## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2021

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## SENATE BILL DRS45356-MG-92A

**Short Title:** Substance Use Disorder Safety Act. (Public) Senators Edwards and Krawiec (Primary Sponsors). Sponsors: Referred to: A BILL TO BE ENTITLED AN ACT MAKING IMPROVEMENTS AND PROVIDING GREATER ACCOUNTABILITY WITH RESPECT TO NEEDLE AND HYPODERMIC SYRINGE EXCHANGE PROGRAMS. The General Assembly of North Carolina enacts: **SECTION 1.** G.S. 90-113.27 reads as rewritten: "§ 90-113.27. Needle and hypodermic syringe exchange programs authorized; limited immunity. Any governmental or nongovernmental organization, including a local or district (a) 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 a needle and hypodermic syringe exchange program. program in a facility that offers professional counseling or rehabilitation services for individuals with drug use disorders. The objectives of the program shall be to do all of the following: Reduce the spread of HIV, AIDS, viral hepatitis, and other bloodborne (1) diseases in this State. Reduce needle stick injuries to law enforcement officers and other emergency (2) personnel. (3) Encourage Require individuals who use drugs illicitly to enroll in evidence-based treatment. (4) Reduce the number of drug overdoses in this State. (b) Programs established pursuant to this section shall offer all of the following: (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. The host of any program established under this section shall ensure that all program supplies are engraved or marked with a symbol or logo that clearly identifies the program. Notwithstanding any provision of the Controlled Substances Act in Article 5 of Chapter 90 of the General Statutes or any other law, no employee, volunteer, or participant of a program established pursuant to this section shall be charged with or prosecuted for possession of any of the following: Needles, hypodermic syringes, or other injection supplies obtained from or (1)



returned to a program established pursuant to this section.

(2) Residual amounts of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to a program established pursuant to this section.

The limited immunity provided in by this subsection shall apply only if the person claiming immunity provides written verification that a needle, syringe, or other injection supplies were obtained from a needle and hypodermic syringe exchange program established pursuant to this section. In addition to any other applicable immunity or limitation on civil liability, 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 shall not be subject to civil liability for the arrest or filing of charges.

The limited immunity provided by this subsection does not apply to individuals in possession of any program supplies within an area designated as a school zone in G.S. 20-141.1.

(d) Prior to commencing operations of a program established pursuant to this section, 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:

 (1) The legal name of the organization or agency operating the program.

(2) The areas and populations to be served by the program.
(3) The methods by which the program will meet the requirements of subsection (b) of this section.

(e) Not later than one year after commencing operations of a program established pursuant to this section, and every 12 months thereafter, each organization operating such a program shall <u>submit a report of</u> the following information to the North Carolina Department of Health and Human Services, Division of Public Health:

(1) The number of individuals served by the program.

(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.

 (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 hydrochloride that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(5) The legal name of the organization or agency operating the program, along with the names of the individuals who own or operate the program, and each licensed practitioner who provides on-site professional counseling or substance use disorder rehabilitation services.

(6) The number of individuals enrolled in professional counseling or substance use disorder rehabilitation services offered by the program and the attendance record of each individual enrolled to receive such services.

(7) A log demonstrating that written verification such as a participant card or other documentation was requested during operating hours to confirm the identity of program participants. The written verification required by this subdivision does not require the program to disclose the identity of the program participants.

(8) Proof of insurance that meets the requirements of subsection (g) of this section.

(f) Prior to commencing a new program and in order to continue an existing program authorized by this section, the program operator shall prioritize neighborhood and school safety by doing all of the following:

(1) Locating or relocating the program to a place that is outside a 3-mile radius of a school zone.

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**SECTION 3.** This act becomes effective October 1, 2021, and applies to needle and hypodermic syringe exchange programs operating in the State on or after that date.

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