HEALTH

PUBLIC HEALTH SERVICES BRANCH

DIVISION OF HIV, STD, AND TB SERVICES

Harm Reduction Services

Concurrent Adopted Readoption of Specially Adopted Repeals and New Rules:

N.J.A.C. 8:63

Proposed: July 17, 2023, at 55 N.J.R. 1478(a).

Adopted: February 14, 2024, by Kaitlan Baston, MD, MSc, DFASAM, Acting

Commissioner, Department of Health, in consultation with the Public Health Council.

Filed: February 14, 2024, as R.2024 d.017, without change.

Authority: N.J.S.A. 26:5C-25 through 31 and Reorganization Plan No 003-2005.

Effective Date: February 14, 2024.

Expiration Date: February 14, 2031.

Summary of Public Comments and Agency Responses:

The Department of Health (Department) received comments from the following:

- Victoria Nagel, Clinical Workforce Director, New Jersey Prevention Network,
 Tinton Falls, NJ; and
 - 2. Gregory Paulson, CEO, Trenton Health Team, Trenton, NJ.

The numbers in parentheses following each comment below, correspond to the commenters listed above.

1. COMMENT: The commenter "applauds Governor Murphy's announcement to expand regulatory changes to harm reduction centers in New Jersey that will allow Federally Qualified Health Centers, substance use treatment programs, AIDS service

organizations, public health agencies, and other entities to apply to become an authorized harm reduction center. The [readopted rules] for harm reduction centers are an opportunity to improve the standards of harm reduction care and expand the reach of harm reduction services in the Trenton community." (2)

RESPONSE: The Department acknowledges the commenter's support of the readopted rules.

2. COMMENT: The commenter states that clarification "regarding authorized harm reduction services and who can provide services is needed. P.L. 2021, c. 396, § 1, ... defines the suite of harm reduction services that the Department ... approves. Part of this suite includes harm reduction counseling. However, the [new rules] make no mention of harm reduction counseling. If harm reduction counseling is going to be a required harm reduction service, the [rules] should require that the counseling is provided by either a certified alcohol ... counselor, a licensed clinical alcohol and drug counselor, or an alcohol and drug counselor-intern (including credentialed interns) under appropriate clinical supervision." (1)

RESPONSE: N.J.S.A. 26:5C-26.1 defines the term, "authorized harm reduction services," to mean "a suite of harm reduction services ... which services shall include, but shall not be limited to: syringe access, syringe disposal, referrals to health and social services, harm reduction counseling and supplies including, but not limited to, fentanyl test strips, and HIV and hepatitis C testing. [(Emphasis added.)]" Viewed in context, the Department understands the term, "harm reduction counseling," to mean instructing clients in ways to reduce harm to themselves and others, by use of

"materials or equipment that may be used to prevent, reduce, or mitigate the harms of disease transmission, overdose, and other harms associated with personal drug use" (see the definition of the term, "harm reduction supplies," at N.J.S.A. 26:5C-26.1) and, as appropriate, to refer clients to available health and social services, which might include, consistent with the commenter's suggestion, clinical substance use disorder counseling services that are subject to credentialing by the health professions boards of the Division of Consumer Affairs of the Department of Law and Public Safety.

N.J.S.A. 26:5C-27 provides additional support for this interpretation by directing the Department, at subsection a, paragraph (3), to "support and facilitate, to the maximum extent practicable, the linkage of harm reduction services to: (a) health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted treatment services, and other substance use disorder treatment services to consumers receiving harm reduction services; and (b) housing assistance programs, career and employment-related counseling programs, and education counseling programs that may provide appropriate ancillary support services to consumers receiving harm reduction services." Thus, while the Act does not prohibit harm reduction centers from offering the credentialed clinical services that the commenter suggests, it does not require harm reduction centers to provide these services as a minimum condition of Department registration. Consistent with its mandate at N.J.S.A. 26:5C-27, the Department supports and facilitates registered harm reduction centers' efforts to link and refer clients to these board-credentialed services.

The Department understands the foundational principles of harm reduction to mean a spectrum of strategies to encourage safer and managed use and abstinence

from use, serve clients "where they are," and address the conditions of use with the use itself. Therefore, the Department, in its implementation of the Act and the implementing rules, encourages harm reduction centers to maintain partnerships with treatment centers to refer clients to care when clients are ready to make that step. Based on the foregoing, the Department will make no change upon adoption in response to the comment.

Federal Standards Statement

The readopted rules at N.J.A.C. 8:63 fulfill the Department's rulemaking obligations pursuant to the Act and are not readopted to implement, comply with, or participate in, any program established pursuant to Federal law or State law that incorporates or refers to any Federal law, standard, or requirement. The chapter incorporates by reference Federal (CDC) standards and recommendations for data security and confidentiality, regulated medical waste handling, bloodborne pathogens training, and HIV post-exposure prophylaxis, to the extent these standards apply to the services that a harm reduction center elects to provide, and would meet, but not exceed those standards. Therefore, a Federal standards analysis is not required.

Full text of the readopted rules can be found in the new Jersey Administrative Code at N.J.A.C. 8:63.