ASSEMBLY, No. 5722

STATE OF NEW JERSEY

222nd LEGISLATURE

INTRODUCED OCTOBER 29, 2026

Sponsored by:
Assemblywoman AURA K. DUNN
District 25 (Morris and Passaic)

SYNOPSIS

Requires hotels and harm reduction service providers to cooperate in providing opioid antidotes and harm reduction supplies at hotels.

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning opioid harm reduction and overdose prevention at hotels, and amending various parts of statutory law.

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

1. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read as follows:

3. As used in this act:

"Commissioner" means the Commissioner of Human Services.

"Drug overdose" means an acute condition including, but not limited to, physical illness, coma, mania, hysteria, diminished consciousness, respiratory depression, or death resulting from the consumption or use of a controlled dangerous substance or another substance with which a controlled dangerous substance was combined and that a layperson would reasonably believe to require medical assistance.

"Emergency medical response entity" means an organization, company, governmental entity, community-based program, or healthcare system that provides pre-hospital emergency medical services and assistance. "Emergency medical response entity" includes, but is not limited to, a first aid, rescue and ambulance squad or other basic life support (BLS) ambulance provider; a mobile intensive care provider or other advanced life support (ALS) ambulance provider; an air medical service provider; or a fire-fighting company or organization, which squad, provider, company, or organization is qualified to send paid or volunteer emergency medical responders to the scene of an emergency.

"Emergency medical responder" means a person, other than a health care practitioner, who is employed on a paid or volunteer basis in the area of emergency response, including, but not limited to, an emergency medical technician, a mobile intensive care paramedic, or a fire fighter, acting in that person's professional capacity.

"Health care practitioner" means any individual who is licensed or certified to provide health care services pursuant to Title 45 of the Revised Statutes.

<u>"Hotel" means a hotel regulated pursuant Title 29 of the Revised Statutes or the "Hotel and Multiple Dwelling Law," P.L.1967, c.76 (C.55:13A-1 et seq.).</u>

"Institution of higher education" means any public or private university, college, technical college or community college located in New Jersey.

"Law enforcement agency" means a department, division, bureau, commission, board or other authority of the State or of any

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

Matter underlined <u>thus</u> is new matter.

political subdivision thereof which employs law enforcement officers.

"Law enforcement officer" means a person whose public duties include the power to act as an officer for the detection, apprehension, arrest and conviction of offenders against the laws of this State.

"Medical assistance" means professional medical services that are provided to a person experiencing a drug overdose by a health care practitioner, acting within the practitioner's scope of professional practice, including professional medical services that are mobilized through telephone contact with the 911 telephone emergency service.

"Occupational school" means a business, trade, technical, or other school approved by a nationally-recognized accrediting agency.

"Opioid antidote" means any drug, regardless of dosage amount or method of administration, which has been approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose. "Opioid antidote" includes, but is not limited to, naloxone hydrochloride, in any dosage amount, which is administered through nasal spray or any other FDA-approved means or methods.

"Prescriber" means a health care practitioner authorized by law to prescribe medications. "Prescriber" includes, but shall not be limited to, physicians, physician assistants, and advanced practice nurses.

"Public library" means a library that serves, free of charge, all residents of an area without discrimination and that receives its financial support, in whole or in part, from public funds.

"Public transportation hub" means a passenger station, terminal, or other facility, as designated by the Commissioner of Transportation, where public transportation services are made available.

"Recipient" means any individual who or entity that is prescribed or dispensed an opioid antidote in accordance with section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of P.L.2017, c.88 (C.45:14-67.2). The term "recipient" shall include, but shall not be limited to, private citizens, emergency medical responders, emergency medical response entities, law enforcement officers, law enforcement agencies, recognized places of public access, employees and volunteers providing services at, through, or on behalf of a recognized place of public access, public and nonpublic schools, school nurses and other staff at a public or nonpublic school, sterile syringe access programs, and staff and employees of a sterile syringe access program. The term "recipient" shall not include a prescriber or a licensed pharmacist acting within a professional capacity.

"Recognized place of public access" means a public library, institution of higher education, occupational school, hotel, or public transportation hub.

"Sterile syringe access program" means a program established pursuant to the provisions of P.L.2006, c.99 (C.26:5C-25 et al.).

(cf: P.L.2021, c.152, s.2)

2. Section 6 of P.L.2021, c.152 (C.24:6J-7) is amended to read as follows:

6. a. To the extent funds are made available by the State for this purpose, a recognized place of public access shall obtain a supply of opioid antidotes pursuant to a standing order issued pursuant to section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of P.L.2017, c.88 (C.45:14-67.2), which opioid antidotes shall be maintained in one or more secure and easily accessible locations for the purpose of administering the opioid antidote to any person who is reasonably believed to be experiencing an opioid overdose. Nothing in this section shall be construed to limit, restrict, or otherwise prohibit any other person or entity from obtaining, maintaining, distributing, or administering opioid antidotes as authorized under section 4 of P.L.2013, c.46 (C.24:6J-4) or any other provision of law.

b. A recognized place of public access that acquires and maintains a supply of opioid antidotes pursuant to subsection a. of this section shall ensure that at least one employee or volunteer who regularly provides services at, through, or on behalf of the recognized place of public access has received training on the standardized protocols for the administration of an opioid antidote to a person who is reasonably believed to be experiencing an opioid overdose, the requirements for which training shall be established by the Commissioner of Human Services. The training and protocols shall follow best practices for low-threshold community use of opioid antidotes in recognized places of public access, and shall include the overdose prevention information described in subsection a. of section 5 of P.L.2013, c.46 (C.24:6J-5). The commissioner may require by regulation that more than employee or volunteer at a recognized place of public access complete the training required pursuant to this subsection.

c. A recognized place of public access may, to the extent not otherwise prohibited by State or federal law, enter into an agreement with a community-based organization, including but not limited to a provider of harm reduction services registered pursuant to P.L.2006, c.99 (C.26:5C-25 et seq.), to distribute opioid antidotes on the premises of the recognized place of public access and to provide the training required pursuant to subsection b. of this section.

(cf: P.L.2021, c.152, s.6)

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

3. The Department of Health shall permit the establishment and operation of harm reduction services in accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et al.). The department shall prescribe by regulation requirements for the establishment and operation of harm reduction services to provide hypodermic syringes and needles in accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et al.).

a. The department shall:

(1) permit a registration form, to be submitted in a manner prescribed by the department, from any entity that seeks to provide harm reduction services in New Jersey, which shall be a prerequisite to so doing;

(2) approve or deny a registration request based upon the requirements established by regulation of the department;

(3) 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; and (c) hotels, including hotel owners, operators, and staff members who may need to provide harm reduction supplies or opioid antidotes to hotel occupants;

(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 pursuant to paragraph (9) of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28); and

(5) maintain a record of de-identified statistical aggregate data reported to the department by entities offering authorized harm reduction services pursuant to paragraph (11) of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28).

b. The department shall be authorized to accept funding as may be made available from the private sector to effectuate the purposes of P.L.2006, c.99 (C.26:5C-25 et al.).

(cf: P.L.2021, c.396, s.3)

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

4. a. In accordance with the provisions of section 3 of P.L.2006, c.99 (C.26:5C-27), an eligible entity may be approved by the department to provide authorized harm reduction services in this State.

(1) An entity authorized to provide harm reduction services may provide the services at a fixed location or through a mobile access component, and may operate the program directly or contract with one or more of the following entities to operate the program: a hotel regulated pursuant Title 29 of the Revised Statutes or the "Hotel and Multiple Dwelling Law," P.L.1967, c.76 (C.55:13A-1 et seq.), a hospital or other health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a federally qualified health center, a public health agency, a substance use disorder 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 and all applicable State laws and regulations that are not otherwise to the contrary.

(2) (deleted by amendment, P.L.2021, c.396)

(3) (deleted by amendment, P.L.2021, c.396)

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

b. An entity authorized to provide harm reduction services shall comply with the following requirements:

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

(2) An entity authorized to provide harm reduction services shall be responsible for training program staff in the following subjects: harm reduction; substance use disorder; medical and social service referrals; infection control procedures, including universal precautions and needle stick injury protocol; and other subjects as determined by the entity authorized to provide harm reduction services and the department. Entities authorized to provide harm reduction services shall maintain records of staff and volunteer training;

(3) Entities authorized to provide harm reduction services shall offer information about HIV, hepatitis C and other bloodborne pathogens and information concerning the safe use of drugs by intravenous injection at no cost to consumers, and shall seek to educate all consumers about safe and proper disposal of needles and syringes;

(4) Entities authorized to provide harm reduction services shall provide information and referrals to consumers, including HIV, hepatitis C, and sexually transmitted infection testing options, access to medication-assisted substance use disorder treatment programs and other substance use disorder treatment programs, and available health and social service options relevant to the needs of consumers. The entity shall encourage consumers to receive HIV, hepatitis C, and sexually transmitted infection tests;

(5) Except as may otherwise be authorized by the department pursuant to paragraph (1) of this subsection, entities authorized to provide harm reduction services shall screen out consumers under 18 years of age from access to syringes and needles, and shall refer them to substance use disorder treatment and other appropriate programs for youth;

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

(7) (a) Entities authorized to provide harm reduction services may obtain and distribute naloxone hydrochloride or another opioid antidote to consumers, to family members and friends of consumers, and to any member of the general public, in accordance with the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.) and P.L.2021, c.152;

(b) Entities authorized to provide harm reduction services shall provide overdose prevention information to consumers and to family members and friends of consumers, and to members of the general public, in accordance with the provisions of section 5 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-5);

(8) Entities authorized to provide harm reduction services shall maintain the confidentiality and security of information about consumers receiving harm reduction services through appropriate administrative, technical, and physical controls and safeguards that protect the confidentiality, integrity, and availability of individually identifiable information about consumers;

(9) Entities authorized to provide harm reduction services shall provide a uniform membership card that has been approved by the department to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or shall provide for such other uniform Statewide means of identification as may be approved by the department for this purpose;

(10) Entities authorized to provide harm reduction services shall provide consumers at the time of enrollment with a schedule of the entity's operation hours and locations, in addition to information

about prevention and harm reduction and substance use disorder treatment services; and

(11) Entities authorized to provide harm reduction services shall establish and implement accurate data collection methods and procedures as required by the department for the purpose of evaluating the provision of harm reduction services.

(a) (deleted by amendment, P.L.2021, c.396)

(b) (deleted by amendment, P.L.2021, c.396)

(c) (deleted by amendment, P.L.2021, c.396).

c. The department shall have sole authority to terminate authorization for an entity to provide harm reduction services that was approved by the department, without the need for application or approval by the host municipality.

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

(cf: P.L.2023, c.177, s.87)

5. This act shall take effect on the first day of the third month next following enactment.

STATEMENT

This bill designates hotels as recognized places of public access for the purpose of being required to maintain opioid antidotes and harm reduction supplies on-site, together with required staff training on administering opioid antidotes. Under the bill, hotels may enter into agreements with registered harm reduction services providers to fulfill these obligations.