addition to the other exceptions listed above, this section provides that possession or delivery of used needles or syringes containing residue shall not constitute a drug possession offense for syringe exchange participants within two months after their last participation in a program visit and shall not constitute an offense for program staff acting in the course and scope of their official duties, provided that any delivery, whether by syringe exchange participants or program staff, shall be made only to program staff pursuant to this part. This provision only applies to needles, syringes, or authorized objects possessed by participants or program staff, or to needles, syringes, or authorized objects delivered between program staff or between a participant and program staff.</p> <p>This exception does not apply to any needles, syringes, or authorized objects possessed by anyone other than participants or program staff, or delivered between:</p> <ol style="list-style-type: none"> (1) Syringe exchange participants; (2) A participant and an individual who is neither a participant nor program staff; (3) Individuals who are neither participants nor program staff; or (4) An individual who is neither a participant nor program staff. <p>A law enforcement officer who, acting in good faith, arrests or charges a person who is thereafter determined to be exempt</p>

<u>HAWAII</u>	
Program components (cont'd)	<p>from an offense pursuant to this section shall not be subject to civil liability for the mere arrest or filing of charges.</p> <p>§ 325-115 (program oversight committee) – the director shall appoint a sterile needle exchange program oversight committee to provide assistance and advice in the oversight of the program. The committee shall meet periodically with the director to monitor the progress and effectiveness of the program and to examine available data compiled by the program.</p> <p>§ 325-116 (reports) – on or before January 1 of each year, the department shall submit a report to the sterile needle exchange program oversight committee which shall include:</p> <ol style="list-style-type: none"> (1) Information as to the number of syringe exchange participants served, the number of needles and syringes distributed, and the number collected; (2) A demographic profile of the participants served including, but not limited to, age, sex, ethnicity, area of residence, occupation, types of drugs used, length of drug use, and frequency of injection; (3) Impact of the program on needle and syringe sharing and other high-risk behavior; (4) Data on participants regarding HIV testing, counseling, drug treatment, and other social services, including referrals for HIV testing and counseling and for substance use disorder treatment; (5) Impact on the transmission of HIV infection among injection drug users; (6) Impact on behaviors that caused participants to be at risk for HIV transmission such as frequency of drug use and needle sharing; (7) An assessment of the cost-effectiveness of the program versus direct and indirect costs of HIV infection; and (8) Information on the percentage of persons served through treatment programs for injection drug users funded through the department that were attributed to needle exchange referrals. <p>The report shall address the strengths and weaknesses of the program, the advisability of its continuation, amendments to the law, if appropriate, and other matters that may be helpful to the oversight committee in evaluating the program's efficacy.</p>

<u>HAWAII</u>	
Program component (cont'd)	§ 325-117 (termination of program) – the director may terminate the program at any time if the program does not serve its intended purpose, presents a risk to the public health, safety, or welfare, or is no longer necessary.
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>IDAHO</u>	
Statute(s) and regulation(s)	IDAHO CODE ANN. § 37-2701 (West 2026) (definitions)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No. The state syringe and needle exchange program was repealed effective July 1, 2024.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 37-2701 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>ILLINOIS</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • 20 ILL. COMP. STAT. ANN. 301/5-23 (West 2026) (Drug Overdose Prevention Program) • 20 ILL. COMP. STAT. ANN. 2310/2310-252 (West 2026) (guidelines for needle disposal; education) • 410 ILL. COMP. STAT. ANN. 710/5 (West 2026) (needle and hypodermic syringe access program) • 720 ILL. COMP. STAT. ANN. 600/2 (West 2026) (definitions) • 720 ILL. COMP. STAT. ANN. 600/3.5 (West 2026) (possession of drug paraphernalia) • 720 ILL. COMP. STAT. ANN. 600/4 (West 2026) (exemptions) • 720 ILL. COMP. STAT. ANN. 635/1 (West 2026) (possession of hypodermic syringes and needles) • 720 ILL. COMP. STAT. ANN. 635/2 (West 2026) (sale of hypodermic syringes and needles)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • July 25, 2003 (600/3.5, 600/4) • January 1, 2010 (301/5-23) • July 20, 2015 (2310/2310-252) • August 9, 2019 (710/5, 635/1, 635/2)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Needle and hypodermic syringe access program
Are syringes considered drug paraphernalia?	<p>Yes, but with exceptions.</p> <p>600/2 – “drug paraphernalia” means all equipment, products and materials of any kind which are intended to be used unlawfully in injecting or otherwise introducing into the human body a controlled substance.</p> <p>600/3.5 – the crime of knowingly possessing an item of drug paraphernalia does not apply to a person who is legally authorized to possess hypodermic syringes or needles under the Hypodermic Syringes and Needles Act.</p> <p>600/4 – the Drug Paraphernalia Control Act does not apply to a person who is legally authorized to possess hypodermic syringes or needles under the Hypodermic Syringes and Needles Act.</p> <p>635/1 – provides that a staff person, volunteer, or participant in a needle or hypodermic syringe access program may possess a hypodermic syringe, hypodermic needle, or any instrument adapted for the use of a controlled substance by subcutaneous injection. A person who is at least 18 years of age may purchase</p>

<u>ILLINOIS</u>	
Are syringes considered drug paraphernalia? (cont'd)	<p>from a pharmacy and have in his or her possession up to 100 hypodermic syringes or needles.</p> <p>635/2 – the provisions of this Act shall not prohibit the sale, possession, or use of hypodermic syringes or hypodermic needles for use by a staff person, volunteer, or participant in a needle or hypodermic syringe access program.</p> <p>A pharmacist may sell up to 100 sterile hypodermic needles or syringes to a person who is at least 18 years of age.</p>
Program components	<p>710/5 – any governmental or non-governmental organization, including a local health department, community-based organization, or a person or entity that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors may establish and operate a needle and hypodermic syringe access program. Objectives of the program shall be:</p> <ol style="list-style-type: none"> (1) Reducing the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases; (2) Reducing the potential for needlestick injuries from discarded contaminated equipment; and (3) Facilitating connections or linkages to evidence-based treatment. <p>Programs established under this Act shall provide all of the following:</p> <ol style="list-style-type: none"> (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;

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Program components (cont'd)	<p>(5) Linkages to needed services, including mental health treatment, housing programs, substance use disorder treatment, and other relevant community services;</p> <p>(6) Individual consultations from a trained employee tailored to individual needs;</p> <p>(7) If feasible, a hygienic, separate space for individuals who need to administer a prescribed injectable medication that can also be used as a quiet space to gather composure in the event of an adverse on-site incident, such as a nonfatal overdose;</p> <p>(8) If feasible, access to on-site drug adulterant testing supplies; and</p> <p>(9) If feasible, access to fentanyl test strips to test for the presence of fentanyl, a fentanyl analog, or a drug adulterant within a controlled substance.</p> <p>Notwithstanding any provision of the controlled substances act, the drug paraphernalia control act, or any other law, no employee or volunteer of or participant in a program established under this act shall be charged with or prosecuted for possession of any of the following:</p> <p>(1) Needles, hypodermic syringes, or other drug consumption paraphernalia obtained from or returned, directly or indirectly, to a program established under this Act;</p> <p>(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;</p> <p>(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 healthcare facility or medical office dispensing drug adulterant testing supplies in accordance with this act; or</p> <p>(4) Any residual amounts of controlled substances used in the course of testing the controlled substance to determine the chemical composition and potential threat of the substances obtained for consumption that are obtained from or returned, directly or indirectly, to a program established under this act.</p>

<u>ILLINOIS</u>	
Program components (cont'd)	<p>Police officers who arrest or charge a person who is thereafter determined to be entitled to immunity from prosecution under this section are not subject to civil liability for the arrest or filing of charges.</p> <p>Prior to the commencement of operations, the organization shall submit to the department of public health the name of the organization, agency, group, person, or entity operating the program, the areas and populations to be served by the program, and the methods by which the program will meet the requirements of this section.</p>
Miscellaneous provisions	<p>301/5-23 – permits the department of public health to establish a program to provide for the production and publication, in electronic and other formats, of drug overdose prevention, recognition, and response literature. The department may develop and disseminate curricula for use by professionals, organizations, individuals, or committees interested in the prevention of fatal and nonfatal drug overdose including, among a list of others, needle exchange program staff.</p> <p>2310/2310-252 – requires the department of public health, in cooperation with the Illinois environmental protection agency, to create guidelines for the proper disposal of hypodermic syringes, needles, and other sharps, which shall encourage the use of safe disposal programs that include syringe exchange programs.</p>
Recently proposed legislation	None

<u>INDIANA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • IND. CODE ANN. §§ 16-41-7.5-1 to -14 (West 2026) (collectively “Communicable Disease: Syringe Exchange Program”) • IND. CODE ANN. § 35-48-4-8.5 (West 2026) (dealing in paraphernalia)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • May 5, 2015 (§§ 16-41-7.5-1 to -14) • March 10, 2026 (§§ 16-41-7.5-5.5, 16-41-7.5-6.4, and 16-41-7.5-6.5)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Syringe exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 35-48-4-8.5 – the criminal penalties related to the sale, offer for sale, delivery, or financing the delivery of drug paraphernalia, do not apply to a qualified entity that provides a syringe or needle as part of an SSP.</p>
Program components	<p>§ 16-41-7.5-3 (“qualified entity”) – definition of “qualified entity,” which means a local health department, a municipality that operates a program within the boundaries of the municipality, a nonprofit organization that operates a program and has been approved by official action to operate the program by the local health department, the executive body of the county, or the legislative body of a municipality for the operation of a program within the boundaries of the municipality.</p> <p>§ 16-41-7.5-4 (operation of program; public health emergency; requirements) – a qualified entity may operate a program only in a county or municipality where a public health emergency has been declared or a program has been approved under section 5 of this chapter; however, a qualified entity may not operate a program outside of the jurisdictional area of the governmental body that approved the qualified entity.</p> <p>§ 16-41-7.5-5 (requirements for county prior to operation of program) – before a qualified entity may operate a program in a county, the following shall occur:</p> <p style="padding-left: 40px;">(1) 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</p>

<u>INDIANA</u>	
Program components (cont'd)	<p>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;</p> <p>(2) 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 paragraph (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; and</p> <p>(3) 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 paragraph (2) including the period of time considered medically appropriate for the program, whether a renewal or an extension of the program can occur, and other measures taken concerning the epidemic that have proven ineffective; or if the body does not approve the operation of a program and submits a request, request that the commissioner declare a public health emergency and approve the operation of a program.</p> <p>§ 16-41-7.5-5.5 (syringe distribution and exchange limited, when; violations) – except as otherwise provided, a qualified entity that operates a program under this chapter may not establish or operate a fixed site for the distribution or exchange of a syringe or needle within 1,000 feet of a public school, nonpublic school, child care center licensed under law, or a building or structure that is primarily used for religious worship, unless the operator of the facility approves the establishment or operation of the fixed site in writing.</p> <p>This section does not prohibit a qualified entity that operates a program under this chapter from providing any of the following services at a fixed site described above:</p> <p>(1) Distributing an overdose intervention drug; (2) Providing a referral or education services; or (3) Accepting a used syringe or needle for safe disposal.</p> <p>If a qualified entity violates this section, the state department may deny, suspend, or revoke the entity’s annual registration.</p>

<u>INDIANA</u>	
Program components (cont'd)	<p>§ 16-41-7.5-6 (requirements of a qualified entity operating a program) – a qualified entity that operates an SSP must:</p> <ol style="list-style-type: none"> (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 only one sterile syringe and needle in exchange for each used syringe and needle; (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 healthcare services or a referral to a healthcare provider for the services; (11) Establish a referral process for program participants in need of information or education concerning communicable diseases or health care; and (12) Maintain data concerning drug treatment referrals made under paragraph (5), including treatment efficacy. <p>§ 16-41-7.5-6.4 (program participation eligibility) – to be eligible to participate in a program operated under this chapter, the individual must be a resident of either a county within the Indiana housing and community development authority's balance of state continuum of care in which the qualified entity is located or Marion County or a county that is contiguous to Marion County, if the qualified entity is located in Marion County, and present valid identification.</p> <p>§ 16-41-7.5-6.5 (provision of chemical reagents or precursors prohibited, when) – a qualified entity that operates a program</p>

<u>INDIANA</u>	
Program components (cont'd)	<p>under this chapter may not provide chemical reagents or precursors.</p> <p>§ 16-41-7.5-7 (termination of approval of a qualified entity) – allows the legislative body of a municipality, the executive body of the county, or the local health department that approved a qualified entity to operate a program may terminate the entity’s approval.</p> <p>If the state department receives a complaint regarding noncompliance of a qualified entity that operates a program under this chapter, the state health commissioner shall investigate and determine the qualified entity’s compliance with § 16-41-7.5-6. If the state health commissioner determines that the qualified entity has failed to comply with that section, the commissioner may suspend or terminate the approval of a qualified entity.</p> <p>An entity that terminates a qualified entity’s approval to operate a program shall notify all other entities with authority to terminate such approval of the termination.</p> <p>§ 16-41-7.5-8 (prohibited funds) – a state agency may not provide funds to a qualified entity to purchase or otherwise acquire hypodermic syringes or needles for a program under this chapter.</p> <p>§ 16-41-7.5-9 (attendance at program not basis for probable cause; law enforcement stop) – a law enforcement officer may not stop, search, or seize an individual based on the fact the individual has attended a program under this chapter; the fact that an individual has attended an SSP may not be the basis, in whole or in part, for a determination of probable cause or reasonable suspicion by a law enforcement officer.</p> <p>§ 16-41-7.5-10 (quarterly reports; contents) – SSPs shall file a quarterly report with the state department which must contain the following information listed on a daily basis and by the location, identified by the zip code, where the program distributed and collected syringes and needles: the number of individuals served, the number of syringes and needles collected, and the number of syringes and needles distributed.</p> <p>§ 16-41-7.5-11 (request for declaration of public health</p>

<u>INDIANA</u>	
Program components (cont'd)	<p>emergency) – program established under this chapter may remain in effect for not more than two years; however, the state health commissioner may renew the declaration of a public health emergency and operation of the program for not more than two years or terminate a program or the legislative body of the municipality or the executive body of the county that initially approved the program may, through official action, renew the program for not more than two years or terminate a program when warranted.</p> <p>§ 16-41-7.5-12 (report to governor and general assembly) – requires the state department to submit a report concerning SSPs operated under this chapter to the governor and to the general assembly; must include the number of programs operating in IN, the data, compiled for each program, reported to the state department under § 16-41-7.5-10, and any other information the state department deems relevant in assessing the effectiveness of having a program in the state.</p>
Miscellaneous provisions	None
Recently proposed legislation	None

<u>IOWA</u>	
Statute(s) and regulation(s)	IOWA CODE ANN. § 124.414 (West 2026) (drug paraphernalia)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes, but with an exception. § 124.414 – “drug paraphernalia” does not include hypodermic needles or syringes if manufactured, delivered, sold, or possessed for a lawful purpose.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>KANSAS</u>	
Statute(s) and regulation(s)	KAN. STAT. ANN. § 21-5701 (West 2026) (definitions)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 21-5701 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used or intended for use in parenterally injecting controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>KENTUCKY</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • KY. REV. STAT. ANN. § 217.177 (West 2025) (sale and disposal of hypodermic syringes or needles) • KY. REV. STAT. ANN. § 218A.500 (West 2025) (definitions for KRS 218A.500 and 218A.510; unlawful practices; substance abuse treatment outreach program; informing peace officer about presence of needles or other sharp objects before search; retail pharmacy exception; narcotic drug testing products; penalties)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • March 25, 2015 (§ 218A.500) • July 14, 2022 (§ 217.177)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Substance abuse treatment outreach program
Are syringes considered drug paraphernalia?	Yes, but see “program components.”
Program components	<p>§ 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.</p> <p>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.</p> <p>Items exchanged at the program shall not be deemed drug paraphernalia under this section while located at the program.</p>
Miscellaneous provisions	§ 217.177 – provides that pharmacies offering retail sale of hypodermic syringes or needles shall make available, among other things, written or electronic educational materials on the safe and proper disposal of hypodermic needles and syringes and written or electronic educational or referral information for syringe exchange service programs and substance use disorder treatment.
Recently proposed legislation	None

<u>LOUISIANA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • LA. STAT. ANN. § 40:1021 (2025) (definitions) • LA. STAT. ANN. § 40:1024 (2025) (exceptions; defenses; local needle exchanges)
Effective date(s) of SSP provisions	June 3, 2017
Does state allow SSPs by statute/regulation?	Yes, indirectly.
Type of program	Needle exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 40:1021 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.</p> <p>§ 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.</p>
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>MAINE</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • ME. REV. STAT. ANN. tit. 17-A § 1107-A (West 2024) (unlawful possession of scheduled drugs) • ME. REV. STAT. ANN. tit. 17-A § 1111-A (West 2026) (use of drug paraphernalia) • ME. REV. STAT. ANN. tit. 22 § 1341 (West 2026) (hypodermic apparatus exchange programs) • 10-144-252 ME. CODE R. §§ 1 to 4 (2026) (Syringe Services Programs Rule)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • May 30, 1997 (§ 1341) • At least January 31, 2003 (§ 1111-A) • September 1, 2022 (§§ 1 and 2) • March 8, 2026 (§§ 3 and 4)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Hypodermic apparatus exchange program
Are syringes considered drug paraphernalia?	No. § 1111-A – hypodermic apparatuses are specifically excluded from the definition of “drug paraphernalia.”
Program components	<p>§ 1341 – the Maine Center for Disease Control and Prevention (Center) may certify SSPs that meet the requirements established by rule. The Center may limit the number of hypodermic apparatuses provided by the SSPs to participants but may not limit the number of hypodermic apparatuses that participants served by the SSPs may legally possess, transport, or exchange.</p> <p>The Center shall adopt rules establishing requirements for SSPs and for program certification requirements, which must include procedures for:</p> <ol style="list-style-type: none"> (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;

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Program components (cont'd)	<p>(9) Complaint investigation procedures; and (10) Criteria for decertification of SSPs.</p> <p>The Center shall report to the joint standing committees of the legislature having jurisdiction over judiciary matters and health and human services matters annually on SSPs certified under this section which shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) The number, location, and operators of SSPs; (2) Data on hypodermic apparatuses distributed and collected; and (3) The number of individuals served by the programs. <p>This subsection is not intended to limit the ability of certified programs to secure other sources of funding or to discourage fundraising for the purpose of operating such 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 and, if applicable, the amount of services historically provided by the certified program, and other relevant factors.</p> <p>A certified program may operate mobile sites within the municipality where the program is certified, including rotating locations, variable schedules, or temporary setups, as long as the program ensures the safe collection and disposal of hypodermic apparatuses and operates within parameters preapproved by the Center. For purposes of this paragraph, “parameters” means a set of general operating conditions, such as geographic zones, time frames, or site types, that allows certified programs to operate flexibly within those defined boundaries, rather than being limited to fixed locations.</p> <p>Additionally, a certified program may provide delivery services of hypodermic apparatuses within the program’s service area, as long as the delivery ensures client confidentiality, safe handling, and proper disposal. The program may deliver only to locations where it has been expressly invited by an individual or entity with legal authority to authorize access to that location. Expansion of sites under this subsection does not entitle a certified program to additional funds under an existing contract with the Center.</p>

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Program components (cont'd)	<p>10-144-252 § 1 (purpose and general definitions) – definitions, including:</p> <ul style="list-style-type: none"> • “Certification review team,” which means the stakeholder group charged with reviewing SSP applications. Membership may include subject matter experts representing various state departments including, but not limited to, the Center, the Department of Health and Human Services, and the Maine Association of Chiefs of Police; • “Certified syringe services program,” which means a department-approved community-based SSP that offers harm reduction and syringe services that may include exchanging a consumer’s used syringes for sterile syringes, distributing overdose prevention equipment, testing for sexually transmitted diseases and bloodborne infectious diseases, assisting consumers with referrals for social support and assistance programs, distributing safer sex supplies, and providing public health education. Any program certified pursuant to 22, § 1341 includes all approved sites, service models, and staff of the SSP; • “Consumer education and referral plan,” which means a written plan for the education of consumers on preventing and treating HIV, viral hepatitis, and other bloodborne pathogens; substance use disorder treatment; and for describing how the SSP will refer consumers to appropriate services; • “Delivery services,” which means, for purposes of this rule, a type of service model for the provision of hypodermic apparatuses to consumers within an operation area; • “Exchange event,” which means the consumer’s visit to an SSP to exchange one or more used syringes for new syringes or to receive any other syringe services; • “Mobile site,” which means a type of service model for the provision of syringe services in the community that may include temporary setups, rotating locations at set or variable schedules within the operation area; • “Needle or syringe disposal plan,” which means a written plan which describes a coordinated program for the terminal disposal and incineration of used syringes;

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Program components (cont'd)	<ul style="list-style-type: none"> • “Operation area,” which means the sties and geographic territory where the certified SSP is approved to operate and provide syringe services; • “Public notice,” which means written notice via certified mail to local or county law enforcement, substance use disorder treatment providers, and infectious disease prevention service providers within the proposed operation area, and the chief municipal officer of each municipality where the SSP proposes to service, of an applicant’s intent to establish an SSP in the community, including an explanation of the public health goals of the SSP and planned service locations and delivery models, and that serves as an invitation to participate in the implementation of the SSP; and • “Syringe services,” which means services provided in person by an SSP which may include, but is not limited to, receiving in person new syringes, referrals, and educational materials about prevention, treatment, and proper disposal of syringes. <p>10-144-252 § 2 (application for certification) – any person who intends to apply to the department for certification of the SSP must be the individual who has ultimate responsibility for ensuring SSP operations for compliance with this rule. To apply for certification, the applicant must, prior to the commencement of such operation, submit the application in the form and manner prescribed by the department.</p> <p>Certified SSPs seeking to relocate to a new site, add any new site, or expand the area of operation must submit a complete application in accordance with the procedure set forth in rule.</p> <p>Sets forth the requirements for applications, including a description of all service models offered by the SSP, the address of each location or venue temporarily set up for SSP operations, and, for delivery services, the intended area where hypodermic apparatuses may be lawfully delivered. It must also include written documentation that SSP operations comply with all municipal zoning ordinances within the operation area.</p> <p>10-144-252, § 3 (certified syringe services program operations) – in operating a certified SSP, SSPs:</p> <p>(1) Must adhere to a distribution policy that allows the one-</p>

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Program components (cont'd)	<p>to-one exchange of a used syringe for each sterile syringe provided to the consumer. In instances where the consumer cannot offer a used syringe to be exchanged, a program may provide a consumer with new syringes, as needed, but may not exceed 100 syringes per consumer per encounter;</p> <ol style="list-style-type: none"> (2) May further limit the number of syringes provided to each consumer in accordance with its policy and procedures manual; (3) Must enroll consumers in accordance with the SSP's policy and procedures manual. Consumers may enroll in more than one SSP; (4) May provide syringe services within its area of operation, including delivery services, to enrolled consumers, regardless of where the consumer resides; (5) May not knowingly distribute syringes to individuals younger than 18; (6) May furnish sterile syringes to a new enrollee when the enrollee exchanges used syringes for sterile syringes or disposal; however, a syringe exchange is not required by this rule; (7) May not accept remuneration directly from consumers for providing hypodermic apparatuses; (8) Staff must carry identification and a copy of the SSP certification document while conducting SSP operations and outreach in the community. The certification must identify the SSP's operating area; (9) Must have consumer enrollment guidelines that require the SSP to notify all consumers of rules and laws applicable to SSPs; (10) Staff must be trained in confidentiality protocols and bloodborne pathogen infection control, including post-exposure protocols. Staff training must also include HIV-prevention education, substance use disorder treatment education, and any and all training necessary for the safe and lawful operation of an SSP; (11) Must comply with all the terms of any contractual agreement with the department to remain certified; and (12) Must comply with this rule and all terms of any contractual agreement with the department to be eligible for state funds. <p>SSPs may only provide delivery services of hypodermic</p>

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Program components (cont'd)	<p>apparatuses if:</p> <ol style="list-style-type: none"> (1) Delivery is made to locations within the SSP's approved operation area; (2) The SSP ensures client confidentiality; (3) The SSP ensures safe handling of all hypodermic apparatuses during delivery; (4) The SSP ensures proper disposal of used hypodermic apparatuses; (5) Any individuals or entities expressly inviting the SSP to deliver hypodermic apparatuses have the legal authority to do so; (6) The location for delivery is outside of 1,000 feet from any primary or secondary school property; and (7) This rule or any applicable Maine law does not otherwise prohibit SSP delivery of the hypodermic apparatuses to the location. <p>Each SSP must notify the department in writing within two business days of any changes in ownership; contact telephone number; administrator, management, or program staff, excluding volunteers; operation hours; or the policy and procedures manual.</p> <p>Each certified SSP must submit utilization data in the aggregate to the department no less frequently than monthly, using the electronic system prescribed by the department. The following data are required by site:</p> <ol style="list-style-type: none"> (1) Demographic information reported by consumers served by the SSP including age, race, ethnicity, sex, and gender; (2) The number of syringes collected, distributed, and disposed of; (3) The number of consumers receiving syringe services; (4) The number of referrals made to HIV service and treatment providers; (5) The number of consumers who received an HIV test through the SSP; (6) The number of tests administered for HIV and hepatitis C; (7) The number of referrals made to substance use disorder treatment providers;

<u>MAINE</u>	
Program components (cont'd)	<p>(8) The number of new enrollees receiving sterile syringes without exchange at enrollment;</p> <p>(9) The number of syringes distributed to new enrollees without exchange at enrollment; and</p> <p>(10) Any additional data elements determined necessary by the department to inform on program utilization and compliance with this rule.</p> <p>The department may require SSPs to assist with data quality activities and reporting, as needed, to ensure data is accurate and reliable.</p> <p>This rule also provides certain recordkeeping requirements for SSPs which records must be made available to the department upon request including the policy and procedures manual, a copy of the SSP application approved for current certification, a record of locations of operating sites, a record of staff names, and a record of any grievance or complaint reported to the program and related findings, as a result of the investigation.</p> <p>Certification granted by the department must be conspicuously posted in brick-and-mortar sites and offices of the administrator of the SSP.</p> <p>10-144-252, § 4 (department administration) – the department may refuse certification of an applicant if any of the following conditions exist:</p> <ol style="list-style-type: none"> (1) Incorrect or incomplete information submitted in the application; (2) The applicant does not meet all the requirements of applicable laws and regulations, including the requirements of this rule; or (3) The applicant or applicant’s administrator and management staff have violated specific laws, rules, and regulations pertaining to, or in connection with, the operation of an SSP in the five years preceding the date of application. <p>The department may suspend or revoke any certification issued for:</p> <ol style="list-style-type: none"> (1) Violation of applicable laws, regulations, or rules, or contractual agreements; or

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Program components (cont'd)	<p>(2) Conduct committing, permitting, aiding, or abetting any illegal practices in the operation of an SSP; or</p> <p>(3) Conduct detrimental to the welfare of the consumers enrolled in an SSP.</p> <p>Any duly designated employee of the department must be permitted access to program records and enter upon and into the premises of any certified SSP. It is within the sole discretion of the department to determine whether to announce inspections conducted for compliance purposes or in response to a complaint.</p> <p>The department may certify SSPs for a period not to exceed five years. The department may renew certification every five years, provided the SSP demonstrates continued compliance and suitability, upon the SSP's application in accordance with these rules.</p>
Miscellaneous provisions	<p>§ 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.</p> <p>§ 1342 – creates the biohazard waste disposal grant program to fund hypodermic apparatus mitigation and collection efforts in community settings. The Center shall administer the program, subject to available resources. The Center may hire staff to oversee and manage the program, including, but not limited to, data collection, building community partnerships or coalitions, and developing public education campaigns related to the program. Subject to available funding resources, the Center shall dispense funds on a quarterly basis to selected applicants.</p> <p>The Center shall make grants under the program available to community-based organizations, including certified SSPs, and municipalities. Grant funds must be used:</p> <ol style="list-style-type: none"> (1) To purchase and install disposal boxes suitable for indoor and outdoor use in locations strategically identified to maximize use and reduce biohazard exposure risk; (2) For appropriate permanent disposal of collected hypodermic apparatuses by an instate facility in good standing with the Department of Environmental Protection and applicable compliance-related standards or certifications;

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Miscellaneous provisions (cont'd)	<p>(3) To hire and train grantee staff to collect and dispose of improperly discarded hypodermic apparatuses; and</p> <p>(4) For other innovative or evidence-based strategies designed to mitigate and prevent improper disposal of hypodermic apparatuses.</p> <p>The Center shall submit an annual report to the legislature summarizing grant program outcomes, including recommendations for improvements or additional funding needs.</p>
Recently proposed legislation	None

<u>MARYLAND</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • MD. CODE ANN. CRIM. LAW § 5-101 (West 2026) (definitions) • MD. CODE ANN. HEALTH-GEN. §§ 24-801 to -809 (West 2026) (AIDS Prevention Sterile Needle and Syringe Exchange Pilot Program) • MD. CODE ANN. HEALTH-GEN. §§ 24-901 to -909 (West 2026) (collectively “Opioid-associated Disease Prevention and Outreach Programs”) • MD. CODE REGS. 10.52.01.01 to .09 (2026) (collectively “Opioid-associated Disease Prevention and Outreach Programs”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • June 1, 1994 (§§ 24-801 to -809) • October 1, 2016 (§§ 24-901 to -909) • April 24, 2017 (10.52.01.01 to .09)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	<ul style="list-style-type: none"> • HIV prevention syringe services program • Opioid-associated disease prevention and outreach programs
Are syringes considered drug paraphernalia?	<p>Yes, but with exceptions.</p> <p>§ 5-101 – “controlled paraphernalia” includes a hypodermic syringe, needle, or any other object or combination of objects adapted to administer a controlled dangerous substance by hypodermic injection.</p> <p>§ 24-808 (immunity from criminal prosecution) – no program staff member or participant may be found guilty of violating criminal laws for possessing or distributing controlled paraphernalia or drug paraphernalia whenever the possession is a direct result of the employee’s or participant’s activities in connection with the work of the program.</p> <p>§ 24-908 (immunity from criminal prosecutions, exemptions) – program staff members, program volunteers, or program participants may not be arrested, charged, or prosecuted for violating certain provisions related to the possession or distribution of controlled paraphernalia or drug paraphernalia as long as such possession or distribution is a direct result of the employee’s, volunteer’s, or participant’s activities in connection with the work of an SSP authorized under this subtitle.</p>
Program components	MD. CODE ANN. HEALTH-GEN. §§ 24-801 to -809 apply to the HIV Prevention Syringe Services Program established in 1994 in the City of Baltimore.

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Program components (cont'd)	<p>§ 24-802 (HIV Prevention Syringe Services Program) – establishes the HIV Prevention Syringe Services Program in the Baltimore City Health Department. The program shall distribute syringes and provide for the exchange by participants of used hypodermic needles and syringes for sterile hypodermic needles and syringes as needed. It shall also operate in accordance with the procedures approved, with the advice and approval of the oversight committee, by the commissioner of health.</p> <p>§ 24-803 (program methods and practices) – the program shall:</p> <ol style="list-style-type: none"> (1) Be designed and maintained to provide security measures and processes required to safely distribute hypodermic needles and syringes and account for the number of hypodermic needles and syringes exchanged and distributed by the Baltimore health department and the number in storage; (2) Be operated to allow participants to exchange used hypodermic needles and syringes at available mobile syringe services sites; (3) Include appropriate levels of staff expertise in working with injection drug users and adequate staff training in providing community service provider referrals, counseling, and preventive education; (4) Provide for the dissemination of other preventive means for decreasing the risk of HIV transmission; (5) Provide referrals to drug counseling and treatment services, and follow-up to those referrals to assure that participants receive the treatment they desire; (6) Educate injection drug users on the risk of transmitting HIV or the hepatitis B virus through high-risk needle sharing practices and sexual behaviors; (7) Include policies and procedures for the screening of applicants to the program in order to preclude noninjecting drug users from participating in the program; and (8) Implement procedures for identifying program participants that are consistent with the confidentiality provisions of this subtitle. <p>§ 24-804 (program oversight committee) – the mayor of Baltimore shall appoint an oversight committee for the program which shall:</p>

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Program components (cont'd)	<p>(1) Provide advice to the commissioner of health and the program director on developing and revising as necessary: (a) program operating procedures for the distribution and exchange of hypodermic needles and syringes to injecting drug users; (b) a plan for community outreach and education; (c) a protocol for providing referrals for program participants to addiction treatment and rehabilitation; and (d) a plan for evaluating the program; and</p> <p>(2) Provide ongoing oversight of the program and make recommendations to the program director or the commissioner of health regarding any aspect of program procedures, operation, or evaluation.</p> <p>§ 24-805 (director) – the commissioner of health shall appoint a director for the program who shall, with the advice of the oversight committee, develop and revise as necessary:</p> <p>(1) Program operating procedures for the distribution and exchange of hypodermic needles and syringes to injecting drug users;</p> <p>(2) A community outreach and education program; and</p> <p>(3) A protocol for providing referrals for program participants to substance use treatment and rehabilitation.</p> <p>The director shall submit the operating procedures, the plan for a community outreach and education program, and the substance use treatment referral protocol to the commissioner of health or his or her designee for approval prior to the implementation of revised procedures.</p> <p>§ 24-806 (procedures for collection of data) – the Baltimore City Health Department shall include in its program operating procedures measures to collect the following data:</p> <p>(1) The number of participants served by the program;</p> <p>(2) The length of time a participant is served by the program;</p> <p>(3) Demographic profiles of participants that include age, sex, race, and residence zip code;</p> <p>(4) The number of hypodermic needles and syringes exchanged;</p>

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Program components (cont'd)	<p>(5) The number of participants referred to addiction treatment; and</p> <p>(6) The number of referrals made by the program for addiction treatment for people who inject drugs.</p> <p>With the advice of the oversight committee, the health department shall develop and implement a plan for program evaluation that shall include the estimated prevalence and incidence of HIV among program participants, the strengths and weaknesses of the program, and the advisability of continuing the program.</p> <p>As part of its plan for data collection and program evaluation described above, the health department shall develop and implement a methodology to collect returned needles and syringes and send them to the rapid analysis of drugs program operated by the Center for Harm Reduction at the Maryland Department of Health.</p> <p>On or before December 31 of each year, the health department shall report to the oversight committee, the governor, and the General Assembly on the number of hypodermic needles and syringes exchanged as part of the program.</p> <p>§ 24-807 (identification cards for program participants) – each program participant 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. Any information obtained by the program that would identify program participants, including program records, is confidential, not open to public inspection or disclosure, and not discoverable in any civil or criminal proceeding. Notwithstanding this provision, upon the written consent of a program participant, information that identifies the program participant may be released or disclosed to a person or agency participating in the program. Additionally, if a program participant raises the issue of program participation as either a subject matter or legal defense in an administrative, civil, or criminal proceeding, the program participant waives the confidentiality as to identity provided under this section.</p> <p>§ 24-809 (possession offenses) – except for violations of any laws that could arise from residue attached to or contained within hypodermic needles or syringes being returned or</p>

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Program components (cont'd)	<p>already returned to the program, this subtitle does not provide immunity to a program staff member or participant from criminal prosecution for a violation of any law prohibiting or regulating the use, possession, dispensing, distribution, or promotion of illicit drugs.</p> <p>MD. CODE ANN. HEALTH-GEN. §§ 24-901 to -909 apply to the Opioid-associated Disease Prevention and Outreach Programs Act created in 2016.</p> <p>§ 24-902 (opioid-associated disease prevention and outreach program) – 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, and a community-based organization may establish a multicounty program. This subtitle does not apply to the HIV prevention syringe services program.</p> <p>A local health department or community-based organization may apply to the department and a local health officer for authorization to operate a program at any time. The department and a local health officer shall jointly issue an authorization determination based on the ability of a program to meet the requirements of this subtitle.</p> <p>If established under this section, a program shall:</p> <ol style="list-style-type: none"> (1) Provide for substance use outreach, education, and linkage to treatment services to participants, including distribution and collection of hypodermic needles and syringes; and (2) Operate in accordance with the technical assistance of the standing advisory committee and the procedures, plans, and protocols approved by the local health officer for each county in which a program is established and the department. <p>§ 24-903 (program methods and practices) – a program shall:</p> <ol style="list-style-type: none"> (1) Be designed and maintained to provide security of program locations and equipment, in accordance with regulations adopted by the department;

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Program components (cont'd)	<p>(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;</p> <p>(3) Include appropriate levels of staff expertise in working with individuals who inject drugs;</p> <p>(4) Include adequate staff training in providing community referrals, counseling, and preventive education;</p> <p>(5) Provide for the dissemination of other preventive means for curtailing the spread of HIV and viral hepatitis;</p> <p>(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;</p> <p>(7) Educate participants on the dangers of contracting HIV and viral hepatitis;</p> <p>(8) Provide overdose prevention education and access to naloxone or a referral to obtain naloxone;</p> <p>(9) Establish procedures for identifying program participants;</p> <p>(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</p> <p>(11) Develop a plan for data collection and program evaluation.</p> <p>Includes a list of optional additional services, including:</p> <p>(1) Substance-related disorder counseling, treatment, and recovery services;</p> <p>(2) Testing for HIV, viral hepatitis, and sexually transmitted diseases;</p> <p>(3) Reproductive health education and services;</p> <p>(4) Wound care; and</p> <p>(5) The services of an overdose response program.</p> <p>With the technical assistance of the standing advisory committee, a program shall develop program operating procedures for the distribution, collection, and safe disposal of hypodermic needles and syringes; a community outreach and education plan; and a protocol for linking program participants to substance-related disorder treatment and recovery services.</p>

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Program components (cont'd)	<p>§ 24-904 (standing advisory committee) – the department shall appoint a standing advisory committee on opioid-associated disease prevention and outreach programs which shall provide technical assistance to each program and make recommendations to a program regarding any aspect of program procedures or operation.</p> <p>§ 24-905 (regulations) – the department shall adopt regulations for the implementation of this subtitle, in consultation with the standing advisory committee and the Maryland Association of County Health Officers which shall include:</p> <ol style="list-style-type: none"> (1) Procedures for ensuring the security of program locations and equipment; (2) An appeals process for programs; and (3) Procedures for data collection and program evaluation. <p>§ 24-906 (identification cards for program participants) – each program participant shall be issued a unique identification card with a unique identification number which may not be cross-indexed to any personal identifying information on the participant. Any information obtained by a program that identifies program participants is confidential, not open to public inspection or disclosure, and not discoverable in any criminal or civil proceeding. Notwithstanding this, on the written consent of a program participant, information obtained by the program that identifies the participant may be released or disclosed to an individual or agency for purposes of linking to services under this subtitle. In addition, if a program participant raises the issue of participation in the program either as a subject matter or legal defense in an administrative, civil, or criminal proceeding, the program participant waives the confidentiality as to identity provided in this section. Substance-related treatment records requested or provided under this section are subject to any additional limits on disclosure or re-disclosure pursuant to state law or 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.</p> <p>§ 24-907 (collection of data and reporting requirements) – a program shall collect and report at least annually the following data to the department:</p> <ol style="list-style-type: none"> (1) The number of participants served by the program;

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Program components (cont'd)	<p>(2) The number of new participants registered by the program during the reporting period;</p> <p>(3) Demographic profiles of participants served by the program including age, gender, race, zip code, and types of drugs used;</p> <p>(4) The number of hypodermic needles and syringes distributed and collected;</p> <p>(5) Each location at which hypodermic needles and syringes were distributed; and</p> <p>(6) The number of linkages provided to participants under this subtitle.</p> <p>§ 24-909 (possession offenses) – except for violations of any laws that could arise from residue attached to or contained within hypodermic needles or syringes being returned or already returned to the program, nothing in this subtitle provides immunity to a program staff member, volunteer, or participant from criminal prosecution for a violation of any law prohibiting or regulating the use, possession, dispensing, distribution, or promotion of controlled dangerous substances, dangerous drugs, detrimental drugs, or harmful drugs or any conspiracy or attempt to commit any of those offenses.</p> <p>10.52.01.02 (definitions) – definitions include:</p> <ul style="list-style-type: none"> • “Community-based organization,” which means a public or private organization that is representative of a community or significant segments of a community and provides educational, health, or social services to individuals in the community; • “Harm reduction education,” which means education on practical strategies to reduce negative consequences associated with drug use and that reflect specific individual and community needs; • “Injection supplies,” which means materials used to inject drugs including, but not limited to, cookers, water, and cotton; and • “OADPO program,” which means an opioid-associated disease prevention and outreach program established by a local health department or community-based organization that provides services including dissemination of hypodermic needles or syringes and other preventive means for curtailing the spread of HIV

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Program components (cont'd)	<p>and viral hepatitis, overdose prevention education, and harm reduction education.</p> <p>10.52.01.03 (program establishment) – a local health department or community-based organization may establish an OADPO program with approval from the department and local health officer of the county in which the program operations are proposed. When proposing a program, a local health department may collaborate with a community-based organization or another local health department. A community-based organization may operate an OADPO program in multiple counties if approved by the local health officer in each county where the program proposes to operate.</p> <p>10.52.01.04 (application process) – sets forth the application requirements for applicants. The department and local health officer in each jurisdiction where the program proposes to operate shall jointly review the application and either approve or disapprove the application.</p> <p>10.52.01.05 (program design and operation) – the community-based organization or local health department approved to operate a program:</p> <ol style="list-style-type: none"> (1) Shall 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 hypodermic needles and syringes; (2) Shall offer participants overdose prevention education, access to or a referral to obtain naloxone, and harm reduction education; (3) Shall ensure that all 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) Shall 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) Shall ensure that all program staff demonstrate sensitivity to participant differences including cultural, behavioral, and values;

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Program components (cont'd)	<p>(6) Shall ensure that information collected to identify program participants is kept confidential according to § 24-906 and 42 C.F.R. Part 2;</p> <p>(7) Shall ensure that there is a method of identification and authorization for program staff members who have access to hypodermic needles and syringes and program records;</p> <p>(8) Shall 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;</p> <p>(9) Shall disseminate hypodermic needles or syringes and other preventive means for curtailing the spread of HIV and viral hepatitis at no cost to participants, including, but not limited to, injection supplies and safer sex supplies;</p> <p>(10) May not discriminate against participants based on factors including, but not limited to, culture, language, ability, socioeconomic status, sexual orientation, gender identity, age, religion, race, or ethnicity; and</p> <p>(11) Shall give each participant an identification card that includes the participant's program identification number; advise participants to carry the card with them at all times; and re-issue an identification card to a participant who has lost his or her card.</p> <p>The community-based organization or local health department approved to operate a program may offer other services to program participants including testing for HIV, viral hepatitis, and STIs; wound care; reproductive health service; and substance abuse counseling, treatment, and recovery services.</p> <p>10.52.01.06 (program security) – programs shall implement protocols for the safety and security of program locations, equipment, and staff, including that staff shall, when working off-site, have access to a communications system that allows staff to stay in contact with other staff and emergency support.</p> <p>Programs shall have:</p> <p>(1) Critical incident procedures that outline processes and responsibilities of program staff for managing incidents, including participant aggression, threats of violence, and other hazardous situations;</p>

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Program components (cont'd)	<p>(2) Available safety equipment during program operations, including puncture resistant utility gloves, bleach, and forceps or tongs;</p> <p>(3) Facilities with adequate lighting; and</p> <p>(4) A contract with a licensed biohazardous waste disposal facility to receive biohazardous waste or written agreement that authorizes the program to drop off used syringes contained in a locked sharps container for safe disposal with a hospital, doctor's office, pharmacy, medical testing facility, or other facility that already receives and safely disposes of hazardous waste.</p> <p>This rule also includes provisions related to preventing needlestick injuries, including post-exposure management, and use of sharps containers.</p> <p>10.52.01.07 (monitoring and evaluation) – programs shall submit all data for each reporting period on a quarterly basis as required by the department including:</p> <p>(1) The number of participants served by the program and new participants registered by the program;</p> <p>(2) Demographic data of participants including age, gender identity, sexual orientation, race, ethnicity, zip code, and types of drugs the participant reports using;</p> <p>(3) The number of hypodermic needles and syringes distributed and collected;</p> <p>(4) Each location where hypodermic needles and syringes were distributed; and</p> <p>(5) The number of referrals to services provided to participants.</p> <p>The program shall collect data in a manner that will not deter participants from utilizing program services. The department may conduct site visits to monitor and evaluate a program.</p> <p>10.52.01.09 (revocation of approval and appeals) – the department and the local health officer may revoke the approval a program if the program does not meet the requirements of law or regulation.</p>
Miscellaneous provisions	None
Recently proposed legislation	None

<u>MASSACHUSETTS</u>	
Statute(s) and regulation(s)	MASS. GEN. LAWS ANN. ch. 111, § 215 (West 2026) (needle exchange programs; approval; report)
Effective date(s) of SSP provisions	July 1, 1993
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Needle exchange program
Are syringes considered drug paraphernalia?	No.
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	None
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>MICHIGAN</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • MICH. COMP. LAWS ANN. § 333.7451 (West 2026) (“drug paraphernalia” defined) • MICH. COMP. LAWS ANN. § 333.7457 (West 2026) (applicability; exempt sales)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	Yes, indirectly.
Type of program	Prevent the transmission of infectious agents
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 333.7451 – “drug paraphernalia” means any equipment, product, material, or combination of equipment, products, or materials, which is specifically designed for use in injecting or otherwise introducing into the human body a controlled substance.</p> <p>§ 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.</p>
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>MINNESOTA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • MINN. STAT. ANN. § 116.835 (West 2026) (safe sharps management) • MINN. STAT. ANN. § 144.0528 (West 2026) (comprehensive drug overdose and morbidity prevention act) • MINN. STAT. ANN. § 151.01 (West 2026) (definitions) • MINN. STAT. ANN. § 151.40 (West 2026) (possession and sale of hypodermic syringes and needles) • MINN. STAT. ANN. § 152.01 (West 2026) (definitions) • MINN. STAT. ANN. § 152.025 (West 2026) (controlled substance crime in the fifth degree) • MINN. STAT. ANN. § 254B.18 (West 2026) (safe recovery sites start-up and capacity-building grants)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • January 1, 2011 (§ 116.835) • July 1, 2023 (§§ 144.0528 and 254B.18) • August 1, 2023 (§§ 151.01, 151.40, and 152.01) • July 1, 2024 (§ 152.025)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	<ul style="list-style-type: none"> • Needle exchange program • Safe recovery sites
Are syringes considered drug paraphernalia?	No. § 152.01 – “drug paraphernalia” does not include the possession, manufacture, delivery, or sale of hypodermic syringes or needles or any instrument or implement which can be adapted for subcutaneous injections.
Program components	<p>§ 151.01 – “syringe services provider” means a community-based public health program that offers cost-free comprehensive harm reduction services which may include:</p> <ol style="list-style-type: none"> (1) Providing sterile needles, syringes, and other injection equipment; (2) Making safe disposal containers for needles and syringes available; (3) Educating participants and others about overdose prevention, safer injection practices, and infectious disease prevention; (4) Providing blood-borne pathogen testing or referrals to testing; (5) Offering referrals to substance use disorder treatment, including treatment with medications for opioid use disorder; and (6) Providing referrals to medical treatment and services, mental health programs and services, and other social services.

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Miscellaneous provisions	<p>§ 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.</p> <p>§ 144.0528 – the commissioner of health shall establish a comprehensive drug overdose and morbidity program to conduct comprehensive drug overdose and morbidity prevention activities, epidemiologic investigations and surveillance, and evaluation to monitor, address, and prevent drug overdoses statewide through integrated strategies that include, among other things, enhancing overdose prevention and supportive services for people experiencing homelessness, including funding to expand syringe services programs serving people experiencing homelessness statewide.</p> <p>§ 151.40 – it is unlawful for any person to manufacture or sell hypodermic syringes or needles or any instrument or implement which can be adapted for subcutaneous injections, except for:</p> <ol style="list-style-type: none"> (1) The listed persons when acting in the course of their practice or employment, including syringe services providers and their employees and agents; and (2) A participant receiving services from an SSP, who accesses or receives new syringes or needles from an SSP or returns uses syringes or needles to an SSP. <p>§ 152.025 – relates to the unlawful sale of one or more mixtures containing a controlled substance classified in Schedule IV or the unlawful possession of one or more mixtures containing a controlled substance listed in Schedules I – IV except cannabis. If a peace officer encounters a person who is suspected of violating this section, the peace officer may refer the person to a local service provider that can offer substance use assistance to the person. Upon request at the time of initial contact, a peace officer must, if practicable and available, provide a person suspected of violating this section with a referral to local service providers. For purposes of this paragraph, “local service provider” includes, but is not limited to, among others, syringe service providers and harm reduction programs.</p> <p>§ 254B.18 – the commission of human services must establish start-up and capacity-building grants for current or prospective harm reduction organizations to promote health, wellness,</p>

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Miscellaneous provisions (cont'd)	<p>safety, and recovery to people who are in active stages of substance use disorder. Grants must be used to establish safe recovery sites that offer harm reduction services and supplies, including but not limited to:</p> <ol style="list-style-type: none"> (1) Safe injection spaces; (2) Sterile needle exchange; (3) Opiate antagonist rescue kits; (4) Fentanyl and other drug testing; (5) Street outreach; (6) Educational and referral services; (7) Health, safety, and wellness services; and (8) Access to hygiene and sanitation.
Recently proposed legislation	None

<u>MISSISSIPPI</u>	
Statute(s) and regulation(s)	MISS. CODE ANN. § 41-29-105 (West 2026) (definitions)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 41-29-105 – “paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>MISSOURI</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • MO. ANN. STAT. § 191.1005 (West 2026) (premises not to be used to administer certain controlled substances—inapplicability, when) • MO. ANN. STAT. § 195.010 (West 2026) (definitions)
Effective date(s) of SSP provisions	August 18, 2025 (§ 191.1005)
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 195.010 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances or imitation controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	<p>§ 191.1005 – no individual or entity shall knowingly open, lease, rent, own, use, maintain, manage, operate, or control a public or private facility, site, or building for the purpose, in part or in whole, of allowing individuals to self-administer preobtained controlled substances, the possession of which by the individual is punishable by § 579.015 and is not otherwise authorized by chapters 195 and 579.</p> <p>This section does not apply to any healthcare facility licensed pursuant to chapter 197 or 198 that, among other things, provides sterile injection supplies, collects used hypodermic needles and syringes, or provides secure hypodermic needle and syringe disposal services.</p>
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>MONTANA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • MONT. CODE ANN. § 45-10-101 (West 2025) (definitions) • MONT. CODE ANN. § 45-10-107 (West 2025) (exemptions)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	Yes, indirectly.
Type of program	Needle and syringe exchange services
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 45-10-101 – “drug paraphernalia” means all equipment, products, and materials of any kind that are used, intended for use, or designed for use in injecting or otherwise introducing into the human body a dangerous drug.</p> <p>§ 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.</p>
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>NEBRASKA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • NEB. REV. STAT. ANN. § 28-439 (West 2026) (drug paraphernalia, defined; enumerated) • NEB. REV. STAT. ANN. § 71-2493 (West 2026) (local public health department; aid; distribution; use; contracts authorized; report)
Effective date(s) of SSP provisions	July 1, 2024 (§ 71-2493)
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 28-439 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, and designed for use in parenterally injecting controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	§ 71-2493 – the division of behavioral health shall equitably distribute aid as appropriated by the legislature to local health departments to, among other things, facilitate prevention efforts, including training on the use of overdose response, syringe access and education, and drug-checking products.
Recently proposed legislation	None

<u>NEVADA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • NEV. REV. STAT. ANN. §§ 439.985 to 439.994 (West 2025) (collectively “Sterile Hypodermic Device Programs”) • NEV. REV. STAT. ANN. § 453.336 (West 2025) (unlawful possession not for purpose of sale; prohibition; penalties; exception) • NEV. REV. STAT. ANN. § 453.554 (West 2025) (“drug paraphernalia” defined)
Effective date(s) of SSP provisions	July 1, 2013 (§§ 439.985 to 439.994; 453.336)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Sterile hypodermic device programs
Are syringes considered drug paraphernalia?	No. § 453.554 specifically excludes any type of hypodermic syringe, needle, instrument, device, or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular, or intravenous injection.
Program components	<p>§ 439.985 (legislative declaration of purpose) – the purpose of this act is to enable the use of sterile hypodermic devices and other related material for use among people who inject drugs for the purpose of reducing the intravenous transmission of diseases.</p> <p>§ 439.987 (establishment) – allows a governmental entity, nonprofit corporation, public health program, medical facility, or a person who has a fiscal sponsor who is a 501(c)(3) corporation, to establish a sterile hypodermic syringe program.</p> <p>§ 439.988 (guidelines governing operation) – requires the State Board of Health to establish guidelines governing the operation of the program which provide for the recording of the quantities of hypodermic devices distributed and collected by the program and the procedures for the safe collection and disposal of used hypodermic devices.</p> <p>§ 439.989 (program to establish safety procedures, provide community outreach and report to State Board of Health) – requires programs to:</p> <ol style="list-style-type: none"> (1) Establish and follow procedures for the safe collection and disposal of used hypodermic devices and other related material; (2) Provide community outreach and educational programs concerning the safer use of hypodermic devices and safe disposal; and

<u>NEVADA</u>	
Program components (cont'd)	<p>(3) Report the quantities of hypodermic devices distributed and collected by the program at least semiannually.</p> <p>§ 439.990 (staff and volunteers to complete training; requirements for training) – requires program staff and volunteers to complete training in certain areas, including the policies and procedures of the program, legal and law enforcement issues and policies regarding hypodermic devices, overdose prevention and response, risk of bloodborne diseases, methods for preventing transmission or contraction of bloodborne diseases, dangers of injecting drugs, information regarding HIV and hepatitis, safe disposal of hypodermic devices, and cultural competency.</p> <p>§ 439.991 (program authorized to provide material for safer injection drug use and certain information) – a sterile hypodermic device program may provide sterile hypodermic devices and other related material for safer injection drug use and information concerning the risks associated with the use of controlled substances, drug dependence treatment services, support services for people with drug dependence and their families, methods for preventing the transmission or contraction of bloodborne diseases, employment and vocational training services and centers, and legal aid services.</p> <p>§ 439.992 (immunity from civil liability) – immunity from civil liability for the state, any political subdivision thereof, the sterile hypodermic device program, and program staff and volunteers.</p> <p>§ 439.993 (confidentiality of records; use of information) – any record of a person which is created or obtained for use by a sterile hypodermic device program must be kept confidential and is not open for public inspection or disclosure, must not be shared with any other person or entity without the consent of the person to whom the record relates, and must not be discoverable or admissible during any legal proceeding.</p> <p>Such record must not be used to initiate or substantiate any criminal charge against a person who participates in the sterile hypodermic device program or as grounds for conducting any investigation of a person who participates in the program.</p> <p>The staff and volunteers of a program shall not be compelled to</p>

<u>NEVADA</u>	
Program components (cont'd)	<p>provide evidence in any criminal proceeding conducted pursuant to the laws of this state concerning any information that was entrusted to them or became known to them through the program.</p> <p>The use of any personal information of any person who participates in a program or of the staff or volunteers of the program in research and evaluation must be done in such a manner as to guarantee the anonymity of the person. Aggregate data from a program including, without limitation, demographic information, the number of clients contacted, and the types of referrals may be made available to the public.</p> <p>§ 439.994 (discrimination prohibited) – no person shall be subject to any discrimination in the operation of a sterile hypodermic device program on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, political affiliation, disability, national origin, residence, frequency of injection or controlled substance use.</p>
Miscellaneous provisions	<p>§ 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.</p>
Recently proposed legislation	None

<u>NEW HAMPSHIRE</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • N.H. REV. STAT. ANN. § 12-J:2-a (West 2026) (definition of harm reduction) • N.H. REV. STAT. ANN. § 318-B:26 (West 2026) (penalties) • N.H. REV. STAT. ANN. §§ 318-B:43 to B:45 (West 2026) (collectively “Syringe Service Programs”) • N.H. CODE ADMIN. R. ANN. He-C 502.01 and 502.02 (2025) (collectively “Syringe Service Programs”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • June 16, 2017 (§§ 318-B:43 to B:45) • September 16, 2017 (§ 318-B:26) • September 26, 2018 (502.01 and 502.02) • July 1, 2025 (§ 12-J:2-a)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Syringe service programs
Are syringes considered drug paraphernalia?	No.
Program components	<p>§ 12-J:2-a – for the purposes of this chapter and, among other statutes, § 318-B:43 (see below), “harm reduction” is an approach that emphasizes engaging directly with people who use alcohol and other drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social function of those served, and offer low-threshold options for accessing substance use disorder treatment and other healthcare services. Harm reduction shall be balanced by the imperative to protect society from the ravages of alcohol or drug misuse. This approach includes, among other services, lessening harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections via referrals, syringe service programs, sharps disposal, medication disposal kits, wound care supplies, medication lock boxes, education, testing, and prophylactic measures.</p> <p>§ 318-B:43 (syringe service programs authorized) – 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.</p> <p>Any entity operating an SSP shall:</p>

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Program components (cont'd)	<p>(1) Provide referral and linkage to HIV, viral hepatitis, and substance use disorder prevention, care, and treatment services;</p> <p>(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;</p> <p>(3) Attempt to be a part of a comprehensive service program that may include, as appropriate: (a) providing sterile needles, syringes, and other drug preparation equipment and disposal services; (b) education and counseling to reduce sexual, injection, and overdose risks; (c) providing condoms to reduce risk of sexual transmission of viral hepatitis, HIV, or other STDs; (d) screening for HIV, viral hepatitis, STDs, and tuberculosis; (e) providing naloxone to reverse opioid overdoses; (f) providing referral and linkage to HIV, viral hepatitis, STD, and tuberculosis prevention, treatment, and care services, including antiretroviral therapy for hepatitis C and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother-to-child transmission, and partner services; (g) providing referral and linkage to hepatitis A virus and hepatitis B virus vaccination; (h) providing referral and linkage to and provision of substance use disorder treatment including medication assisted treatment for opioid use disorder which combines drug therapy such as methadone, buprenorphine, or naltrexone with counseling and behavioral therapy; and (i) providing referral to medical care, mental health services, and other support services;</p> <p>(4) Post its address, phone number, program contact information, if appropriate, hours of operation, and services offered on its internet website; and</p> <p>(5) Register with the department of health and human services and confirm registration annually.</p> <p>In addition, entities shall report quarterly to the department, which report shall include the following information regarding the program's activities:</p> <p>(1) Number of needles/syringes distributed and the number taken back;</p>

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Program components (cont'd)	<p>(2) Number of HIV or hepatitis C tests performed or delivered by the program;</p> <p>(3) Delivery of substance misuse treatment/care;</p> <p>(4) Delivery of HIV or hepatitis C care;</p> <p>(5) Number of referrals to substance misuse treatment/services;</p> <p>(6) Number of referrals to HIV or hepatitis C testing; and</p> <p>(7) Number of referrals to HIV or hepatitis C care.</p> <p>Nothing in this section shall be construed to prohibit the department from administering or disbursing federal or other funds to SSPs authorized under this section. The use of state general funds shall be prohibited unless otherwise appropriated by the general court or if deemed necessary to control a disease outbreak.</p> <p>§ 318-B:43-a (syringe service programs; authorized activities and funding sources) – notwithstanding any other law to the contrary, any person authorized to operate an SSP may engage in eligible activities as defined in this section. State funds including, but not limited to, funds received by the state in the opioid litigation settlement may be used to support the activities of SSPs. No person shall be prohibited from using federal funds for eligible activities and SSPs so long as the use of federal funds is consistent with federal law and any rules governing use of the funds.</p> <p>“Eligible activities” includes, but is not limited to, providing drug supplies which include hypodermic needles, syringes, preparation containers, cotton, filters, alcohol wipes, water, saline, tourniquets, disposal containers, wound care items, pipes, bubbles, snorting straws, pipe covers, and other items used in the consumption of drugs.</p> <p>§ 318-B:44 (syringe service programs; affirmative defense) – it is an affirmative defense to prosecution for possession of a hypodermic syringe or needle that the item was obtained through participation in an SSP.</p> <p>§ 318-B:45 (syringe service programs in drug-free school zones prohibited) – no SSP shall be located within a drug-free school zone; exceptions may be granted by the applicable district school board when a request is initiated by an SSP.</p>

<u>NEW HAMPSHIRE</u>	
Miscellaneous provisions	§ 318-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 an SSP.
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

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Statute(s) and regulation(s)	<ul style="list-style-type: none"> • N.J. STAT. ANN. §§ 2C:36-1 (West 2025) (drug paraphernalia, defined; determination) • N.J. STAT. ANN. § 2C:36-6a (West 2025) (exemption for participants in sterile syringe access program) • N.J. STAT. ANN. § 24:6J-5.1 (West 2025) (provision of information concerning substance abuse treatment programs and resources to persons treated for drug overdose) • N.J. STAT. ANN. § 24:6J-6 (West 2025) (grants to support local opioid overdose prevention and response projects; additional funding sources) • N.J. STAT. ANN. §§ 26:5C-25 to -29 (West 2025) (collectively “Bloodborne Pathogens”) • N.J. ADMIN. CODE §§ 8:63-1.1 to -4.1 (2026) (collectively “Harm Reduction Centers”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • December 19, 2006 (§§ 2C:36-6a; 26:5C-25 to -29) • April 9, 2007 (§§ 8:63-1.1 to -4.1) • August 31, 2021 (§ 24:6J-5.1) • January 18, 2022 (§ 2C:36-1) • November 20, 2023 (§ 24:6J-6) • February 14, 2024 (§§ 8:63-1.1 to -4.1)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	<ul style="list-style-type: none"> • Harm reduction services • Sterile syringe access programs
Are syringes considered drug paraphernalia?	<p>No. § 2C:36-1 explicitly provides that in no case shall “drug paraphernalia” include “harm reduction supplies.” It defines “harm reduction supplies” to include any materials or equipment used or intended for use in preventing, reducing, or mitigating the adverse effects associated with the personal use of controlled substances. “Harm reduction supplies” include, among other things, supplies or equipment provided by an entity authorized to provide harm reduction services.</p> <p>It also provides that it shall not be unlawful for a person to use, possess, distribute, or possess with intent to use or distribute, 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.</p> <p>§ 2C:36-6a – the possession of a hypodermic syringe or needle by a consumer who participates in, or an employee or volunteer</p>

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Are syringes considered drug paraphernalia? (cont'd)	of, an SSP shall not constitute an offense pursuant to § 2C:36-6.
Program components	<p>§ 26:5C-26.1 (definitions relating to harm reduction services) – definitions, including:</p> <ul style="list-style-type: none"> • “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 used or intended for use in preventing, reducing, or mitigating the adverse effects associated with the personal use of controlled substances. “Harm reduction supplies” include, but are not limited to, naloxone, test strips and other drug-checking supplies or equipment, and supplies or equipment provided by an authorized harm reduction services program. <p>§ 26:5C-27 (establishment and operation of harm reduction services; department of health duties) – 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.</p> <p>The department shall:</p> <ol style="list-style-type: none"> (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 healthcare facilities and programs that may

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Program components (cont'd)	<p>provide appropriate healthcare 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;</p> <p>(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</p> <p>(5) Maintain a record of de-identified statistical aggregate data reported to the department by entities offering authorized harm reduction services.</p> <p>The department is authorized to accept funding as may be available from the private sector.</p> <p>§ 26:5C-28 (eligible entities to provide authorized harm reduction services; requirements) – 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 healthcare 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.</p> <p>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.</p> <p>An entity providing harm reduction services shall comply with the following requirements:</p> <p>(1) Sterile syringes and needles shall be provided at no cost to consumers 18 years of age and older, provided that</p>

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(cont'd)**

- the department may authorize provision of 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; and
 - (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

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<p>Program components (cont'd)</p>	<p>requiring a determination that the provision of harm reduction services is an inherently beneficial use thereunder.</p> <p>§ 26:5C-29 (report to governor and legislature on status of harm reduction services) – 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 by each entity authorized to provide harm reduction services. For the purpose of each biennial report, the department shall:</p> <ol style="list-style-type: none"> (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; and (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. <p>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:</p> <ol style="list-style-type: none"> (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
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<u>NEW JERSEY</u>	
Program components (cont'd)	<p>programs and entities that are relevant to their health, housing, social service, employment, and other needs.</p> <p>§ 8:63-1.2 (definitions) – definitions related to harm reduction centers including “secondary distribution,” which means the provision of harm reduction supplies by a consumer who obtained the supplies from a harm reduction center, and who distributes the supplies to other persons at a location other than the harm reduction center, provided the consumer is authorized by the center of which they are a member to engage in such secondary distribution, and the consumer receives no compensation from any person for the act of distribution to others or for the distributed supplies.</p> <p>§ 8:63-2.1 (application for registration) – an eligible entity shall apply to the department for registration as a harm reduction center before providing services. Eligible entities must submit a completed registration application and a data collection and program evaluation plan. The harm reduction center must submit certain data including:</p> <ol style="list-style-type: none"> (1) The number of unduplicated consumers; (2) The number of syringes and needles dispensed; (3) An estimate of the number of returned and disposed of syringes; (4) The number of tests the harm reduction center performs for HIV, viral hepatitis, and sexually transmitted infections; (5) The number of referrals issued for HIV, viral hepatitis, and sexually transmitted infection testing; (6) The number of referrals to SUD treatment services and, if known, the number who enrolled or participated in services following referral; and (7) The number of referrals for services other than testing and SUD treatment. <p>§ 8:63-2.2 (issuance and term of registration) – the department shall review the application and issue a written determination to an applicant within 30 business days from the date it receives an application. It shall approve an application and register the applicant as a harm reduction center if the applicant fully and accurately completes all parts of the registration application and the department determines that the applicant and proposed center comply with the requirements of the Act and this</p>

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<p>Program components (cont'd)</p>	<p>chapter. If the department denies an application, the department shall notify the applicant in writing and provide the applicant an opportunity to complete the application or provide additional information. Registrations are valid for three calendar years and are not assignable or transferable. The department shall maintain a current list of entities authorized to operate centers.</p> <p>§ 8:63-2.3 (renewal of registration) – the department shall renew a registration to operate a harm reduction center if the center submits an application for renewal no less than 30 days prior to the expiration of the existing registration; the department has not suspended or revoked the center’s registration; and the department determines the center is in compliance with the requirements of the Act and this chapter.</p> <p>§ 8:63-2.4 (change of information notification requirements) – a harm reduction center seeking to relocate from the fixed location at which it registers to provide services shall apply for registration at the proposed new location and shall not provide services at the new location until the registration is approved. A center shall notify the department in writing at least 14 days before it plans to discontinue providing services.</p> <p>§ 8:63-3.1 (harm reduction services provision; plans and protocols) – a harm reduction center shall provide authorized harm reduction services and harm reduction supplies to consumers at no cost, pursuant to its registration. Requires centers to establish and implement plans by which it will comply with the requirements of § 26:5C-28.b(1) – (10) and make those plans available to all center personnel and the department, upon request. Centers must establish and implement a plan for its compliance with § 26:5C-28.b(11) and submit the plan with its application for registration.</p> <p>Centers that authorize consumers to engage in secondary distribution shall maintain a policy for such secondary distribution, which may include a policy that authorizes all of the center’s consumers to engage in secondary distribution. Nothing in this chapter shall be interpreted to restrict secondary distribution of harm reduction supplies, including syringes.</p> <p>§ 8:63-3.2 (provision of information) – requires harm reduction centers to provide a schedule of the center’s operating hours and locations and spoken education about HIV, viral hepatitis,</p>
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<p>Program components (cont'd)</p>	<p>overdose prevention, harm reduction services, and SUD treatment services to their consumers and, at the election of the center, printed materials and links to electronic materials on these topics.</p> <p>A harm reduction center shall:</p> <ol style="list-style-type: none"> (1) Provide information and referrals based on the harm reduction center's determination of consumer need; (2) Educate all consumers about safe and proper disposal of needles and syringes; (3) Encourage consumers to receive HIV, viral hepatitis, and sexually transmitted infection tests; and (4) Provide overdose prevention information to consumers, family members and friends of consumers, and members of the public. <p>§ 8:63-3.3 (membership card) – harm reduction centers shall issue a membership card to consumers and staff and volunteers of the center which shall contain a registration number, which shall be a unique identifying number based on a confidential formula that the center establishes and maintains.</p> <p>§ 8:63-3.4 (data collection, reporting, and evaluation) – with respect to each consumer it serves, the harm reduction center shall collect and record, to the extent practicable and with the consumer's consent, at least the following information:</p> <ol style="list-style-type: none"> (1) Demographic information; (2) The substances the consumer uses and the modes of use; (3) The dates on which the center delivers authorized harm reduction services to the consumer; and (4) A list of the authorized harm reduction services and referrals, if any, that the center provides during each encounter with a consumer. <p>The data shall be submitted to the department on a quarterly basis.</p> <p>The department, in its discretion, may conduct onsite and remote evaluations and surveys of harm reduction centers to confirm compliance with the law. If deficiencies exist, the department shall require the center to submit a plan of correction within 30 days, review the plan and notify the center</p>
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<u>NEW JERSEY</u>	
Program components (cont'd)	<p>of the plan's acceptability, and require the center to comply with the plan upon acceptance.</p> <p>§ 8:63-3.5 (training, policies, and procedures) – a harm reduction center shall:</p> <ol style="list-style-type: none"> (1) Ensure that staff and volunteers receive training and maintain records of such training; (2) Establish appropriate administrative, technical, and physical controls and safeguards that protect the confidentiality, integrity, and availability of individually identifiable information about consumers; (3) Establish procedures for compliance with the Bloodborne Pathogens Standard; and (4) Develop and maintain protocols for HIV post-exposure prophylaxis. <p>§ 8:63-4.1 (denial, suspension, or revocation of registration) – if the department determines that a registered harm reduction center is in violation of any provisions of this Act or this chapter, or if necessary to abate a threat to the public health, safety, or welfare, the department may issue a formal written warning or suspend, revoke, or refuse to issue or renew a registration to operate a harm reduction center.</p> <p>§ 8:63-4.2 (hearings on registration or enforcement actions) – an applicant or harm reduction center seeking a hearing shall submit a written request within 30 days from the date of a notice of denial, suspension, or revocation. Failure to submit a timely written request shall result in the forfeiture of all rights to such a hearing.</p>
Miscellaneous provisions	<p>§ 24:6J-5.1 – if an opioid antidote is administered by a healthcare 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.</p> <p>§ 24:6J-6 – the commissioner of human services may award grants, based upon monies appropriated by the legislature, to create or support local opioid overdose prevention, recognition, and response projects. It provides that, among other entities, syringe access programs may apply to the department of human services for a grant under this section.</p>

<u>NEW JERSEY</u>	
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>NEW MEXICO</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • N.M. STAT. ANN. §§ 24-2C-1 to -6 (West 2026) (collectively “Harm Reduction”) • N.M. STAT. ANN. § 30-31-2 (West 2026) (definitions) • N.M. STAT. ANN. § 30-31-25.1 (West 2026) (possession, delivery or manufacture of drug paraphernalia prohibited; exceptions) • N.M. CODE R. §§ 7.4.6.1 to 7.4.6.12 (2026) (collectively “Requirements Governing the Harm Reduction/Syringe Exchange Program”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • April 11, 1997 (§§ 24-2C-1 to -6) • December 30, 2016 (§ 7.4.6) • May 18, 2022 (§ 30-31-25.1)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Harm reduction/syringe exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with exceptions.</p> <p>§ 30-31-2 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances or controlled substance analogs into the human body.</p> <p>§ 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.</p> <p>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.</p>
Program components	<p>§ 24-2C-4 (harm reduction program created; department responsibilities) – the department shall:</p> <p>(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;</p>

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Program components (cont'd)	<p>(2) Qualify individuals 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;</p> <p>(3) Compile data to assist in planning and evaluating efforts to combat overdose mortality and other negative health outcomes associated with drug use; and</p> <p>(4) Make an annual report, including legislative recommendations, to the legislative health and human services committee by October 1 each year.</p> <p>The department shall appoint an advisory committee which shall develop policies 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.</p> <p>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.</p> <p>§ 24-2C-5 (program) – the SSP shall provide program participants with:</p> <p>(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;</p> <p>(2) Other objects used to prepare or consume controlled substances;</p> <p>(3) Supplies or devices used for testing controlled substances for potentially dangerous adulterants;</p> <p>(4) Supplies or devices approved by the department for distribution; and</p> <p>(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.</p>

<u>NEW MEXICO</u>	
Program components (cont'd)	<p>§ 7.4.6.7 (definitions) – definitions include:</p> <ul style="list-style-type: none"> • “Harm reduction ID code,” which means a unique alphanumeric code assigned to a participant through the process determined by the harm reduction program, which code shall not bear the participant’s full name; • “Harm reduction participant card,” which means a card issued to a participant by the department of health or harm reduction providers which verify the participant is enrolled in the harm reduction program, which card shall contain the harm reduction ID code and an expiration date; • “Harm reduction provider (HRP),” which means a public health office, community agency, service provider, individual, or other location which has applied and been accepted by the New Mexico department of health to provide harm reduction activities in accordance with the requirements of the harm reduction act, these regulations, and department of health protocols and guidelines; and • “Hepatitis and harm reduction program,” which means the team of staff members within the department public health division who have the primary responsibility to regulate and implement the provisions of the harm reduction act, these regulations, and related department protocols and guidelines. <p>§ 7.4.6.8 (general provisions governing the HRP application approval and revocation processes) – any entity, other than HRPs already designated herein, seeking to become an HRP must submit an application to the hepatitis and harm reduction program. The application must include, at a minimum, the following:</p> <ol style="list-style-type: none"> (1) Name, primary contact information, and mailing address of the entity applying; (2) Definition of the geographic area to be served; (3) A statement confirming that if approved, the entity will participate in training and evaluation activities as required by the harm reduction program; (4) Relevant experience in providing disease prevention services, healthcare services, social services, or substance use treatment services to individuals injecting substances; and

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Program components (cont'd)	<p>(5) Any other information required by the harm reduction program.</p> <p>§ 7.4.6.9 (harm reduction provider requirements) – the HRP:</p> <ol style="list-style-type: none"> (1) Shall maintain regular and consistent hours of service to ensure participant engagement; (2) May cancel a harm reduction session in the event of unforeseen circumstances which may impact service delivery such as lack of staffing, severe weather, threats or acts of violence, or other unforeseen emergencies which may create an unsafe environment; (3) Must make education materials available related to improving the health of individuals who use substances including information on substance use treatment, disease transmission and prevention, and overdose prevention strategies; (4) Must notify the hepatitis and harm reduction program within 72 hours of any concerns or complaints received by community members about the HRP; (5) Must have at least two staff members or volunteers present, or within voice or a direct line-of-sight visual signal range, or one staff member present and one able to communicate in real-time via telephone, radio, internet, or other means at all times during harm reduction sessions; (6) Must record harm reduction activities conducting utilizing the forms approved by the hepatitis and harm reduction program and submit the forms to the program; (7) Must develop and maintain an accidental needle stick protocol; (8) Must report all unexpected harm reduction session cancellations, needle stick accidents, violent acts, incidents involving law enforcement agents, and arrests of participants or staff during a harm reduction session within 24 hours of the incident via email or phone; (9) Must cooperate with the department in data collection, site visits and inspections, quality assurance, and other efforts to evaluate harm reduction activities; (10) Must adhere to all other hepatitis and harm reduction guidelines related to program operation; and (11) Must comply with these regulations, including safety requirements, participant enrollment procedures, and confidentiality of participant information. Failure to do

<u>NEW MEXICO</u>	
Program components (cont'd)	<p>so is grounds for revocation of the authorization to conduct harm reduction activities.</p> <p>All harm reduction specialists shall be fully vaccinated against viral hepatitis or other transmissible disease in accordance with Centers for Disease Control and Prevention and department guidelines.</p> <p>§ 7.4.6.10 (supplies provided) – supplies which are permitted to be provided by the HRP, listed below, include items which have been determined by the department to reduce negative health consequences associated with substance use, to prevent overdose mortality, and items designed to encourage participant engagement in other programming designed to improve overall community health. These items include:</p> <ul style="list-style-type: none"> • Safer smoking supplies limited to screens, pipe covers, wooden pushers, copper scrub pads, uncoated foil, cured foil, or any other type of aluminum foil and straws designed to inhale substances; • Safer snorting supplies limited to clean spoons for measurement, clean plastic razors, clean flat surfaces; • Safer injecting supplies limited to syringes and needles, metal containers for cooking substances, cotton pellets or other filtration devices, twist ties, tourniquets, sterile water and saline, ascorbic acid, and biohazard containers for disposal of used syringes and needles; and • Supplies or devices used for testing controlled substances or controlled substance analogs for potentially dangerous adulterants, including fentanyl test strips. <p>§ 7.4.6.11 (participant enrollment) – each new participant that enrolls for services at an HRP shall be provided a harm reduction participant card which shall have an expiration date of two years from the date of initial enrollment. Once participants are enrolled, they can participant with any HRP in the state and do not need to re-enroll at each HRP where they seek services. Participants shall be informed harm reduction program participation will not prohibit their arrest or prosecution for the possession of residue in the supplies used to consume substances.</p>

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Program components (cont'd)	§ 7.4.6.12 (harm reduction program participant requirements) – participants must provide their card code to staff in order to receive supplies from the program. They must follow the hepatitis and harm reduction program and HRP guidelines, as informed by HRP staff, with regard to handling and disposing of potentially biohazardous material.
Miscellaneous provisions	None
Recently proposed legislation	None

<u>NEW YORK</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • N.Y. GEN. BUS. LAW § 850 (McKinney 2026) (definitions) • N.Y. PENAL LAW § 220.03 (McKinney 2026) (criminal possession of a controlled substance in the seventh degree) • N.Y. PUB. HEALTH LAW § 3381 (McKinney 2026) (sale and possession of hypodermic syringes and hypodermic needles) • N.Y. COMP. CODES R. & REGS. tit. 10, § 80.135 (2026) (authorization to conduct hypodermic syringe and needle exchange programs) • N.Y. COMP. CODES R. & REGS. tit. 10 § 420.3 (2026) (operating standards)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • January 1, 2001 (§ 3381) • October 7, 2021 (§ 220.03)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Hypodermic syringe and needle exchange programs
Are syringes considered drug paraphernalia?	No. § 850 – “drug-related paraphernalia” specifically excludes hypodermic needles, hypodermic syringes, and other objects used for the purpose of parenterally injecting controlled substances into the human body.
Program components	<p>§ 3381 – the commissioner shall, subject to certain requirements, designate persons, or by regulation, classes of persons who may obtain hypodermic syringes and needles without prescription and the manner in which such transactions may take place and the records thereof which shall be maintained; limited to individuals 18 years of age or older.</p> <p>Subject to regulations of the commissioner, a pharmacy, healthcare facility, or healthcare 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, healthcare facility, or healthcare 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:</p> <ol style="list-style-type: none"> (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;

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Program components (cont'd)	<p>(3) Methods for preventing the transmission or contraction of bloodborne diseases;</p> <p>(4) Proper disposal practices;</p> <p>(5) Information on the dangers of injection drug use and how to access drug treatment;</p> <p>(6) A toll-free phone number for information on HIV; and</p> <p>(7) Information on the safe disposal including the relevant provisions of the environmental conservation law relating to the unlawful release of regulated medical waste.</p> <p>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.</p> <p>The commissioner shall promulgate rules and regulations necessary to implement the provisions of this subdivision which shall include a requirement that such pharmacies, healthcare facilities, and healthcare practitioners cooperate in a safe disposal of used hypodermic needles or syringes.</p> <p>10 § 80.135 – authorization to conduct hypodermic syringe and needle exchange programs.</p> <p>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.</p> <p>The department will review the plan using the following standards:</p> <p>(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;</p>

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Program components (cont'd)	<p>(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);</p> <p>(3) The plan demonstrates an adequacy of design and protocol for the conduct of the program; and</p> <p>(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.</p> <p>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 such list to the department and report all personnel changes to the department.</p> <p>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.</p> <p>Individuals participating in the approved plan may obtain and possess hypodermic syringes and needles without a prescription provided that:</p> <p>(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;</p> <p>(2) This authorization is effective only so long as the person is an active participant in the approved plan; and</p> <p>(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.</p> <p>An approval pursuant to this section shall allow a not-for-profit</p>

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Program components (cont'd)	<p>organization or government entity to purchase hypodermic needles and syringes as part of a needle exchange plan by the commissioner.</p> <p>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:</p> <ol style="list-style-type: none"> (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 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. <p>An organization or entity engaged in an SSP shall maintain the following records of hypodermic syringes, needles, participants, and transactions:</p> <ol style="list-style-type: none"> (1) An inventory of hypodermic syringes and needles, including the number purchased and distributed, and the

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Program components (cont'd)	<p>balance on hand;</p> <ol style="list-style-type: none"> (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, healthcare 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. <p>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</p> <ol style="list-style-type: none"> (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 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

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Program components (cont'd)	<p>information previously reported and shall contain an evaluation of the organization's progress in attaining the plan's goals.</p> <p>The organization or entity may be inspected as necessary to ensure compliance.</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>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.</p>

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Miscellaneous provisions	<p>§ 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.</p> <p>10 § 420.3 – a comprehensive ambulatory HIV program shall provide each eligible patient, directly onsite or through referral arrangements, a full range of clinical services appropriate for the continuous care of patients, including substance use assessment and referral for treatment as clinically appropriate. Services to be provided either onsite or through referral arrangements with other qualified service providers shall include substance use counseling, support group programs, inpatient drug and alcohol detoxification, methadone maintenance treatment programs, residential drug or alcohol treatment programs, work rehabilitation programs, and harm reduction, recovery readiness, and needle exchange services.</p>
Recently proposed legislation	None

<u>NORTH CAROLINA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • N.C. GEN. STAT. ANN. § 90-113.21 (West 2025) (general provisions) • N.C. GEN. STAT. ANN. § 90-113.27 (West 2025) (needle and hypodermic syringe exchange programs authorized; limited immunity)
Effective date(s) of SSP provisions	July 11, 2016 (§ 90-113.27)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Needle and hypodermic syringe exchange programs
Are syringes considered drug paraphernalia?	<p>Yes, but see “program components” for exception.</p> <p>§ 90-113.21 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects for parenterally injecting controlled substances into the body.</p>
Program components	<p>§ 90-113.27 – any governmental or nongovernmental organization, including a local or district health department or an organization that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, may establish and operate an SSP. The objectives of the program shall be to do all of the following:</p> <ol style="list-style-type: none"> (1) Reduce the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases; (2) Reduce needlestick injuries to law enforcement officers and other emergency personnel; (3) Encourage individuals who use drugs illicitly to enroll in evidence-based treatment; and (4) Reduce the number of drug overdoses in this state. <p>Programs shall offer all of the following:</p> <ol style="list-style-type: none"> (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

<u>NORTH CAROLINA</u>	
Program components (cont'd)	<p>treatment for substance abuse, including referrals for medication assisted treatment;</p> <p>(5) Access to naloxone kits for the treatment of a drug overdose, or referrals to programs that provide access to naloxone; and</p> <p>(6) For each individual requesting services, personal consultations from a program employee or volunteer concerning mental health or addiction treatment as appropriate.</p> <p>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.</p> <p>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.</p> <p>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:</p> <p>(1) The number of individuals served by the SSP;</p> <p>(2) The number of needles, hypodermic syringes, and needle injection supplies dispensed by the program and returned to the program;</p> <p>(3) The number of naloxone kits distributed by the program; and</p> <p>(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.</p>
Miscellaneous provisions	None
Recently proposed legislation	None

<u>NORTH DAKOTA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • N.D. CENT. CODE ANN. § 19-03.4-01 (West 2026) (definition—drug paraphernalia) • N.D. CENT. CODE ANN. § 19-03.4-02 (West 2026) (drug paraphernalia—guidelines) • N.D. CENT. CODE ANN. § 23-01-44 (West 2026) (syringe or needle exchange program—authorization)
Effective date(s) of SSP provisions	August 1, 2017 (§§ 19-03.4-02 and 23-01-44)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Syringe exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with the exceptions set forth below and in “program components.”</p> <p>§ 19-03.4-01 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.</p> <p>§ 19-03.4-02 – in determining whether an object is drug paraphernalia, a court or other authority shall consider, among other things, whether the object is a needle or syringe collected during the operation of a needle exchange program under chapter 23-01 to aid in the prevention of bloodborne diseases.</p>
Program components	<p>§ 23-01-44 – definitions, including:</p> <ul style="list-style-type: none"> • “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. <p>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:</p> <p>(1) The area to be served is at risk of an increase or</p>

<u>NORTH DAKOTA</u>	
Program components (cont'd)	<p>potential increase in prevalence of viral hepatitis or HIV;</p> <ol style="list-style-type: none"> (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 department. <p>A qualified entity operating an SSP shall:</p> <ol style="list-style-type: none"> (1) Register the program annually in the manner prescribed by the department of health and human services; (2) Have a pharmacist, physician, or advanced practice registered nurse who is licensed in the state to provide oversight for the program; (3) Store and dispose of all syringes, needles, and supplies collected in a safe and legal manner; (4) Provide education and training on drug overdose response and treatment, including the administration of an overdose reversal medication; (5) Provide education, referral, and linkage to HIV, viral hepatitis, and sexually transmitted disease prevention, treatment, and care services; (6) Provide addiction treatment information and referrals to drug treatment programs, including programs in the local area and programs that offer medication-assisted treatment that includes an FDA approved long-acting, non-addictive medication for the treatment of opioid or alcohol use disorder; (7) Provide syringe, needle, supply, and injection supply distribution and collection without collecting or recording personally identifiable information; (8) Operate in a manner consistent with public health and safety; and (9) Ensure the program is medically appropriate and part of a comprehensive public health response. <p>The department of health and human services may terminate an SSP for failure to comply with any of the provisions of this section.</p> <p>A state agency may not provide general fund moneys to a program to purchase or otherwise acquire hypodermic syringes, needles, or injection supplies for an SSP under this section.</p>

<u>NORTH DAKOTA</u>	
Program components (cont'd)	<p>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.</p> <p>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 and needles:</p> <ol style="list-style-type: none"> (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	None
Recently proposed legislation	None

<u>OHIO</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • OHIO REV. CODE ANN. § 2925.14 (West 2026) (use, possession, or sale of drug paraphernalia; exemptions; forfeiture) • OHIO REV. CODE ANN. § 3707.57 (West 2026) (bloodborne infectious disease prevention programs)
Effective date(s) of SSP provisions	September 29, 2015 (§ 3707.57)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Bloodborne infectious disease prevention program
Are syringes considered drug paraphernalia?	<p>Yes, but see “program components” for exceptions.</p> <p>§ 2925.14 – “drug paraphernalia” includes hypodermic syringes, needles, or instruments for parenterally injecting a controlled substance into the human body.</p>
Program components	<p>§ 3707.57 – a board of health may establish a bloodborne infectious disease prevention program. The cost of the program is the responsibility of the board of health. The program shall do all of the following:</p> <ol style="list-style-type: none"> (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 programs; (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.

<u>OHIO</u>	
Program components (cont'd)	<p>An SSP may collect demographic information about participants, including the zip code, and the participant's comorbidity diagnosis.</p> <p>Before establishing a bloodborne infectious disease prevention program, the board of health shall consult with all of the following:</p> <ol style="list-style-type: none"> (1) Interested parties from the health district represented by the board, including law enforcement representatives; prosecutors; representatives of community addiction services providers whose alcohol and drug addiction services are certified under law; persons recovering from substance abuse; relevant private, nonprofit organizations, including hepatitis C and HIV advocacy organizations; residents of the health district; the board of alcohol, drug addiction, and mental health services that serves the area in which the health district is located; and (2) Representatives selected by the governing authority of the city, village, or township in which the program is proposed to be established. <p>After consulting with the interested parties listed above, if the board of health decides to establish a bloodborne infectious disease prevention program, the board shall provide written notice of the proposed location to the governing authority of the city, village, or township in which the program is to be located. The governing authority retains all zoning rights.</p> <p>If carrying out a duty under a component of a bloodborne infectious disease prevention program would be considered a violation of § 2923.24 (possessing criminal tools), § 2925.12 (possessing drug abuse instruments), § 2925.14 regarding the prohibition against illegal possession of drug paraphernalia, or § 3719.172 regarding the prohibition against furnishing a hypodermic needle to another person, an employee or volunteer of the program, when carrying out the duty, is not subject to criminal prosecution for the violation.</p> <p>If participating in a component of a bloodborne infectious disease prevention program would be considered a violation of such statutes, a program participant who is within 1,000 feet of a program facility and is in possession of documentation from</p>

<u>OHIO</u>	
Program components (cont'd)	<p>the program identifying the individual as an active participant in the program, the participant is not subject to criminal prosecution for the violation.</p> <p>A board of health that establishes a bloodborne disease prevention program shall include details about the program in its annual report.</p>
Miscellaneous provisions	None
Recently proposed legislation	None

<u>OKLAHOMA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • OKLA. STAT. ANN. tit. 63, § 2-101 (West 2026) (definitions) • OKLA. STAT. ANN. tit. 63, § 2-101.1 (West 2026) (drug paraphernalia—factors used in determining) • OKLA. STAT. ANN. tit. 63, § 2-1101 (West 2026) (harm-reduction services) • OKLA. ADMIN. CODE §§ 310:521-9-1 to -7 (2026) (collectively “Harm-reduction Services”)
Effective date(s) of SSP provisions	April 20, 2021 (all)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Harm reduction services
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 2-101 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or fashioned specifically for use in parenterally injecting controlled dangerous substances into the human body, except as authorized by § 2-1101.</p> <p>§ 2-101.1 – provisions related to drug paraphernalia do not apply to objects in the possession of harm reduction services providers.</p>
Program components	<p>§ 2-101 – definitions, including “harm-reduction services,” which means programs established to:</p> <ol style="list-style-type: none"> (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 sharps waste. <p>§ 2-1101 – until July 1, 2026, the following are hereby authorized to engage in harm-reduction services:</p> <ol style="list-style-type: none"> (1) 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; (2) Religious institutions or churches; (3) Nonprofit organizations; (4) For-profit companies;

<u>OKLAHOMA</u>	
Program components (cont'd)	<p>(1) Nongovernment entities partnering with a governmental agency; and</p> <p>(2) Tribal governments.</p> <p>Those offering harm-reduction services shall register with the department of health and may engage in the following activities in order to reduce the use of drugs, prevent outbreaks of infectious diseases and reduce morbidity among people who use injection drugs:</p> <p>(1) Offer referrals and resources to treat substance use disorders;</p> <p>(2) Provide education on the risk of transmission of infectious diseases, including HIV and viral hepatitis, rapid testing for HIV, hepatitis C, and STIs;</p> <p>(3) Provide referrals for medical and mental health services;</p> <p>(4) Collect used hypodermic needles for safe disposal; and</p> <p>(5) Possess and distribute hypodermic needles, cleaning kits, test kits, and opioid antagonists, and rapid substance testing products used, intended for use, or fashioned specifically for the use in identifying or analyzing the potency or toxicity of unknown substances.</p> <p>Registered providers of harm-reduction services shall report at least quarterly to the department of health the:</p> <p>(1) Number of clients served including basic demographic information;</p> <p>(2) Number and type of referrals provided;</p> <p>(3) Number of syringes, test kits, and antagonists distributed;</p> <p>(4) Number of used syringes collected; and</p> <p>(5) Number of rapid HIV and viral hepatitis tests performed including the number of reactive test results.</p> <p>The commissioner of health shall promulgate rules for the implementation of this section.</p> <p>310:521-9-4 (registration requirements) – no entity may engage in harm reduction services without first registering with the department in the form and manner prescribed by the department.</p>

<u>OKLAHOMA</u>	
Program components (cont'd)	<p>310:521-9-5 (scope of services) – registered programs may engage in harm reduction services as outlined in § 2-1101(B) and shall offer such services free of charge.</p> <p>310:521-9-6 (application for registration) – all entities providing harm reduction services must complete an application for registration with the Sexual Health and Harm Reduction Service Program at the department. Applicants must provide the required listed information, including a copy of the program’s most current version of harm reduction service policies and procedures, including clear and concise procedures for the safe and secure disposal of sharps waste and any biomedical waste generated by services provided by the program.</p> <p>Applications will be reviewed within 60 days of receipt by the department. If an application is denied, a letter of corrective actions may be supplied to the applicant. Registration shall be valid for one year and shall be renewed by submission of an application for renewal at least 30 days prior to expiration of current registration in the form and manner prescribed by the department.</p> <p>310:521-9-7 (quarterly reporting to the department) – programs shall submit electronic reports to the department, in a form and manner designated by the department, on the last business day of each calendar quarter, which must include the following information for the most recent calendar quarter:</p> <ol style="list-style-type: none"> (1) Number of clients served, including basic demographic information; (2) Number and type of referrals provided; (3) Number of syringes, test kits, and antagonists distributed; (4) Number of used syringes collected; and (5) Number of rapid HIV and viral hepatitis tests performed including the number of reactive test results. <p>Failure to report this data constitutes grounds for non-renewal of the service provider’s registration.</p>
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>OREGON</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • OR. REV. STAT. ANN. § 430.389 (West 2026) (expanding treatment and services) • OR. REV. STAT. ANN. § 475.525 (West 2026) (sale of drug paraphernalia prohibited; definition; exceptions) • OR. REV. STAT. ANN. § 475.757 (West 2026) (“syringe service program” defined; affirmative defense to unlawful possession of controlled substance) • OR. ADMIN. R. 944-001-0000 to 944-001-0040 (2026) (collectively “Behavioral Health Resource Networks”) • OR. ADMIN. R. 944-010-0060 (2026) (harm reduction services, information and education)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • June 30, 1995 (§ 475.525) • July 23, 2019 (§ 475.757) • April 30, 2021 (§ 430.389) • August 30, 2021 (944-001-0000 to -0040)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Syringe service program
Are syringes considered drug paraphernalia?	<p>No. § 475.525 – specifically provides that drug paraphernalia does not include hypodermic syringes and needles.</p> <p>§ 475.757 – it is an affirmative defense to unlawful possession of a controlled substance that the person was acting in the capacity of an employee or volunteer of an SSP; sterile needles and syringes and other items provided by an SSP may not be considered “drug paraphernalia.”</p>
Program components	<p>§ 475.757 – “syringe service program” means a program that provides services including free sterile needles and syringes and safe disposal for needles and syringes.</p> <p>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 wound care supplies, substance use-related infectious disease screening, sobering support, contingency management, drug checking supplies, and overdose prevention sites, where the law allows.</p>

<u>OREGON</u>	
Program components (cont'd)	<p>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.</p> <p>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.</p> <p>Applicants must identify in their applications how they intend to partner with other entities to provide services.</p> <p>944-010-0060 – harm reduction services provided by an entity funded pursuant to a grant administered by the Oregon Health Authority must be low-barrier and must reduce the negative individual and public health outcomes of substance use and substance related harm.</p> <p>Harm reduction services provided by a funded entity can include, but are not limited to:</p> <ol style="list-style-type: none"> (1) Access to naloxone; (2) Sterile syringes; (3) Safe use and wound care supplies; (4) Substance use-related infectious disease screening; (5) Sobering support; (6) Contingency management; (7) Drug checking supplies; (8) Information and education about harm reduction services; and (9) Referral for hepatitis, HIV, STI, COVID-19, and tuberculosis testing, vaccine, or other healthcare services.

<u>OREGON</u>	
Miscellaneous provisions	§ 430.389 – establishes a grant program to implement Behavioral Health Resource Networks (BHRNs) and increase statewide access to and awareness of the services described in this section. A BHRN is an entity or collection of entities that individually or jointly provide some or all of the services described in this section. A BHRN must have the capacity to provide certain services, including harm reduction services.
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>PENNSYLVANIA</u>	
Statute(s) and regulation(s)	35 PA. STAT. AND CONS. STAT. § 780-102 (West 2026) (definitions)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 780-102 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injected controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>RHODE ISLAND</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • R.I. GEN. LAWS ANN. § 23-11-18 (West 2026) (legislative findings) • R.I. GEN. LAWS ANN. § 23-11-19 (West 2026) (exchange of hypodermic needles and syringes) • 216 R.I. CODE R. §§ 40-10-25.1 to 25.9 (West 2026) (collectively “Harm Reduction Centers”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • May 16, 1994 (§§ 23-11-18 and 23-11-19) • February 16, 2022 (§§ 10-25.1 to -25.9)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Needle exchange program
Are syringes considered drug paraphernalia?	No.
Program components	<p>§ 23-11-19 – the director of the department of health shall maintain a program offering the free exchange of new hypodermic needles and syringes for used hypodermic needles and syringes as a means to prevent the transmission of HIV or viral hepatitis among injecting drug users 18 years of age or older; any site used in the program shall be approved by the director of health and shall make available educational materials, HIV counseling and testing, and referral services targeted to the education of HIV/AIDS and viral hepatitis transmission as well as information and referrals pertaining to substance abuse prevention and treatment; any program must be implemented pursuant to the provisions of this section and shall incorporate an on-going evaluation plan to determine the impact of the SSP on participants and the community in the efforts to lower the HIV rate among injecting users including successful referrals to substance abuse treatment.</p> <p>§ 40-10-25.2 (definitions) – definitions, including:</p> <ul style="list-style-type: none"> • “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.; and

<u>RHODE ISLAND</u>	
Program components (cont'd)	<ul style="list-style-type: none"> • “Municipal authorization and approval,” which 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. <p>§ 40-10-25.3 (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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> (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.

RHODE ISLAND

<p>Program components (cont'd)</p>	<p>The licensee must develop, in collaboration with local public safety officials, a plan to address public safety and order for the center.</p> <p>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.</p> <p>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.</p> <p>§ 40-10-25.4 (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.</p> <p>The governing body, in consultation with the medical director, shall be ultimately responsible to develop and implement policies governing no less than the following:</p> <ol style="list-style-type: none"> (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
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<u>RHODE ISLAND</u>	
Program components (cont'd)	<p>(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.</p> <p>All staff shall be trained in:</p> <ol style="list-style-type: none"> (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. <p>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 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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> (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

<u>RHODE ISLAND</u>	
Program components (cont'd)	<p>location and method; and (f) amount of opioid antagonists administered per overdose; and</p> <p>(2) Statistical data pertaining to its operations and services utilized.</p> <p>§ 40-10-25.5 (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:</p> <ol style="list-style-type: none"> (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. <p>The harm reduction center must provide the following services, at a minimum:</p> <ol style="list-style-type: none"> (1) Drug consumption; (2) Harm reduction education/training and supplies; and (3) Needle exchange. <p>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:</p> <ol style="list-style-type: none"> (1) Basic needs (clothes, food, etc.) referrals and supplies; (2) Referrals to housing services; (3) Referrals to employment services; and (4) Referrals to legal services. <p>Harm reduction centers are permitted to offer drug checking/testing of clients' pre-acquired substances, including</p>

<u>RHODE ISLAND</u>	
Program components (cont'd)	<p>the use of fentanyl test strips or other means of drug testing as available.</p> <p>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.</p> <p>§ 40-10-25.7 (physical plant and equipment) – among other things, harm reduction centers shall be equipped with a sufficient supply of harm reduction supplies for safe drug use practices within the center and/or for take-home supplies, including, but not limited to, fentanyl test strips, nitrile gloves, safe injection supplies, safe snorting supplies, and safe smoking supplies.</p>
Miscellaneous provisions	None
Recently proposed legislation	None

<u>SOUTH CAROLINA</u>	
Statute(s) and regulation(s)	None
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	No.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>SOUTH DAKOTA</u>	
Statute(s) and regulation(s)	S.D. CODIFIED LAWS § 22-42A-1 (2026) (drug paraphernalia defined—exclusion)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 22-42A-1 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>TENNESSEE</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • TENN. CODE ANN. § 39-17-402 (West 2026) (definitions; schedules) • TENN. CODE ANN. § 68-1-136 (West 2026) (needle and hypodermic syringe exchange programs)
Effective date(s) of SSP provisions	May 18, 2017 (§ 68-1-136)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Needle and hypodermic syringe exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with exceptions. § 39-17-402 – “drug paraphernalia” means all equipment, products and materials of any kind which are used, intended for use, or designed for use in injecting or otherwise introducing into the human body a controlled substance.</p> <p>§ 68-1-136 – 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.</p> <p>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.</p>
Program components	<p>§ 68-1-136 – 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.</p> <p>The objectives of the program shall be to do all of the</p>

<u>TENNESSEE</u>	
Program components (cont'd)	<p>following:</p> <ol style="list-style-type: none"> (1) Reduce the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases; (2) Reduce needle stick injuries to law enforcement officers and other emergency personnel; and (3) Encourage individuals who inject drugs to enroll in evidence-based treatment. <p>Programs established pursuant to this section shall offer all of the following:</p> <ol style="list-style-type: none"> (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 employee or volunteer concerning mental health or addiction treatment as appropriate for each individual requesting services. <p>In addition to any other applicable immunity or limitation on civil liability, a nongovernmental organization and an employee</p>

TENNESSEE**Program components
(cont'd)**

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 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 1,000 feet of any school or public park. A program established pursuant to this section in a municipality having a population of not less than 55,440 nor more than 55,450, according to the 2020 federal census or a subsequent federal census, shall not conduct an exchange within 2,000 feet of any school or park.

The commissioner of health shall promulgate rules to effectuate the purposes of this section.

<u>TENNESSEE</u>	
Program components (cont'd)	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	None
Recently proposed legislation	None

<u>TEXAS</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • TEX. GOV'T CODE ANN. § 526.0056 (West 2026) (pilot program to prevent spread of infectious or communicable diseases) • TEX. HEALTH & SAFETY CODE ANN. § 481.002 (West 2025) (definitions)
Effective date(s) of SSP provisions	April 1, 2025 (§ 526.0056)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Program to prevent the spread of certain infectious or communicable diseases
Are syringes considered drug paraphernalia?	Yes. § 481.002 – “drug paraphernalia” includes hypodermic syringe, needle, or other object used or intended for use in parenterally injecting a controlled substance into the human body.
Program components	§ 526.0056 – the commission may provide guidance to the local health authority of Bexar County in establishing a pilot program funded by the county to prevent the spread of HIV, hepatitis B, hepatitis C, and other infectious and communicable diseases. The program may include a disease control program that provides for the anonymous exchange of used hypodermic needles and syringes.
Miscellaneous provisions	None
Recently proposed legislation	None

<u>UTAH</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • UTAH CODE ANN. § 26B-7-117 (West 2026) (syringe exchange and education) • UTAH CODE ANN. §§ 58-37a-3 (West 2026) (“drug paraphernalia” defined) • UTAH CODE ANN. § 58-37a-5 (West 2026) (unlawful acts) • UTAH ADMIN. CODE r. 384-900-1 to -7 (2026) (collectively “Special Measures for the Operation of Syringe Exchange Programs”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • May 10, 2011 (§§ 58-37a-3 and 58-37a-5) • May 3, 2023 (§ 26B-7-117) • February 25, 2026 (r. 384-900-1 to -7)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Syringe exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 58-37a-3 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, or intended for use, to parenterally inject a controlled substance into the human body, except as provided in § 58-37a-5.</p> <p>§ 58-37a-5 – a person may not be charged with distribution of hypodermic syringes as drug paraphernalia if, at the time of distribution, the syringes are in a sealed sterile package and are for a legitimate medical purpose, including the prevention of disease transmission.</p> <p>A person may not be charged with possession of a hypodermic syringe as drug paraphernalia if the syringe is unused and is in a sealed sterile package. In a prosecution for possession of a syringe or needle, the prosecutor or the court may dismiss the charge if the person establishes by a preponderance of the evidence that:</p> <ol style="list-style-type: none"> (1) At the time of the offense, the hypodermic needle or syringe was stored in a sealed, puncture-resistant container, that was clearly marked and the person was enrolled or participating in an SSP; and (2) After the day of the offense, but before the day on which the case is adjudicated, the person demonstrated an intent to engage with SUD treatment by commencing, continuing, or completing an SUD treatment program.

<u>UTAH</u>	
Program components	<p>§ 26B-7-117 – defines “government entity” to mean the state or any county, municipality, special district, special service district, or other political subdivision or administrative unit of the state, an institution of higher education, or a local education agency.</p> <p>The following may operate an SSP to prevent the transmission of disease, reduce morbidity and mortality, and facilitate access to treatment and recovery services among individuals who inject drugs, and those individuals’ contacts:</p> <ol style="list-style-type: none"> (1) A government entity, including the department, a local health department, or a local substance abuse authority; (2) A nongovernment entity including a nonprofit or for-profit organization; or (3) Any other entity that complies with this section. <p>An entity operating an SSP shall:</p> <ol style="list-style-type: none"> (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 SUD, testing for a bloodborne disease, and an opiate antagonist; (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; (c) the number of new syringes provided in exchange for used syringes; (d) information the program provided to individuals about recovery and treatment resources; and (e) of the individuals who have exchange syringes, the number of individuals who received services for the treatment of an SUD within 12 months of exchanging syringes; and (4) May not distribute drug paraphernalia other than syringes, including pipes, straws, or other items used to ingest controlled substances. <p>A person that is licensed by the department to provide residential treatment for an SUD shall include as part of the</p>

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Program components (cont'd)	<p>person’s admissions materials a question asking whether the individual seeking treatment has ever received services from an SSP.</p> <p>The department shall make rules as necessary or advisable to implement the provisions of this section, including rules specifying requirements for syringe distribution, data collection, and the evaluation of an entity operating an SSP to ensure compliance with the applicable statutes and rules. It shall also make rules specifying how and when an entity operating an SSP shall make the reports required by this section.</p> <p>An entity operating an SSP may not facilitate the exchange of syringes at, on, or within 100 feet of a homeless shelter, at permanent supportive housing, or in public parks. Additionally, notwithstanding any other provision of this section, an entity that operates an SSP may not facilitate the exchange of syringes on public property without written authorization from the government entity that owns, operates, or has jurisdiction over the property.</p> <p>The use of state funds to operate an SSP is prohibited, but nothing in this section should be construed to prohibit the use or distribution of municipal, county, or federal funds in operating or financing an SSP.</p> <p>R384-900-2 (definitions) – definitions include:</p> <ul style="list-style-type: none"> • “One-for-one plus exchange model,” which means the syringe exchange model in which a participant receives a set of syringes in an amount of up to nine more than the participant’s return amount, with thresholds increasing in increments of ten. For example, a return of 1-10 used syringes receives up to 10 sterile syringes; 11-20 used syringes receives up to 20 sterile syringes; and 21-30 used syringes receives up to 30 sterile syringes; and • “Syringe exchange program,” which means a program that: (a) provides access to sterile syringes in exchange for used syringes; (b) collects and properly disposes of used syringes; (c) provides information, referrals, and other services as identified by population and community needs to reduce the harms associated with

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Program components (cont'd)	<p>drug use; and (d) may provide other clean and new prevention materials, including cotton filters, cookers, tourniquets, alcohol swabs, and condoms.</p> <p>R384-900-3 (enrollment requirements) – an operating entity intending to begin an SSP in a local community shall meet with local stakeholders, which may include any public health, mental health, or SUD treatment entity; local governing body; law enforcement agency with jurisdiction over the area; or community council.</p> <p>An operating entity shall ensure that any meeting taking place in accordance with this rule:</p> <ol style="list-style-type: none"> (1) Assesses community readiness, norms, needs, and parameters for implementing an SSP in that area; (2) Creates awareness of the operating entity’s plans and community partnerships; and (3) Provides education on the purposes and goals of an SSP and syringe exchange protocols. <p>At least 15 days before the start of an SSP in a new area, the operating entity shall provide the department with the following through the Violence and Injury Prevention Program’s agency enrollment form:</p> <ol style="list-style-type: none"> (1) Written notice of intent to conduct syringe exchange activities; (2) A signed attestation to comply with each applicable statute and rule, to be renewed annually; (3) A summary of any meeting held according to this rule, including a list of participants, a summary of the discussion, any outcome, and any plan for implementation; (4) Documentation for each service area where syringe exchange will be conducted upon enrollment; (5) A safety protocol for the prevention of needle stick and sharps injury; and (6) A sharps disposal plan for each county where the operating entity will be offering services. Sharps disposal is the financial responsibility of the operating entity. <p>R384-900-4 (operating requirements) – an operating entity shall</p>

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Program components (cont'd)	<p>facilitate the exchange of a participant's used syringes by providing a disposable, medical grade sharps container for the disposal of used syringes.</p> <p>An 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. The operating entity shall adhere to the one-for-one plus exchange model.</p> <p>As available, the department may provide syringes, prevention materials, education materials, and other resources to an entity operating an SSP.</p> <p>At least quarterly, an operating entity shall provide each participant of the SSP with verbal and written instructions on:</p> <ol style="list-style-type: none"> (1) Methods for preventing the transmission of bloodborne pathogens, including hepatitis B and C and HIV; (2) Information and referral for hepatitis C and HIV testing; (3) Information and referral to services for the treatment of SUD; and (4) How and where to obtain an opiate antagonist. <p>If the operating entity discontinues syringe exchange activities, the entity must submit to the department written notice within 15 days of ending activities.</p> <p>R384-900-5 (data collection and reporting requirements) – each operating entity shall collect the following aggregate data elements:</p> <ol style="list-style-type: none"> (1) The number of individuals who exchange syringes; (2) A self-reported or approximate number of used syringes exchanged for new syringes; (3) The number of new syringes provided in exchange for used syringes; (4) The number of participants who receive services for the treatment of an SUD within 12 months of exchanging syringes, assessed at least quarterly for each participant; (5) A self-reported or approximate number of participants successfully connected to treatment; (6) Information and educational materials distributed;

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Program components (cont'd)	<p>(7) The number of referrals provided; and (8) The number of opiate antagonists distributed to participants.</p> <p>R384-900-6 (confidentiality of reports) – the department may collect and maintain data on SSPs and participants. Any identifiable information collected may not be released or made public.</p> <p>R384-900-7 (compliance and penalty) – the Violence and Injury Prevention Program shall evaluate each SSP through annual monitoring and site visits, as necessary, to ensure compliance with each applicable statute and rule. The department may revoke the enrollment of an SSP that does not comply with this rule.</p>
Miscellaneous provisions	None
Recently proposed legislation	None

<u>VERMONT</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • VT. STAT. ANN. tit. 18, § 4256 (West 2026) (overdose prevention centers) • VT. STAT. ANN. tit. 18, § 4257 (West 2026) (prevention and treatment of opioid-related overdoses) • VT. STAT. ANN. tit. 18, § 4475 (West 2026) (definitions) • VT. STAT. ANN. tit. 18, § 4476 (West 2026) (offenses and penalties) • VT. STAT. ANN. tit. 18, § 4478 (West 2026) (needle exchange programs) • VT. STAT. ANN. tit. 18, § 4774 (West 2026) (opioid abatement special fund) • H.B. 222, Leg. Sess. (Vt. 2023)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • May 19, 1999 (§§ 4475, 4476, and 4478) • July 1, 2013 (§ 4257) • May 16, 2022 (§ 4774) • June 17, 2024 (§ 4756)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Needle exchange program
Are syringes considered drug paraphernalia?	<p>Yes, but with exceptions.</p> <p>§ 4475 – “drug paraphernalia” does not include needles, syringes, or other harm reduction supplies 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.</p> <p>§ 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.</p>
Program components	<p>§ 4256 – an overdose prevention center, among other things:</p> <ol style="list-style-type: none"> (1) Provides harm reduction supplies, including sterile injection supplies; collects used hypodermic needles and syringes; and provides secure hypodermic needle and syringe disposal services; (2) Provides drug-checking services; (3) Provides referrals for addiction treatment, medical services, and social services;

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Program component (cont'd)	<p>(4) Educates participants on the risks of contracting HIV and viral hepatitis, wound care, and safe sex education;</p> <p>(5) Provides overdose prevention education and distributes overdose reversal medications, including naloxone;</p> <p>(6) Educates participants on the proper disposal of hypodermic needles and syringes;</p> <p>(7) Establishes operating procedures and eligibility criteria for program participants; and</p> <p>(8) Trains staff members to deliver services offered by the program.</p> <p>The following persons are entitled to immunity protections set forth in this section for participation in or with an approved overdose prevention center that is acting in the good faith provision of overdose prevention services in accordance with the guidelines established pursuant to this section:</p> <p>(1) An individual using the services of an overdose prevention center;</p> <p>(2) A staff member, operator, administrator, or director of an overdose prevention center, including a healthcare professional, manager, employee, or volunteer;</p> <p>(3) A property owner, lessor, or sublessor on the property at which a center is located and operates;</p> <p>(4) An entity operating the center; and</p> <p>(5) A state or municipal employee acting within the course and scope of the employee's employment.</p> <p>The individuals identified above shall not be subject to citation, arrest, charge, or prosecution for possession of a regulated drug or for attempting, aiding or abetting, or conspiracy to commit a violation of any provision of this chapter; subject to property seizure or forfeiture for unlawful possession of a regulated drug; subject to any civil liability or civil or administrative penalty, including disciplinary action by a professional licensing board, credentialing restriction, contractual liability, or medical staff or other employment action; or denied any right or privilege. The immunity provisions of this subsection shall not apply to an individual using the services of an overdose prevention center if the basis for the civil claim is that the person operated a motor vehicle in violation of 23, § 1201 or claims unrelated to the provision of overdose prevention services.</p>

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Program component (cont'd)	<p>An entity operating an overdose prevention center shall make publicly available the following information annually on or before January 15:</p> <ol style="list-style-type: none"> (1) The number of program participants; (2) Deidentified demographic information of program participants; (3) The number of overdoses and the number of overdoses reversed on-site; (4) The number of times emergency medical services were contacted and responded for assistance; (5) The number of times law enforcement were contacted and responded for assistance; and (6) The number of participants directly and formally referred to other services and the type of services. <p>§ 4478 – the department of health, in consultation with community stakeholders, shall develop operating guidelines for SSPs; if a program complies with such operating guidelines and with existing laws and rules, it shall be approved by the commissioner of health. An SSP can apply to be an overdose prevention center.</p>
Miscellaneous provisions	<p>§ 4257 – the department shall develop and implement a prevention, intervention, and response strategy, depending on available resources, that shall, among other things, provide education, information, and training on overdose prevention, intervention, and response, including the status of legal possession of substances and harm reduction supplies, to individuals living with opioid use disorder and participating in needle and syringe exchange programs, recovery programs, residential substance use disorder treatment programs, or correctional services.</p> <p>§ 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 treatment, access to sterile syringes, and linkages to care and treatment of infectious diseases.</p>
Recently proposed legislation	None

<u>VIRGINIA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • VA. CODE ANN. § 18.2-265.1 (West 2026) (definition) • VA. CODE ANN. § 32.1-45.4 (West 2026) (comprehensive harm reduction programs) • VA. CODE ANN. § 54.1-3466 (West 2026) (possession or distribution of controlled paraphernalia; definition of controlled paraphernalia; evidence; exceptions) • VA. CODE ANN. § 54.1-3467 (West 2026) (distribution of hypodermic needles or syringes, gelatin capsules, quinine or any of its salts)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • July 1, 2017 (§§ 32.1-45.4 and 54.1-3467) • July 1, 2020 (§ 54.1-3466)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	Comprehensive harm reduction programs
Are syringes considered drug paraphernalia?	<p>Yes, but with exceptions.</p> <p>§ 18.2-265.1 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects intended for use or designed for use in parenterally injecting controlled substances into the human body.</p> <p>§ 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.</p> <p>§ 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: (1) by persons authorized by the state health commissioner pursuant to a comprehensive harm reduction program who are acting in accordance with the standards and protocols of such program for the duration of the declared public health emergency; and (2) by persons authorized to dispense naloxone in accordance with the provisions of law and who, in conjunction with such dispensing of naloxone, dispenses or distributes hypodermic needles and syringes.</p>
Program components	§ 32.1-45.4 – the commissioner or his designee may authorize the director of a local department of health, or any other

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<p>Program components (cont'd)</p>	<p>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.</p> <p>The objectives of such programs shall be to:</p> <ol style="list-style-type: none"> (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. <p>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.</p> <p>A comprehensive harm reduction program established pursuant to this section shall include:</p> <ol style="list-style-type: none"> (1) The disposal of used hypodermic needles and syringes; (2) The provision of hypodermic needles and syringes and other injection supplies at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies that are not shared or reused; (3) Reasonable and adequate security of program sites, equipment, and personnel; (4) The provision of educational materials concerning substance use disorder prevention, overdose prevention, the prevention of transmission of HIV, viral hepatitis, and other bloodborne diseases, available mental health treatment options, including referrals for mental health
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Program components (cont'd)	<p>treatment, and available substance use disorder treatment options;</p> <ol style="list-style-type: none"> (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. <p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> (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

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Program components (cont'd)	<p>(4) The number and type of referrals to mental health or substance use disorder treatment services, including the number of individuals referred to programs that provide naloxone or other opioid antagonists.</p> <p>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.</p>
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>WASHINGTON</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • WASH. REV. CODE ANN. § 69.50.102 (West 2026) (drug paraphernalia—definitions) • WASH. REV. CODE ANN. § 69.50.412 (West 2026) (prohibited acts: E—penalties) • WASH. REV. CODE ANN. § 69.50.4121 (West 2026) (drug paraphernalia—selling or giving—penalty) • WASH. REV. CODE ANN. § 69.50.612 (West 2026) (state preemption—drug paraphernalia) • WASH. REV. CODE ANN. § 71.24.112 (West 2026) (health engagement hubs pilot program)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • June 13, 2002 (§§ 69.50.412 and 69.50.4121) • July 1, 2023 (§ 69.50.612) • August 15, 2023 (§ 71.24.112)
Does state allow SSPs by statute/regulation?	Yes, indirectly.
Type of program	N/A
Are syringes considered drug paraphernalia?	<p>Yes, but with an exception.</p> <p>§ 69.50.102 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.</p> <p>§ 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.</p> <p>§ 69.50.4121 – related to sale of drug paraphernalia. Provides that nothing in this section prohibits distribution or use of public health supplies including, but not limited to, syringe equipment, smoking equipment, or drug testing equipment, through public health programs, community-based HIV prevention programs, outreach, shelter, and house programs, and pharmacies.</p> <p>§ 69.50.612 – provides that the State of Washington hereby fully occupies and preempts the entire field of drug paraphernalia regulation within the boundaries of the state, but that nothing shall be construed to prohibit cities or counties from enacting laws or ordinances relating to the establishment or regulation of harm reduction services concerning drug paraphernalia.</p>
Program components	N/A

<u>WASHINGTON</u>	
Miscellaneous provisions	<p>§ 71.24.112 – implements a pilot program for health engagement hubs to test the functionality and operability of health engagement hubs, including whether and how to incorporate and build on existing medical, harm reduction, treatment, and social services in order to create an all-in-one location where people who use drugs can access such services. A health engagement hub is intended to, among other things, be affiliated with existing SSPs, federally qualified health centers, community health centers, overdose prevention sites, safe consumption sites, patient-centered medical homes, tribal behavioral health programs, peer run organizations such as clubhouses, services for unhoused people, supporting housing, and opioid treatment programs including mobile and fixed-site medication units established under an opioid treatment program, or other appropriate entity. Hubs shall also provide harm reduction services and supplies.</p>
Recently proposed legislation	None

<u>WEST VIRGINIA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • W. VA. CODE ANN. §§ 16-64-1 to -10 (West 2026) (collectively “Syringe Services Programs”) • W. VA. CODE ANN. § 47-19-3 (West 2026) (drug paraphernalia defined) • W. VA. CODE R. §§ 71-24-1 to 71-24-16 (2026) (collectively “Syringe Services Program Licensure”)
Effective date(s) of SSP provisions	<ul style="list-style-type: none"> • July 9, 2021 (§§ 16-64-1 to -10) • August 26, 2021 (§§ 69-17-1 to -16)
Does state allow SSPs by statute/regulation?	Yes.
Type of program	<ul style="list-style-type: none"> • Harm reduction program • Syringe services programs
Are syringes considered drug paraphernalia?	Yes. § 47-19-3 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects marketed for use, or designed for use in parenterally injecting controlled substances into the human body.
Program components	<p>§ 16-64-1 (definitions) – definitions include “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.</p> <p>§ 16-64-2 (application for license to offer a syringe services program) – 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:</p> <ol style="list-style-type: none"> (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

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Program components (cont'd)	<p>description of staffing must include number of staff, titles of positions, and descriptions of their functions;</p> <p>(6) Provide a specific description of the applicant’s ability to refer to or facilitate entry into substance use treatment;</p> <p>(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;</p> <p>(8) Pay an application fee in an amount not to exceed \$500, to be determined by the director by legislative rule; and</p> <p>(9) Provide a written statement of support from a majority of the members of the county commission and a majority of the members of a governing body of a municipality in which it is located or is proposing to locate.</p> <p>§ 16-64-3 (program requirements) – 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:</p> <ol style="list-style-type: none"> (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 healthcare 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. <p>An SSP shall:</p> <ol style="list-style-type: none"> (1) Offer services, at every visit, from a qualified licensed healthcare provider; (2) Exclude minors from participation in the syringe exchange, but may provide minors with harm reduction services;

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Program components (cont'd)	<p>(3) Ensure a syringe is unique to the SSP;</p> <p>(4) Distribute syringes with a goal of a 1:1 model;</p> <p>(5) Distribute syringes directly to the program recipient;</p> <p>(6) Require proof of West Virginia identification upon dispensing needles;</p> <p>(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</p> <p>(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.</p> <p>An SSP may not distribute any smoking devices.</p> <p>Each SSP shall have a syringe dispensing plan which includes, but is not limited to, the following:</p> <ol style="list-style-type: none"> (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.

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Program components (cont'd)	<p>A license is effective for one year.</p> <p>§ 16-64-4 (procedure for revocation or limitation of the syringe services programs) – procedure for revocation or limitation of an SSP. The director may revoke, suspend, or limit an SSP's ability to offer services for the following reasons: the SSP provides false or misleading information to the director, an inspection indicates the SSP is in violation of the law or legislative rule, the SSP fails to cooperate with the director during a complaint investigation, or rescission of the letter of approval from a majority of the county commissioners or the governing body of a municipality. The director shall send written notice to the SSP of revocation, suspension, or limitation of its operations.</p> <p>§ 16-64-5 (administrative due process) – an SSP who disagrees with an administrative decision may, within 30 days after receiving notice of the decision, appeal the decision to the department's board of review.</p> <p>§ 16-64-6 (administrative appeals and judicial review) – an SSP who disagrees with the final administrative decision may, within 30 days after the date the appellant received notice of the decision of the board of review, appeal the decision to the circuit court of the county where the petitioner resides or does business.</p> <p>§ 16-64-7 (reporting requirements; renewal; rulemaking) – 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:</p> <ol style="list-style-type: none"> (1) The total number of persons served; (2) The total numbers and types of syringes, and syringes dispensed, collected, and disposed of; (3) The total number of syringe stick injuries to non-participants; (4) Statistics regarding the number of individuals entering substance use treatment; and (5) The total and types of referrals made to substance use treatment and other services. <p>The office shall promulgate and propose rules and regulations to carry out the intent and purposes of this article.</p>
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Program components (cont'd)	<p>§ 16-64-8 (immunity) – 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:</p> <ol style="list-style-type: none"> (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. <p>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 detention, arrest, or prosecution expunged.</p> <p>A healthcare professional, or an employee or volunteer of a licensed SSP is not subject to professional sanction, detention, arrest, or prosecution for carrying out the provisions of this article.</p> <p>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.</p> <p>§ 16-64-9 (civil penalties and injunctive relief) –the Office of Health Facilities Licensure and Certification may assess an administrative penalty of not less than \$500 nor more than \$10,000 per violation of this article. The office may seek injunctive relief to enforce the provisions of this article.</p> <p>§ 16-64-10 (coordination of care) – an SSP shall coordinate with other healthcare providers in its services to render care to the individuals as set forth in the program requirements.</p> <p>§ 69-17-2 (definitions) – definitions include:</p> <ul style="list-style-type: none"> • “1:1 exchange model,” which means a practice of

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Program components (cont'd)	<p>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;</p> <ul style="list-style-type: none"> • “Injection equipment,” which states that equipment is limited to cottons, water, and alcohol wipes; • “Participant,” which means an individual who receives services or supports, or both, from an SSP or harm reduction program, or both; • “Participant confidentiality protocols,” which means written protocols that strictly limit the disclosure of participant identification information; and • “Plan of correction,” which means a written description of the actions the SSP intends to take to correct and prevent the reoccurrence of violations of a rule or policy identified by the Office of Health Facility Licensure and Certification during an investigation, inspection, or survey. <p>§ 69-17-3 (licensure) – 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. Each mobile site may encompass multiple places within the program’s service area. Licenses are not transferrable or assignable.</p> <p>If the ownership of an SSP changes, the new owner shall notify the director within 10 days and immediately apply for a new license. The new owner’s application for a license has the effect of a valid license for three months from the date the application is received by the director. The SSP shall notify the director in writing 30 days prior to a change in the name or location of the program and submit an application form for a license amendment.</p> <p>A licensure survey may be conducted periodically during the course of the annual licensing term. The director or his or her designee may enter the premises of any practice, office, or facility if the director has reasonable belief that it is being operated and maintained as an SSP without a license.</p>

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Program components (cont'd)	<p>An SSP shall surrender an expired, revoked, or otherwise invalid license to the director upon written demand.</p> <p>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. 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.</p> <p>§ 69-17-4 (inspections and plans of correction) – the director or his or her designee shall conduct unannounced inspections of an SSP for cause if the director has received a complaint about the program or has reason to believe that the program may be operating in violation of federal or state statutes, rules, or regulations. 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.</p> <p>The SSP shall ensure immediate access to all records upon request. At the time of any onsite investigation activities, the investigator shall notify the SSP administrator at the SSP of the general reason for the investigation. Within 15 working days of the investigation, the 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.</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>The SSP shall immediately correct a violation that severely risks the health or safety of a participant, program staff</p>

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<p>Program components (cont'd)</p>	<p>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.</p> <p>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.</p> <p>§ 69-17-5 (organization and management) – each SSP shall identify a program administrator and disclose other employees and their duties. The administrator is responsible for the day-to-day operation of the SSP in a manner consistent with the laws and regulations of the US Department of Health and Human Services and the laws and rules of the state of West Virginia. Administrator duties include:</p> <ol style="list-style-type: none"> (1) Contribution to the development of policies and procedures for operation of the program; (2) Maintenance and security of the facility; (3) Employment, credentialing, evaluation, scheduling, training, and management of staff; (4) Protection of participant rights; (5) Responsible for compliance with all requirements related to the licensing and operation of the SSP; (6) Security and safe handling of sterile and non-sterile syringes and injection equipment; (7) Contribution to the management of the program budget; and (8) Implementation of program policies and procedures. <p>Within 90 days after the withdrawal or termination of the program administrator, the owner or owners of the SSP shall notify the director of the identity of another program administrator for the SSP.</p> <p>The SSP shall have procedures in place for responding to accidents, serious illness, fire, medical emergencies, floods, natural disasters, and other life-threatening situations that:</p>
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Program components (cont'd)	<p>(1) Address the needs of any special population served by the SSP;</p> <p>(2) Specify the evacuation procedures including an evacuation site, parties to notify, and emergency items to take when evacuating;</p> <p>(3) Describe relocation plans for the SSP if it becomes necessary; and</p> <p>(4) Specify appropriate responses to medical emergencies.</p> <p>§ 69-17-6 (service environment and operation) – each SSP shall have:</p> <p>(1) Programmatic guidelines including a sharps disposal plan, a staff training plan, data collection and program evaluation plan, and a community relations plan;</p> <p>(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;</p> <p>(3) Clean and safe participant treatment areas;</p> <p>(4) A secure room and lockable equipment for physical participant records or appropriate security mechanisms for electronic records, or both;</p> <p>(5) Policies and procedures regarding the confidentiality of all information in participant records which specify the requirements for access to the secure room and to electronic records, including levels of access; and</p> <p>(6) Sanitary and secure disposal areas.</p> <p>Each SSP shall have a service delivery plan that shall include:</p> <p>(1) Sterile syringes and harm reduction services for participants;</p> <p>(2) HIV and viral hepatitis prevention education services for participants;</p> <p>(3) Safe recovery and disposal of non-sterile syringes and sharps waste from participants;</p> <p>(4) HIV and hepatitis screening;</p> <p>(5) Participant confidentiality protocol;</p> <p>(6) Screening for sexually transmitted infections; and</p> <p>(7) Education and supplies for safer sex practices.</p> <p>Each SSP shall develop and implement a data collection program evaluation plan that:</p>

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Program components (cont'd)	<p>(1) Incorporates evaluation data into program design;</p> <p>(2) Specifically outlines the method and process for collecting and documenting data elements;</p> <p>(3) Uses the bureau for public health’s designated data reporting tool to provide required data elements;</p> <p>(4) Outlines the method and process for quantitative assessment of participants; and</p> <p>(5) Outlines the method and process for quality improvement.</p> <p>Each SSP shall have a community relations plan that:</p> <p>(1) Records adverse incidents and positive interactions between local law enforcement or first responders and program staff members, contracted individuals, volunteers, and participants in their role as program participants;</p> <p>(2) Documents concerns and positive feedback expressed by participants, community members, neighborhood associations, or local law enforcement officials; and</p> <p>(3) Documents steps the SSP and harm reduction program have taken to address any reasonable concerns.</p> <p>§ 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.</p> <p>§ 69-17-8 (participant rights) – provides that each SSP shall have policies and procedures that guarantee certain specified rights to participants. The SSP shall provide notice of how to file a complaint with the Office of Health Facility Licensure and Certification, which shall be displayed in the participant service area in a conspicuous place and easily available to participants.</p> <p>§ 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</p>

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<p>Program components (cont'd)</p>	<p>Each visit at the SSP shall include an offer for the provision of or referral for harm reduction services from a qualified, licensed healthcare provider.</p> <p>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.</p> <p>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.</p> <p>An SSP shall have a syringe dispensing plan which includes, but is not limited to, the following:</p> <ol style="list-style-type: none"> (1) Maintaining records of returned syringes by participants for two years; (2) Preventing syringe stick injuries and following a syringe stick injury protocol and plan; (3) Tracking the number of syringes dispensed and collected at the SSP; (4) Tracking the number of syringes collected as a result of community reports of syringe litter; (5) Eliminating direct handling of sharps waste; (6) Dispensing syringes in person to a participant and not via a proxy; (7) Maintaining a budget for sharps waste disposal or an explanation if no cost is associated with sharps waste disposal; and (8) Implementing a plan to coordinate with the continuum of care. <p>SSPs shall have policies and procedures governing the disposal of syringes and other medical waste which are designed to maximize the return of non-sterile syringes without increasing the risk of syringe stick injury to program staff members, contracted individuals, volunteers, and participants.</p> <p>The disposal plan shall include a method to track the number of syringes returned in a manner that eliminates the direct handling of sharps waste and does not interfere with service</p>
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<p>Program components (cont'd)</p>	<p>provision. The plan shall include sharps waste disposal education that ensures program staff members, contracted individuals, volunteers, and participants are familiar with state law regulating the proper disposal of home-generated sharps waste. It shall also include a plan for retrieving and the safe disposal of syringe litter found in the community. The SSP shall maintain a program for the public to report syringe litter and shall endeavor to collect all syringe litter in the community.</p> <p>§ 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:</p> <ol style="list-style-type: none"> (1) Information regarding complaints and subsequent investigations that is deemed confidential by 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. <p>The SSP shall file an annual report with the director which includes the following information:</p> <ol style="list-style-type: none"> (1) The total number of participants served and the total number of visits; (2) The total number of syringes that were dispensed, collected, and disposed of by the SSP and the type of syringes that were dispensed; (3) The total number of syringe stick injuries to non-participants; (4) Statistics regarding the number of individuals entering SUD treatment; and (5) The total number and types of referrals made to SUD treatment and other harm reduction services. <p>§ 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</p>
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<u>WEST VIRGINIA</u>	
Program components (cont'd)	<p>within the program, and provide for opportunities to improve the program's performance and quality of service.</p> <p>Quality assessment and performance improvement policies and areas of measurement shall include, but not be limited to:</p> <ol style="list-style-type: none"> (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. <p>§ 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.</p> <p>§ 69-17-13 (license denial, suspension, or revocation; closure) – the director, in consultation with the inspector general, may suspend or revoke an SSP license issued pursuant to this rule if any provisions of federal or state law or this rule are violated based upon the findings and results of any periodic, complaint, or other inspection and evaluation. Any period of suspension for the license of an SSP shall be prescribed by the director but may not exceed one year.</p> <p>§ 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, and 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:</p> <ol style="list-style-type: none"> (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; and

<u>WEST VIRGINIA</u>	
Program components (cont'd)	<p>(4) The financial benefits that the SSP derived from committing or continuing to commit the violation.</p> <p>§ 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.</p> <p>§ 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.</p>
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Recently Proposed Federal and State Legislation .

<u>WISCONSIN</u>	
Statute(s) and regulation(s)	Wis. STAT. ANN. § 961.571 (West 2026) (definitions)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	No. § 961.571 – “drug paraphernalia” specifically excludes hypodermic syringes, needles, and other objects used or intended for use in parenterally injecting substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>WYOMING</u>	
Statute(s) and regulation(s)	WYO. STAT. ANN. § 35-7-1002 (West 2026) (definitions)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 35-7-1002 – “drug paraphernalia” includes objects when used, advertised for use, intended for use, or designed for use in injecting controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>GUAM</u>	
Statute(s) and regulation(s)	None
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	No.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>PUERTO RICO</u>	
Statute(s) and regulation(s)	P.R. LAWS ANN. tit. 24, § 2608 (2021)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	Yes, indirectly.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes, but with an exception. § 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.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>U.S. VIRGIN ISLANDS</u>	
Statute(s) and regulation(s)	V.I. CODE ANN. tit. 19, § 593 (2025)
Effective date(s) of SSP provisions	N/A
Does state allow SSPs by statute/regulation?	No.
Type of program	N/A
Are syringes considered drug paraphernalia?	Yes. § 593 – “drug paraphernalia” includes hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None

<u>RECENTLY PROPOSED FEDERAL AND STATE LEGISLATION</u>	
State/Bill Number/ Status	Description
<p><u>Arizona</u> H.B. 2697, 57th Leg., 2nd Reg. Sess. (Ariz. 2026)</p> <p>3/16/2026 – read second time in senate</p>	<p>This bill would amend § 36-798.51 to include access to kits that include opioid antagonists, including expired opioid antagonists.</p>
<p><u>Delaware</u> S.B. 249, 153rd Gen. Assemb. (Del. 2026)</p> <p>5/19/2026 – assigned to health and human development committee in house</p>	<p>This bill would create a new chapter in Title 16 of the Delaware Code titled “Substance Use Harm Reduction” and encompasses new statutes §§ 4801 to 4808.</p> <p>§ 4801 includes definitions for various terms including “harm reduction” and “supplies,” which includes needles and syringes.</p> <p>§ 4802, declaration of policy, provides that it is the policy of the state that harm reduction is an integral component of the health promotion, illness prevention, treatment, and care continuum for people who use drugs. It is also the policy of the state to solicit the voluntary, meaningful participation and active engagement of individuals who use drugs in the design, development, and delivery of harm reduction strategies.</p> <p>§ 4803 permits the division to adopt regulations related to the licensing and operation of programs, which regulations must be evidence-based. It provides that, subject to such regulations, a program may operate mobile components and provide peer-delivered services.</p> <p>§ 4804 requires programs to have all of the following for distribution to participants: sterile supplies; drug testing strips; opioid antagonists; and sexually transmitted disease barriers. Further, a program must provide all of the following services: (1) safe recovery and disposal of supplies; (2) infectious disease screening, including screening for HIV and hepatitis; (3) basic first aid and wound care; (4) education and training related to recognizing overdoses and the administration of opioid antagonists, promotion of secondary supply distribution, injection hygiene, and safe disposal of supplies; (5) referrals for primary and behavioral health care and vaccinations; and (6) assistance with transportation and housing needs and enrollment in public benefits programs to which a participant is entitled.</p> <p>§ 4805 provides that participants are entitled to participant in a</p>

<u>RECENTLY PROPOSED FEDERAL AND STATE LEGISLATION</u>	
State/Bill Number/ Status	Description
<u>Delaware (cont'd)</u>	<p>program anonymously and prohibits a program from requiring participants to provide information that could compromise the participant's anonymity.</p> <p>§ 4806 provides that a program must provide sterile supplies in quantities to ensure that sterile supplies are not shared or reused. It prohibits a program from requiring a 1-to-1 exchange of sterile supplies and provides that it must actively encourage secondary supply distribution.</p> <p>§ 4807 provides that, except as otherwise permitted, the division may not require a program to collect data or provide reports, but may require a program to collect data related to the operation of the program including staffing, financial, and other operational information; transaction-level data, including the number and type of supplies distributed, the number and type of used supplies received, date and time, location, participant demographic information, and the number of people for whom the participant is obtaining supplies; and program-level data including aggregation of data collected under this section, the number of referrals, and the number of participants in training or other services offered by the program.</p> <p>Finally, § 4808 provides that a person who acts under this chapter must do so in good faith and with reasonable care. Unless it is established that the person caused injuries or death as a result of unreasonable care, willfully, wantonly, or by gross negligence, a person is not subject to disciplinary or other adverse action under the professional licensing laws of this state, criminal liability, or civil liability for damages for injuries or death.</p> <p>The bill would amend 16, § 4701 to amend the definition of "drug paraphernalia" to remove, among other items, hypodermic syringes, needles, and other objects used to inject controlled substances. It further amends 16, § 4773 to provide that criminal provisions related to drug paraphernalia do not apply to, among other things, hypodermic syringes or needles.</p>

<u>RECENTLY PROPOSED FEDERAL AND STATE LEGISLATION</u>	
State/Bill Number/ Status	Description
<p><u>Hawaii</u> H.B. 1549, 33rd Leg., Reg. Sess. (Haw. 2026)</p> <p>2/18/2026 – passed second reading as amended and referred to committee</p>	<p>This bill would amend a number of statutes, including § 325-114, to provide that possession or delivery of drug paraphernalia is not a criminal offense. It would also repeal § 329-43.5, prohibited acts related to drug paraphernalia.</p>
<p><u>Hawaii</u> S.B. 2418, 33rd Leg., Reg. Sess. (Haw. 2026)</p> <p>4/27/2026 – received notice of senate conferees</p>	<p>This bill would amend a number of statutes, including § 325-114, to provide that possession or delivery of drug paraphernalia is not a criminal offense. It would also amend § 329-1, definitions, to delete the definition of “drug paraphernalia” in its entirety, and repeal § 329-43.5, prohibited acts related to drug paraphernalia.</p>
<p><u>Massachusetts</u> H.B. 5274, 194th Gen. Ct. (Mass. 2026)</p> <p>3/25/2026 – bill reported favorably by committee and referred to the committee on house ways and means</p>	<p>This bill would create 111, § 215A related to harm reduction programs.</p> <p>“Harm reduction program” is defined to mean: a department approved program or service that reduces the adverse consequences of substance use, including related morbidity and mortality, seeks to stabilize and improve the health of people who use substances and advances public health. Harm reduction programming or services provided by a harm reduction program may include, but shall not be limited to: (1) the distribution of supplies and provision of services that reduce substance use-related harms, morbidity and mortality, including, but not limited to, needle exchange services, distribution of opioid antagonists, and provision of educational materials and information; (2) primary care, including disease prevention and health screenings; (3) access or referral to evidence-based treatment options; (4) the provision of drug testing services and use or distribution of drug testing equipment; and (5) other social support services or activities deemed permissible by the department.</p> <p>The bill would permit the department to authorize harm reduction programs in cities and towns. Prior to establishment of a program, the entity seeking to establish the program must obtain approval from the board of health in the hosting city or town. The bill also includes certain data collection requirements related to programs which must be collected by the department annually and immunity provisions.</p>

<u>RECENTLY PROPOSED FEDERAL AND STATE LEGISLATION</u>	
State/Bill Number/ Status	Description
<p><u>Missouri</u> H.B. 2602, 103rd Gen. Assemb., 2nd Reg. Sess. (Mo. 2026)</p> <p>5/15/2026 – referred to emerging issues committee</p>	<p>This bill would create new code section 191.1011 and amends §§ 579.040 and 579.076.</p> <p>§ 191.1011 would require the department of health and senior services to establish a registration process for entities desiring to operate a syringe access program intended to mitigate the health risks associated with unsterile injection drug use whereby any entity that would like to operate such a program shall be allowed to do so if it meets requirements set by the department. The entity seeking registration must have a collaborative agreement with an organization that provides access to mental health and substance use treatment options. It prohibits entities from operating within 500 feet of a school unless the school building was constructed or established as a school after the entity was in operation at the location.</p> <p>§ 579.040 is amended to exempt 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 an SSP and any staff member, volunteer, or participant in an SSP from the offense of unlawful distribution, deliver, or sale of drug paraphernalia.</p> <p>§ 579.076 is amended to exempt the same entities and individuals from the offense of unlawfully manufacturing drug paraphernalia.</p>
<p><u>Missouri</u> S.B. 1219, 103rd Gen. Assemb., 2nd Reg. Sess. (Mo. 2026) 1/27/2026 – second read and referred to families, seniors, and health committee</p> <p>1/27/2026 – read second time; referred to senate families, seniors, and health committee</p>	<p>This bill would amend §§ 579.040 and 579.076 related to unlawful distribution, delivery, sale, or manufacture of drug paraphernalia to exempt 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 an SSP or otherwise mitigating health risks associated with unsterile injection drug use from the provisions of these sections.</p>

<u>RECENTLY PROPOSED FEDERAL AND STATE LEGISLATION</u>	
State/Bill Number/ Status	Description
<p><u>New Hampshire</u> S.B. 549, 169th Sess. (N.H. 2026)</p> <p>5/14/2026 – enrolled adopted</p>	<p>This bill would amend § 318-B:43-a to add a new paragraph that any entity operating an SSP in New Hampshire that involves the provision of sterile needles and syringes shall provide disposal options for used syringes, needles, and other related paraphernalia which shall be free to the public. It would also require entities to undertake an annual marketing campaign to inform participants of free disposal options. At the time of a quarterly report, such entities shall demonstrate their compliance with these requirements and shall report to the department calculated return rates. Additionally, programs shall provide a description of the methods used in syringe counting or estimation; separation of returns from direct participant exchange versus secondary/community sources; and a narrative of factors affecting performance and improvement efforts. SSPs shall seek to achieve and maintain a return rate of 95 percent or higher in each calendar quarter. A return rate may exceed 100 percent. If an SSP reports a return rate below 95 percent for two consecutive quarters, it must submit a corrective action plan within 30 days. It also prohibits any municipality from adopting any local ordinance or other rule to prohibit any activity authorized by this paragraph.</p>
<p><u>New Jersey</u> A.B. 1789, 222nd Leg., 1st Ann. Sess. (N.J. 2026)</p> <p>1/13/2026 – introduced; referred to health committee</p>	<p>This bill would amend § 40:55D-4 to add SSPs to the definition of “inherently beneficial use” for municipal land use zoning purposes.</p>
<p><u>Oklahoma</u> S.B. 2043, 60th Leg. Sess., 2nd Reg. Sess. (Okla. 2026)</p> <p>2/3/2026 – second reading; referred to health and human services</p>	<p>This bill would amend tit. 63, § 2-101 to delete the definition of “harm reduction services.” It would also amend tit. 63, § 2-101.1 to remove the exception for drug paraphernalia in the possession of harm reduction services providers. Finally, this bill would repeal tit. 63, § 2-1101, the law authorizing harm reduction services, including syringe exchange.</p>

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<p><u>Oregon</u> S.B. 1573, 83rd Leg. Assemb. (Or. 2026)</p> <p>3/6/2026 – in committee upon adjournment</p>	<p>This bill would prohibit a syringe service program, defined as a program that provides services including free sterile needles and syringes and safe disposal for needles and syringes, from providing services from a mobile or temporary location that is within 2,000 feet of the real property comprising an existing public or private elementary, secondary, or career school attended primarily by minors or a licensed child care facility. It would permit any person to bring an action to enforce the requirements of this act in the circuit court in the county in which an SSP operates. There would be a rebuttable presumption that discarded needles, syringes, or drug paraphernalia found within 2,000 feet of such real property were discarded from an SSP operating in violation of this section. A plaintiff who prevails might recover the greater of \$5,000 or the actual damages incurred by the plaintiff to clean up the discarded items.</p>
<p><u>Virginia</u> H.B. 637, Reg. Sess. (Va. 2026)</p> <p>4/22/2026 – house sustained governor’s veto</p>	<p>This bill would amend § 32.1-45.4 to provide that:</p> <ol style="list-style-type: none"> (1) The provisions of § 18.2-250.01 related to controlled substance residue shall not apply to a person who dispenses or distributes hypodermic needles and syringes as part of a comprehensive harm reduction program; (2) The provisions of § 18.2-250.01 related to possession of residue of a controlled substance shall not apply to any person 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 a comprehensive harm reduction program; and (3) The provisions of § 18.2-250.01 related to possession of residue of a controlled substance shall not apply to any person receiving services from a comprehensive harm reduction program established pursuant to this section when certain required factors are met. <p>It would also add a new subsection to provide that no person shall be prosecuted for a violation of this section for possession of residue of a controlled substance in violation of § 18.2-250.01 except as provided in (D) of that statute, which provides that § 18.2-250.01 shall not apply to the knowing and intentional possession of any residue of fentanyl.</p>

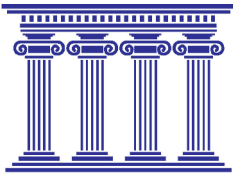
<u>RECENTLY PROPOSED FEDERAL AND STATE LEGISLATION</u>	
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<p>West Virginia H.B. 4413, 87th Leg., Reg. Sess. (W. Va. 2026)</p> <p>2/12/2026 – sent to house health and human resources committee</p>	<p>This bill would repeal §§ 16-64-1 to 16-64-10 related to SSPs and would add a new article, designated §§ 16-64A-1 to 16-64A-4, declaring that SSPs are unlawful. § 16-64A-2 declares that SSPs shall be considered unlawful in the state of West Virginia and an owner, operator, or other individual shall cease and desist operations of an SSP on the effective date of this bill. § 16-64A-3 provides that an owner, operator, or individual may offer harm reduction services, defined as a program that provides services intended to lessen the adverse consequences of drug use and to protect public health and safety, by providing direct access to a referral to SUD treatment programs, screenings, vaccinations, education about overdose prevention, wound care, opioid antagonist distribution and education, and other medical services, as long as the owner, operator, or individual does not offer an SSP. It provides that an SSP may remain open for an administrative transition timeframe of 120 days after the effective date of this article, to assist patients in the transition of care. It prohibits the provision of syringe exchange to any patient during the administrative timeframe. § 16-64A-4 imposes civil penalties against owners, operators, and other individuals that operate an SSP after the effective date of up to \$2,500 per day.</p>

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