2017 SENATE HUMAN SERVICES

SB 2320

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2320
2/7/2017
Job Number 27998

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Jana Bellamy for Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to drug paraphernalia guidelines and a syringe exchange program; declare an emergency

Minutes: 4 Attachments

Chair J. Lee: Called the committee to order, Senator Heckaman was absent. Opened the hearing on SB 2320.
(0:00:45-0:11:37) Senator Anderson: Introduced the bill and provided testimony in favor **(Attachment #1).** Referred to drug paraphernalia law. (Attachment #1, Pg. 3)
(0:11:50-0:13:00) Senator Mathern: Testified in favor of SB 2320. Everyone is concerned with saving lives and also concerned with preventing other kinds of illnesses and deaths that relate to substance abuse. This is a pragmatic way to extend concern and prevention efforts to reduce substance use issues, but the corollary things that happen because of substance use.
(0:13:01-0:14:35) Brief interlude on Hep C being caused by dirty needles in tattoo parlors and that there is not a wish to regulate them with this bill.
(0:14:36-0:18:15) Lindsey VanderBusch, HIV, STD, TB, & Viral Hepatitis program manager, Department of Health: provided attachment #2 as testimony in favor of SB 2320.
Senator Piepkorn: How long does it take for Hep C to surface?
Lindsey VanderBusch: It depends, some people when affected with Hepatitis C, actually present with an acute infection or they're symptomatic and would be diagnosed early on. A majority of people can take 10-20 years before the presentation of symptoms. It is important to have programs that test and have identify people who have risk behaviors for Hepatitis C, to diagnose them early and try to link treatment.
Senator Piepkorn: When you talk about the injection of legal and illegal opioids, the people who are injecting the legal drug such as OxyContin, are they in possession of it legally? Is it prescribed by doctors to be injected?
Lindsey VanderBusch: The legal opioid is prescribed to people often after surgeries or dental procedures. The progression of drug use to injecting offers a more instantaneous relief. While the drug is legal, the method of administration is off label.
(0:21:00-0:28:34) Dr. John Baird, Cass County Coroner, Fargo Cass Public Health: Presented testimony in favor, please see attachment #3.

Chair J. Lee: Would you see a syringe or needle exchange being in place at a public health unit?
Dr. John Baird: It could very likely, it's been discussed at Fargo Cass Public Health, and we could potentially do it at our unit. There is a program in Moorhead that is run by an employee.
Chair J. Lee: That seems like a logical spot.
Senator Clemens: Looking at increase or decreases on HIV/AIDS cases on page 2, it looks like US born has decrease but a huge increase in foreign born. Are they coming to the US with already diseased?
Dr. John Baird: I'm not sure about the background of the individuals in this chart, perhaps the Health Department could answer that a little better. There are some individuals that do come here with HIV. Approximately 20-25 years ago HIV patients weren't allowed to enter the United States and was changed if they had a provider here who would be able to care for them as far as national policy.
Senator Piepkorn: On the chart on page 3, what does MSM stand for?
Dr. John Baird: Men having sex with men.
(0:31:00-0:00:00) Jodie Fetsch, Director of Nursing, Custer Health: provided testimony #4 in support of SB 2320. **(31:30-32:20) test in favor, please see attachment #4.**
Chair J. Lee: What would it cost to set up?
Jodie Fetsch: Hazardous waste pickup is expensive, it's $50 for one small box. The syringes can be ordered in bulk. Other supplies would possibly need to be ordered as well.
Senator Piepkorn: How does problem in Bismarck/Mandan area compare?
Jodie Fetsch: We are seeing an increase in both Hepatitis C and HIV. It will continue as drug use increases. Also see a large number of STDs.
Senator Piepkorn: Any idea of numbers?
Jodie Fetsch: I just know its increased from 2011 to 2015, it has doubled.
(0:34:20-0:40:30) Matthew Leibel, past employee of EGYHOP Program: Testified in favor of SB 2320. The overhead for the exchange would be low. There are buyers' clubs for syringe exchange programs in the nation. The North American Syringe Exchange Network. One thing I wanted to point out is that the access is the primary reason. What you have is an open door to all sort of other drug users, those people need education about what they're risking. I heard a mention that there wasn't a need for a syringe exchange program, because there isn't a prescription for syringes. He has been a Type 1 diabetic since the age of two and there is not a pharmacy in town that will sell him syringes unless he has a prescription for them. That law is as good as not there. It allows education, speaking to people, nobody knows about the good Samaritan law. The pharmacies are kind of hostile. I'm treated like a criminal, this program would allow that to be distributed, anonymity of the users will be protected. The overhead won't be that much. I've spoken to the Good Neighbor Project in Fargo, money would be great, but it isn't even necessary at this point. Not only distribute clean syringes to the people who need them. There's a huge market for syringes the idea with this is we're also going to want to coordinate efforts throughout the state to make sure to kill that market, make it pointless. I think a lot of users are going to turn away from that because of the government name involved. There are people willing to work as a non-profit charitable organization.
Chair J. Lee: I agree, there could be a stigma if the only facility having the needle exchange is public health, but I think it's important they're involved everywhere to be able to provide treatments. I've never heard before that somebodies been hassled about getting NarCan.
Matthew Leibel: Yeah it's for a friends, $44, keep it on hand.
Senator Piepkorn: I was surprised to learn I could buy NarCan,

Chair J. Lee: Its intended to be available on hand for overdose. It's such an immediate substation of breathing, if that can be reversed it gives the chance to get immediate medical facility.
Matthew Leibel: The shelters in Bismarck Mandan don't carry it. There's a liability. I feel that if a doctor prescribes anyone opiods long term or is treating someone for to assist. It should be a requirement, keep it on hand. It stores at room temperature.
Chair J. Lee: It's temperature sensitive because law enforcement has a concern about leaving it in their cars if it gets cold. Some carry it for own protections.
Chair J. Lee: Closed hearing on SB 2320.
(0:45:00) Began committee discussion on SB 2320.
Senator Anderson: I did include info from Pam Sagness. We could send this to you by email, has quite a bit of research links. There appears to be no evidence that a syringe program encourages use, they're going to use it.
Senator Piepkorn: Section 1 of the bill where it's mentioned that an individual found with syringes that might contain residues of controlled substances. That's someone who's taking in used needles, who might that be and is there a problem with it now?
Senator Anderson: The concern is the people running the program. Once they have the contaminated needles there, technically they do have a paraphernalia violation. They have the syringes in conjunction with the residue from the drugs. They're the ones mostly concerned. We don't want an individual picked up walking into the program, because they probably have contaminated needles too. The reason why we decided to do the bill is even though you can buy needles, we need to find out where the roadblock is. Pharmacists and physicians and so forth over the years have tried to discourage illegal use. Most people have a prescription and a 3rd party buyer. If you do, someone else is paying and you don't have to pay.
Senator Kreun: Not having a prescription, that's pretty well widely known. I go and buy all syringes. I'm surprised that isn't known that there are quite a few people who don't know that.
Chair J. Lee: I don't have a problem with a pharmacist having the right to refuse service.
Senator Anderson: The pharmacist is responsible to be sure the person knows how to administer it. They have to ask questions to determine what you need to know, sometimes that turns people off, you're responsible for the use.
Senator Kreun: In the bill mentions "the agency may not provide funding programs", as far as training and admin, who do you have in mind to administer this program and where would these programs get their funding from?
Senator Anderson: The funding of course, and because the state can't buy these is we didn't want a fiscal note, knowing it would cause a lot of problems. The gentleman who testified from Seattle, there are non-profits programs designed just to help people obtain the syringes for needle exchange programs. Often non-profits who step up and say, ok we'll provide. We heard earlier one program said about $350 a year, it isn't a big amount of money, the locals might decide to step up and pay for it.
Senator Kreun: Who's going to monitor all of the requests? Who's going to gather that and tell us what's going on.
Senator Anderson: In talking to the people at the State health department, they're in the disease prevention business now. I think they felt they could Do it within their regular course of work. Dr. Baird and others who are experienced and know what they're doing. If someone wants to do one in Williston, ask the local guy from the public health program, could just be part of their regular work.

Pam Sagness, Department of Human Services: The department does support the bill. In regard to Section 1, it says a "state agency may not provide funds". Can that be clarified to identify state funds or general funds, we do programs that are federally administered programs that would provide this service as part of treat.
Chair J. Lee: All we need to is add general
Ms. Sagness: I believe so, but I would have to check with our attorney. The way it's written right now, a state agency may not, we administer federal funding that is for this purpose at times.
Senator Anderson: The language, we don't' want state to be buying the syringes. But may use grant funds or federal funds, that would solve the problems?
Ms. Sagness: Yes, for example, we get grants like this current opioid grant for the state. These are some of the allowable costs that are supported through the federal agency.
Chair J. Lee: Do we need to stipulate what would pay? You want to visit with Johnathon, or are you comfortable with it just stating may not provide state funds, then it's open to any other thing. If I win the lottery and I want to give you a lot of money to do this, I should be able to do that.
Ms. Sagness: I think that would cover our needs, but I would certainly look to you to be comfortable with the language.
Chair J. Lee: Ian could check on this. Will we solve this by adding general on line 29?
Senator Clemens: Could you explain how the providing syringes works, what could be some cases where syringes would be provided?
Ms. Sagness: This isn't currently being provided in North Dakota through any of our funding, but it is an allowable expense within our substance abuse prevention and treatment block grant. For example, we have high risk programs that are available for pregnant women who are IV drug users. It is possible that those programs could have a syringe services program on site as part of the services they provide. Their mere existence is funded through federal dollars; it would be virtually impossible to say not able to use funding from agency to do that.
Senator Clemens: I'm trying to understand how the syringes provided would be used. Used by the health facility or are these offered to patients?
Chair J. Lee: They're offered to drug users.
Senator Clemens: Why do we furnish syringes to drug users?
Ms. Sagness: Individual who are IV drug users, this is an opportunity for them to have clean needles that would reduce exposure to diseases and blood borne illnesses. One of the things is there has been a lot of discussion about the philosophy. She's had several individuals asking, well doesn't this just condone drug use? Aren't we just letting drug users continue to use drugs. Research is the opposite, we see individuals who are using drugs and utilize syringe services programs, we engage them in treatment. They stop using and go into recovery. She has not been able to find any research that shows an increase in drug use in region.
Senator Clemens: Are these syringes offered to them to take home with them? So it's not controlled that they're on a reducing dosage type thing, they can take home and use them in the hopes of reducing blood born disease.
Chair J. Lee: Part of the advantage is that if they get Hepatitis C on Medicaid, it's about $90,000 for treatment and the state gets to pay for that. We have a fair number of people who qualify for that treatment. None of us want to condone drug use, but this is a soft introduction to the opportunities for drug intervention. It's worth doing and has been proven in other states to be effective.

Ms. Sagness: The key part is engagement of individual, even the language here is we would reach out as the behavioral health division as the department of human services to anyone who is offering this service, to provide training, there is a gap between the health side and the humans services side. This is one of the great programs that would allow us to do.
Ms. Cheryl Rising, Family Nurse Practitioner, Legislative Liaison, North Dakota Nurse Practitioners Association: They would like if the committee would consider changing on page 2, line 8, if change nurse practitioner to advance registered practice nurse.
Adjourned.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2320
2/7/2017
Job Number 28021

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to drug paraphernalia guidelines and a syringe exchange program; declare an emergency.

Minutes: 1 Attachment

Chair J. Lee: Opened committee work on SB 2320.
V-Chair Larsen: I moved adopt amendments.
Senator Anderson: Second.
Chair J. Lee: Look at your Christmas tree bill (Please see attachment #1), look on page 2, the Nurse Practitioners asked that we change nurse practitioner to advanced practice registered nurse. The other spot, Ms. Sagness said that she has grants that would be available for funding this program if we added general fund to the bottom of page 2, we would only be restricting general funds from being used for this program but she has available funds to do this program.
A roll call vote was taken.
Motion passes 7-0-0.
V-Chair Larsen: I move Do Pass as Amended.
Senator Piepkorn: Second.
A roll call vote was taken.
Motion passes 7-0-0.
Senator Anderson will carry.
Chair J. Lee: Closed the hearing.

17.0986.01001
Title.02000

Adopted by the Human Services Committee

February 7, 2017

CR
2/7/17

PROPOSED AMENDMENTS TO SENATE BILL NO. 2320

Page 2, line 8, replace "nurse practitioner" with "advanced practice registered nurse"

Page 2, line 29, replace "funds" with "general fund monies"

Renumber accordingly

Date: 2/7 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2320

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17.0986.01001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen Larsen Seconded By Sen Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2/7 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2320

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen Larsen Seconded By Sen Piepkorn

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2320: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2320 was placed on the Sixth order on the calendar.

Page 2, line 8, replace "nurse practitioner" with "advanced practice registered nurse"

Page 2, line 29, replace "funds" with "general fund monies"

Renumber accordingly

2017 HOUSE HUMAN SERVICES

SB 2320

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2320
3/14/2017
29161

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Judy Kopplin

Explanation or reason for introduction of bill/resolution:

Relating to drug paraphernalia guidelines and the syringe exchange program; and to declare an emergency.

Minutes: 1, 2, 3, 4

Chairman Weisz: Called the committee to order.
Attendance taken
Opened the hearing on SB 2320

Senator Howard Anderson
(Attachment 1)
Then he went through the bill.
8:00
Chairman Weisz: Are there any questions from the committee?
On page 2 section 3 under B, it says that you should have a pharmacist, doctor or advanced practice RN to oversee the program. The health department doesn't always even have an advanced practice nurse on staff. Would they need to have the local physician agree to do oversight.

H. Anderson: Yes, we just thought they should have someone to be a consultant. Most times that would be a volunteer.

Representative McWilliams: In your testimony you said that Medicaid would not have to pay for the treatment of blood borne diseases and that preventing one case would save a lot of money. Do we know how much money it costs Medicaid for treatment of one of these cases?

H. Anderson: If for example you come down with hepatitis C, we have a treatment for them that is about $80,000.
Chairman Weisz: Further questions?

Chairman Weisz: Is there further testimony in support of SB 2320?

Lindsey VanderBusch, HIV, STD, TB, Viral Hepatitis program manager.

10:00(Attachment 2)

Chairman Weisz: Are there any questions from the committee?
14:06
Chairman Weisz: Do you know how many of them are on Medicaid?

L. VanderBusch: No, I don't have that.

Representative McWilliams: Can you explain hepatitis C for me? What it is and how it effects public health?

L. VanderBusch: Hepatitis C is a viral pathogen. It effects the liver. There are many different viruses that are also part of the hepatitis group that mainly effect the liver. It is mainly transferred from person to person through blood, so injection drug use is the primary us risk factor. There are about 1/3 – ¼ of individuals that are infected with hepatitis C that actually know they are infected. There are many people that have been infected for a very long time, because the disease often does not cause any short term effects, but rather long term effects on the liver resulting in liver cancer and liver failure later on. We know we have a large population of infected persons who don't know that they are infected. That is why we increase testing programs to try to identify at risk persons. If we can identify them and get them early treatment it can prevent the ongoing cirrhosis and other liver cancers and liver failure.

Chairman Weisz: Further questions?

Representative Schneider: Do you see the lack of state funding an impediment to getting this program started or have you identified other sources of funds?

L. VanderBusch: We are actually able to use our already established HIV program funding dollars to be able to administer a program like this. We are able to apply for a waiver through the CDC to redirect some of our HIV funds to provided education and training.

Vice Chairman Rohr: Established in locations that are deemed at risk. Have you given any thought to where that might be?

L. VanderBusch:

Vice Chairman Rohr: You said these would be established in locations that are deemed at risk. Have you given any thought to that yet?

L. VanderBusch: Looking at the epidemiology in ND, we could probably estimate through looking at heroin use. There would probably not be a place in ND that would not be at risk. We would have to pull those sources in and do an analysis, but we would work with any local jurisdiction who would want to implement a program and gather estimates to try to better understand the underlying cause context of what is happening in their community.

Vice Chairman Rohr: Could you just take a person that is a drug user with needles and explain to us how this would work? How would you operationalize it?

L. VanderBusch: I have some colleagues in Indiana and they sort of explained their program to me and how this works. The program that we are wanting to implement is very similar to how their programs are. So a local jurisdiction would apply to be a syringe access provider. The state health department would work with them to insure that they have all of the requirements. We would want to be sure they would be able to refer individuals in for HIV, hepatitis, and STD testing. We would want to be sure that patients seeking these services would be screened for these conditions so we can get them to care early. We would also want them to have information for referral services and treatment programs. As individuals are coming to these locations to exchange needles, we want them to be educated and trained to have a conversation on how to engage those individuals and get them in to care. Many times what these programs will do is that they will have sharps container, they will have clean syringes and they might actually go into the community sort of at established times where they will engage people, not necessarily in the health unit, but in the community where they reside. They build relationships with people who are injecting out in the community over time. Often those relationships will bring those people into the health unit for services. The more clean syringes that are used the less infections we will see.

Vice Chairman Rohr: Did the Indiana program mention do people actually come in and admit to be drug users?

L. VanderBusch: We have a testing program currently that provides testing in 21 local health units and other organizations. About 8% of the people we screen annually report either being an injection drug user or having sexual relations with an injection drug user, so that risk might actually be understated, but we do know we are reaching the injecting drug users and providing them with testing services. The individuals that come forward may say they are just a friend or family member wanting to get clean needles so they don't have to admit they are the drug user themselves, but again once that relationship is established it may be the link to treatment services.

Chairman Weisz: Further questions from the committee?

Chairman Weisz: Is there further testimony in support of SB 2320?

Dr. John Baird, Health Officer for Fargo Cass Public Health, Cass County Coroner (Attachment 3)
30:00
Chairman Weisz: Are there any questions from the committee?

Representative Schneider: Has your blue ribbon committee identified potential providers or a program?

Dr. Baird: We haven't yet, but there is a program currently operating in Moorhead. We have had discussions with that individual and we would probably sponsor such a program and work it through our health department.

Vice Chairman Rohr: The report. Could you tell us a little bit about the process and how that is going to be accomplished? Who is going to analysis it and how transparent that will be.

Dr. Baird: We would not be collecting names, but we would keep track of numbers of the syringes given out and where. The number of people that have been tested for various things and referrals that have been made. Then it would be submitted to the state health department to disease control.

Vice Chairman Rohr: So would this be an electronic or manual report?

Dr. Baird: We haven't designed it yet, so it could be either. Disease control would analyze it and then whether they take it to the state health council or not would be up to them. There is other interest in the state in doing something similar so we would want to work together.

Chairman Weisz: Further questions from the committee?

Chairman Weisz: Is there further support for SB 2320?

Pam Sagness, Director of the Behavioral Health Division of the Dept. of Health
(Attachment 4)
I wanted to answer the question regarding funding. We have a substance abuse prevention and treatment block grant. This is one of the approved strategies that is the focus of that funding, so there is federal funding available. I also wanted to talk a little bit about the data and answer that question. We do have public data relating to those who seek services at the human service centers. That includes not just IV drug users, but pregnant IV drug users. We are able to utilize that data in some of the planning and whether or not we will have any outcome. Are we seeing a reduction in those seeking services and who use needles. I also wanted to mention there is a great opportunity for integration here. Looking at the health of individuals that have a health condition and are IV drug users. Being able to link the need for behavioral health services and health services is key. These programs would need to work closely with all of the substance abuse treatment providers in the state and need to be trained in how to engage individuals who have substance abuse disorder in seeking additional services. In other states we often see these programs integrated in women specific programs or in social detox programs that are already available in our state. I think there are several opportunities that we have in order to connect both services.

Chairman Weisz: Further questions?

Chairman Weisz: Further testimony in support?

Chairman Weisz: Is there testimony in opposition to SB 2320? Seeing none we will close the hearing on SB 2320.

Closed hearing.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2320
3/14/2017
29189

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Judy Kepplo

Explanation or reason for introduction of bill/resolution:

Relating to drug paraphernalia guidelines and a syringe exchange program; and to declare an emergency.

Minutes:

Chairman Weisz: opened the discussion on SB 2320
What are the wishes of the committee?

Representative D. Anderson: I move a do pass on SB 2320.

Representative Schneider: Second

Chairman Weisz: Discussion?

Representative McWilliams: I really didn't hear any opposition, but do we know if there is an increase in drug use because of the needle exchange in other states?

Chairman Weisz: The things that we heard said there was reduction in drug use because of the referral portion of the bill. Other than that I don't know.

Representative P. Anderson: Right now the funds are federally provided. Do we need to say that we cannot ever use any state money for this? Can't we just take that part out? Even if a local group wanted to do this.

Chairman Weisz: Public health could use their own funds if they wanted to or they can receive funds from someone else. Any nonprofit. In the bill it says that we cannot allocate general fund dollars to this.

Representative Damschen: Page 3 number 6. How broad is that going to be interpreted? I think I know what the intent is, but is that going to be a line of defense for somebody that could say they are involved through the syringe exchange program?

Chairman Weisz: The language says stop, search, or seize. If law enforcement would bust a person they can't use the argument that they belong to the needle exchange program, so they can't be busted. The language doesn't seem to be extremely clear, but I am not sure how you would change it.

Representative Skroch: Will this allow subcontracted counseling service to provide some of these options?

Chairman Weisz: The bill is not addressing the problem with services. They are there for the needle exchange and are able to provide referrals to these programs. So if there was something set up in that community they could refer them to that.

Chairman Weisz: Further discussion? Seeing none, the clerk will call the roll for a do pass on SB 2320.

Roll call vote taken for a do pass on SB 2320. Yes 13 No 0 Absent 1
Motion carried.

Chairman Weisz: who would like to carry this one?
Representative Schneider thank you.

Chairman Weisz: Ok we will close the hearing.

Date: 3-14-17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2320

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description:

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐

Motion Made By Rep. D. Anderson Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	abs.		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep. Schneider

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2320, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2320 was placed on the Fourteenth order on the calendar.

2017 TESTIMONY

SB 2320

SB 2320
Attach #1
2/7

Testimony of Howard C. Anderson Jr. on Senate Bill 2320 February 7, 2017 before the Senate Human Services Committee. Since I am intimately involved in health care, have served on the narcotics coalition for several years and learned about the rise of heroin use in North Dakota, I have become concerned about the transmission of blood borne diseases by the needles (syringes) individuals may share when injecting drugs.

We have evidence that shows an increase in these blood borne diseases and this is an effort to get a program in place to help slow or reverse those increases. The amount of energy it takes us to allow one of these programs will pay big dividends if just one case is prevented and our insurance or Medicaid does not have to pay the costs of treatment. These dollar figures do not begin to capture the long term consequences the individual will bear, once we get them treatment and in recovery for their substance use disease.

Section 1. of the bill adds an additional item to the guidelines law enforcement and the courts can use when an individual is found with syringes that might contain residues of some controlled substance. I have included a copy of the Century code where this will be placed.

SB 2320
Attachment #1
2/7/17

Section 2. talks more specifically about how a program might work and how it would be authorized. I will walk through the bill with you. You will see that we have included provisions in the bill for the local governing body to have a hearing and locals to be informed of the existence of a program in their community. There are also provisions that require the program to provide education and referral of individuals to treatment programs when they are ready to admit their disease and seek help. What better place to come for clean syringes than a place when access to help and services is readily available?

I admit that much is in Section 2. Which might be done by rules, but rules cost money and they take time. This bill, with an emergency clause, will allow us to get help in place as quickly as possible without adoption of rules, until the need for them becomes apparent.

Others will talk more about how this will work and who might be interested in a program.

Thank you,

Howard

SB 2320
Attachment #1
2/7/17

CHAPTER 19-03.4
DRUG PARAPHERNALIA

19-03.4-01. Definition - Drug paraphernalia.

In this chapter, unless the context otherwise requires, "drug paraphernalia" means all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of chapter 19-03.1. The term includes:

1. Kits used, intended for use, or designed for use in planting, propagating, cultivating, growing, or harvesting of any species of plant which is a controlled substance or from which a controlled substance can be derived.
2. Kits used, intended for use, or designed for use in manufacturing, compounding, converting, producing, processing, or preparing controlled substances.
3. Isomerization devices used, intended for use, or designed for use in increasing the potency of any species of plant which is a controlled substance.
4. Testing equipment used, intended for use, or designed for use in identifying or in analyzing the strength, effectiveness, or purity of controlled substances.
5. Scales and balances used, intended for use, or designed for use in weighing or measuring controlled substances.
6. Diluents and adulterants, including quinine hydrochloride, mannitol, dextrose, and lactose, used, intended for use, or designed for use in cutting controlled substances.
7. Separation gins and sifters used, intended for use, or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, marijuana.
8. Blenders, bowls, containers, spoons, grinders, and mixing devices used, intended for use, or designed for use in compounding, manufacturing, producing, processing, or preparing controlled substances.
9. Capsules, balloons, envelopes, and other containers used, intended for use, or designed for use in packaging small quantities of controlled substances.
10. Containers and other objects used, intended for use, or designed for use in storing or concealing controlled substances or products or materials used or intended for use in manufacturing, producing, processing, or preparing controlled substances.
11. Hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.
12. Objects used, intended for use, or designed for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, including:
    a. Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls.
    b. Water pipes.
    c. Carburetion tubes and devices.
    d. Smoking and carburetion masks.
    e. Objects, sometimes commonly referred to as roach clips, used to hold burning material, for example, a marijuana cigarette, that has become too small or too short to be held in the hand.
    f. Miniature cocaine spoons and cocaine vials.
    g. Chamber pipes.
    h. Carburetor pipes.
    i. Electric pipes.
    j. Air-driven pipes.
    k. Chillums.
    l. Bongs.

SB 2320
Attachment #1
2/7/17

m. Ice pipes or chillers.
13. Ingredients or components to be used or intended or designed to be used in manufacturing, producing, processing, preparing, testing, or analyzing a controlled substance, whether or not otherwise lawfully obtained, including anhydrous ammonia,

nonprescription medications, methamphetamine precursor drugs, or lawfully dispensed controlled substances.

19-03.4-02. Drug paraphernalia - Guidelines.

In determining whether an object is drug paraphernalia, a court or other authority shall consider, in addition to all other logically relevant factors:
1. Statements by an owner or by anyone in control of the object concerning its use.
2. Prior convictions, if any, of an owner, or of anyone in control of the object, under any state or federal law relating to any controlled substance.
3. The proximity of the object, in time and space, to a direct violation of chapter 19-03.1.
4. The proximity of the object to controlled substances.
5. The existence of any residue of controlled substances on the object.
6. Direct or circumstantial evidence of the intent of an owner, or of any person in control of the object, to deliver the object to another person whom the owner or person in control of the object knows, or should reasonably know, intends to use the object to facilitate a violation of chapter 19-03.1. The innocence of an owner, or of any person in control of the object, as to a direct violation of chapter 19-03.1 may not prevent a finding that the object is intended or designed for use as drug paraphernalia.
7. Instructions, oral or written, provided with the object concerning the object's use.
8. Descriptive materials accompanying the object which explain or depict the object's use.
9. National and local advertising concerning the object's use.
10. The manner in which the object is displayed for sale.
11. Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, for example, a licensed distributor or dealer of tobacco products.
12. Direct or circumstantial evidence of the ratio of sales of the object or objects to the total sales of the business enterprise.
13. The existence and scope of legitimate uses for the object in the community.
14. Expert testimony concerning the object's use.
15. The actual or constructive possession by the owner or by a person in control of the object or the presence in a vehicle or structure where the object is located of written instructions, directions, or recipes to be used, or intended or designed to be used, in manufacturing, producing, processing, preparing, testing, or analyzing a controlled substance.

SB 2320
Attachment #1
2/7/17

Anderson, Jr., Howard C.

From: Sagness, Pamela T.
Sent: Sunday, January 22, 2017 5:44 PM
To: Anderson, Jr., Howard C.
Subject: Syringe Services Programs

Hello Senator Anderson,

I hope you are doing well. Thank you for the discussion of syringe service programs the other day. I have had others reach out to me for information about this type of program. Below is the information I have provided. Please let me know if you have any further questions.

There is actually an opportunity with these programs to assist individuals in accessing treatment and supporting recovery. I have not seen any research that SSP's have increases usage by condoning it. In fact, research shows the opposite. The Surgeon General has identified that syringe services programs are effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for acquired immune deficiency syndrome.

1) Between 1991 and 1997, the US Government funded seven reports on clean needle programs for persons who inject drugs. The reports are unanimous in their conclusions that clean needle programs reduce HIV transmission, and none found that clean needle programs caused rates of drug use to increase. The federal Department of Health and Human Services currently maintains a webpage on the effectiveness of syringe exchange programs is at http://www.samhsa.gov/ssp/. - See more at: http://drugwarfacts.org/cms/Syringe_Exchange#sthash.SfDFwsRC.dpuf

2) Recent studies have affirmed (Syringe Services Programs) SSP's efficacy in encouraging and facilitating entry into treatment for intravenous drug users (IDUs) and thereby **reducing illicit drug use**. Numerous studies have also documented SSP's effectiveness in **reducing the risk of HIV infection among IDUs and their partners**. A summary of these studies is available here: http://archive.samhsa.gov/ssp/ .

3) SSPs are widely considered to be an effective way of reducing HIV transmission among individuals who inject illicit drugs and there is ample evidence that SSPs also promote entry and retention into treatment (Hagan, McGough, Thiede, et al., 2000, Journal of Substance Abuse Treatment, 19, 247-252). According to research that tracks individuals in treatment over extended periods of time, most people who get into and remain in treatment can reduce or stop using illegal or dangerous drugs. In addition to promoting entry to treatment, there are studies that document injection reductions for drug users who participate in SSPs. Hagan, *et al.,* found that, **not only were new SSP participants five times more likely to enter drug treatment than non-SSP participants, former SSP participants were more likely to report significant reduction in injection, to stop injecting altogether, and to remain in drug treatment**. A summary of the research on SSPs is available at *http://www.samhsa.gov/ssp.*(https://www.federalregister.gov/documents/2011/02/23/2011-3990/determination-that-a-demonstration-needle-exchange-program-would-be-effective-in-reducing-drug-abuse)

4) NCSL supports and encourages the continuation of state flexibility with respect to needle exchange programs and hopes to continue to work with the federal government to develop best practices regarding the prevention of new cases of HIV/AIDS, hepatitis C and other blood borne conditions that arise from individuals with substance use disorders, mental health conditions and HIV/AIDs and other blood borne disease sharing needles.

Please let me know if you have any further questions.

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THE POLICY SURVEILLANCE PROGRAM
A LawAtlas Project

REPORT
March 2016

Syringe Distribution Laws

The legality of distributing or possessing a syringe for illegal drug use is governed by drug paraphernalia, syringe prescription, controlled substances and pharmacy practice laws and regulations. The rules covering distribution and possession may differ, as will the rules on distribution in pharmacies versus syringe exchange programs. For a legal analysis, see Scott Burris, et al., Racial disparities in Injection-Related HIV: A Case Study of Toxic Law, 82 Temple Law Review 1263 (2011). You can see additional maps and tables by visiting www.lawatlas.org.

Syringe Exchange Authorized

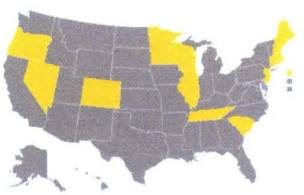
In the jurisdictions that prohibit the sale or distribution of drug paraphernalia, 11 states and the District of Columbia have an exception that allows syringe distribution to individuals who participate in a syringe exchange program.

Jurisdictions: 12 (CA, CO, DC, DE, HI, KY, ME, NJ, NM, NY, VT, WA)

When participating in syringe exchange programs, syringes are not defined as drug paraphernalia

Of the states that prohibit the sale or distribution of drug paraphernalia, 11 states and the District of Columbia do not define syringes as drug paraphernalia when an individual is participating in a syringe exchange program.

Jurisdictions: 12 (CA, CO, DC, DE, HI, KY, ME, NJ, NM, NY, VT, WA)



Syringes not included in drug paraphernalia definition

Fourteen states have removed syringes from their definition of drug paraphernalia.

Jurisdictions: 14 (CO, CT, IL, MA, ME, MN, NH, NJ, NV, OR, RI, SC, TN, WI)

SB 2320
Attach #2
2/7

Testimony
Senate Bill 2320
Senate Human Services Committee
February 7, 2017, 9:00 a.m.
North Dakota Department of Health

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Lindsey VanderBusch, and I am the HIV,STD,TB,Viral Hepatitis program manager for the North Dakota Department of Health. I am here today to provide testimony in support of Senate Bill 2320.

This bill authorizes a new program in North Dakota that would allow for syringes or needles to be exchanged to aid in the prevention of bloodborne diseases. Pursuant to criteria that will be developed by the North Dakota Department of Health, exchange programs will be established in locations that are deemed at risk or in locations that have already seen increases in prevalence of viral hepatitis or HIV. Senate Bill 2320 states that state agencies cannot provide funds for the purchase of syringes or needles under this program. The bill also requires semiannual reporting of the number of individuals served, number of syringes and needles collected and distributed, and any other pertinent information requested by the Department of Health.

Currently there are syringe exchange programs operating in 33 states and other states are proposing legislation similar to SB 2320 to provide access this year.

Legal (e.g., Oxycontin) and illegal opioids (e.g., heroin) are often injected intravenously. Injection drug use is the primary risk factor for hepatitis C infection in the United States. According to the Centers for Disease Control and Prevention (CDC) syringe exchange programs have been associated with reduced risk for infection with hepatitis C virus.

In 2015, there were 1,063 cases of hepatitis C reported to the North Dakota Department of Health. This was nearly double the reports received in 2011 at 554. Of those, a third were in people aged 30 and younger. Over the past decade, the percentage of hepatitis C case reports in persons under the age of 30 years of age has increased.

Over the past 5 years the number of newly diagnosed cases of HIV in North Dakota has also risen. In 2012, 16 newly diagnosed cases of HIV were reported

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which has risen to 46 in 2016. Along with that, the rise in the number of people reporting injection drug use as a risk factor has risen from 1 in 2012 to 6 in 2016. We suspect this estimate is low given the sensitive nature of the risk factor.

In early 2015, the Indiana State Department of Health initiated an investigation into an outbreak of HIV associated with injection drug use in a rural county. The majority of the cases in this outbreak were residents of the same community and were linked to syringe-sharing partners injecting prescription opioids. To date, this outbreak has yielded 215 cases of HIV predominantly in a community of about 4,000 people.

Multiple sources and studies show that syringe service programs are cost effective due to significant reductions in transmission of HIV and hepatitis C. The lifetime treatment cost of an HIV infection is estimated at $326,500. Newer, highly effective hepatitis C curative therapies may cost $90,000 for a 12-week course, likely increasing short-term hepatitis C treatment costs, but decreasing overall lifetime treatment costs from resultant cancer, liver failure, and liver transplantation.

This concludes my testimony. I am happy to answer any questions you may have.

SB 2320
Attach #3
2/7

Testimony
SB 2320 – Syringe Exchange Program
Senate Human Services Committee
Tuesday, February 7, 2017; 9:00 a.m.
John R. Baird, MD, MPH

Good morning, Madam Chair Lee and members of the Human Services Committee. My name is Dr. John Baird. I am health officer for Fargo Cass Public Health, Cass County Coroner, and a member of the planning and coordination team of the Mayors' Blue Ribbon Commission on Addiction, formed by the mayors of Fargo, West Fargo, Horace, Dilworth, and Moorhead to address the crisis of addiction in our communities. I am here to support SB 2320 authorizing a syringe or needle exchange program.

Addiction and Opioid Crisis

Deaths from opioid overdose are a public health crisis we are facing across the nation as well as in our state. Accidental death from overdose has exceeded the number of accidental deaths from other causes, such as vehicle accidents. My Cass County Coroner's office investigated 29 deaths in 2016 related to drug overdose. The ages of those who died ranged from 19 to 61, but the majority of individuals who died from drug overdose were in their 20s or 30s. There is still much stigma around the disease of addiction and those who struggle with it. In this past year some families in our community have spoken up to share their stories. Every death from addiction is a tragedy, but when we hear of young, intelligent, creative people dying from opioid overdose it gets the attention of the community. Addiction crosses all demographic lines, impacting many age groups and all income and education levels.

A broad approach is needed to address the crisis of addiction that we face. People with substance use disorder need help to effectively manage their recovery and wellness. We need to intervene early to help persons at risk to reduce their harm and avoid the disease of addiction. Ultimately community awareness and understanding of addiction will maximize wellness in our communities. There is a patchwork of strategies, laws, policies, education, and efforts needed to address this crisis. The legislature has already assisted with a number of laws, including those addressing naloxone for overdose prevention, Good Samaritan Law to encourage seeking of assistance in an emergency, Prescription Drug Monitoring Program, drug take back program, and others. This bill authorizing syringe/needle exchange programs provides one more piece of the puzzle to deal with addiction and its consequences.

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HIV and Hepatitis from Injection Drug Use

The mortality rate from addiction, demonstrated by the number of deaths, is one measure of the impact of this disease. There is also much morbidity resulting from addiction that is not as easy to measure. Addiction shortens lives, decreases productivity, damages families and tears at the fabric of our communities. It has been well demonstrated that bloodborne infectious diseases, especially HIV/AIDS and Hepatitis C are associated with injection drug use.

The Centers for Disease Control and Prevention (CDC) estimates that 1 in 10 HIV diagnoses are among people who inject drugs. Hepatitis C virus (HCV) infection is the most common blood-borne infection in the United States, with approximately three million persons living with current infection. Percutaneous exposure to contaminated blood is the most efficient mode of transmission, and in the United States, injection drug use (IDU) is the primary risk factor for infection.

According to the North Dakota Department of Health's most recent Epidemiologic Profile of HIV, STDs, TB, and Viral Hepatitis in North Dakota the number of new HIV/AIDS cases and reports of past or present Hepatitis C have increased. In 2015 there were 30 new HIV/AIDS cases and 1,063 reports of past or present Hepatitis C. The risk factor most commonly identified over the past 3 years, prompting someone to be tested for HCV, continues to be sex with an injection drug user. In 2015 27% reported this risk factor. I have included 2 charts from the state health department's report:

Figure 11. Newly reported HIV/AIDS cases in North Dakota by country of birth, 2011-2015

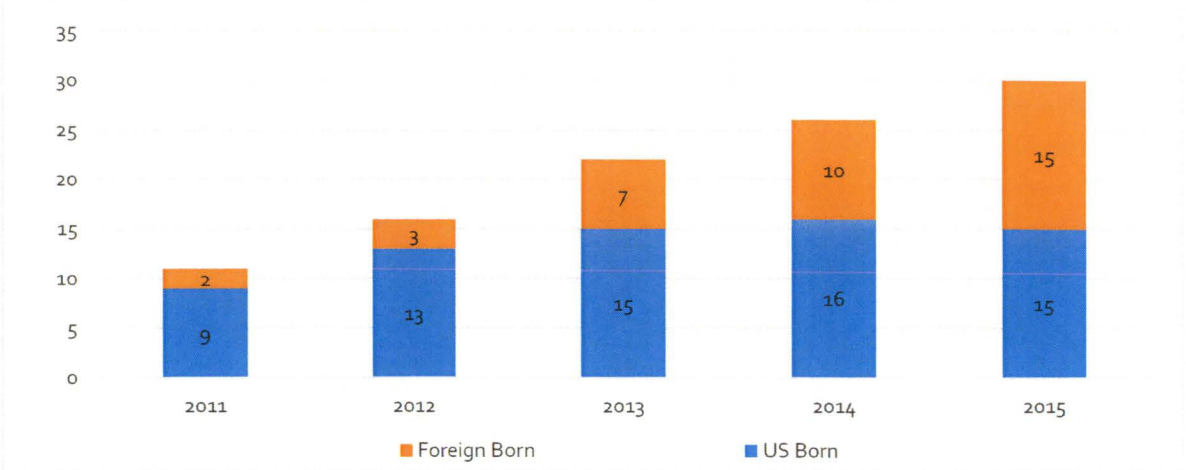

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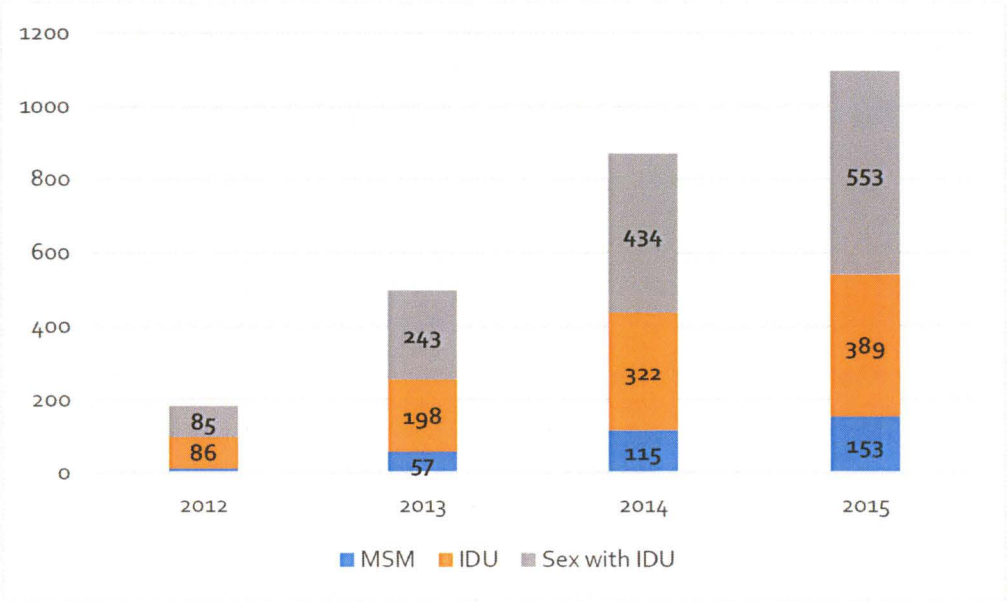
Figure 6o. HCV testing at CTR sites by reported risk factor, 2012-2015



Syringe Exchange Programs

Syringe exchange programs have been utilized in communities around the world since the 1980s. There have been a number of studies that have shown the effectiveness of these programs. The availability of sterile syringes has minimized the number of new HIV infections among injection drug users. They have also been associated with reduced risk for infection with hepatitis C virus. There have been no indications that syringe exchange programs increase drug use. In fact these programs have been found to reduce drug use. These programs also promote safe disposal of syringes.

There are a number of examples of well-designed syringe exchange programs. They emphasize a comprehensive, multi-component, prevention program designed to reach otherwise hard-to-reach populations. They include provision of sterile syringes and needles, HIV, sexually transmitted disease and viral hepatitis counseling, overdose prevention, and substance abuse disorder treatment referrals.

A place is needed where injection drug users can feel safe as they are provided services and links to programs to reduce their harm. Injection drug users who are afraid of being arrested while carrying drug paraphernalia are 1.74 times more likely to share syringes, and 2.08 times more likely to share injection supplies than other users.

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The CDC says that syringe exchange programs, besides decreasing HIV and Hepatitis C rates, provide linkage to critical services and programs, such as HIV care, treatment, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) services; hepatitis C treatment, hepatitis A and B vaccinations; screening for other sexually transmitted diseases and tuberculosis; partner services; prevention of mother-to-child HIV transmission; and other medical, social, and mental health services.

We have had discussions in our Mayors' Blue Ribbon Commission about the benefits of a syringe exchange program. We are anxious to move forward. We want such a program to be well designed as a model program, that is monitored for appropriateness.

Conclusion

A syringe exchange program is a great opportunity to intervene with injection drug users to decrease the rate of blood borne infections and provide services and education in a non-threatening manner.

Madam Chair Lee and members of the committee, this concludes my testimony. I am happy to answer any questions you may have.

SB 2320
Attach #4
2/7

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2-7-17
SB 2320 Testimony in Favor
Jodie Fetsch, RN
Director of Nursing, Custer Health
jfetsch@custerhealth.com

Chairwoman Lee and Committee:

My name is Jodie Fetsch. I am the Director of Nursing at Custer Health, based in Mandan, and serving Mercer, Oliver, Morton, Grant, and Sioux Counties. I was excited to see this visionary bill introduced. We have been planning on how to introduce a needle exchange program for our residents for the past year. We have the plan, and all we are missing is a little funding to get it started.

Hepatitis C outbreaks are being reported across the country due to injection drug use. The cases in North Dakota doubled from 542 in 2011 to 1048 in 2015. Young people suffer disproportionately from Hepatitis C - persons aged 20-29 have the highest incidence.

Our nursing staff is trained to counsel clients that have Hepatitis C and HIV. We offer testing for these diseases and have referral sources available. Public Health staff is trained to dispose of hazardous waste. Services are offered in a non-judgmental manner, which is vitally important for success.

I thank you for considering this bill and urge its passage. It is important and necessary. I will watch it with great interest.

Jodie Fetsch RN

Revised 1-12-17

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17.0986.#####

Sixty-fifth
Legislative Assembly
of North Dakota

Introduced by

Senators Anderson, J. Lee, Mathern

Representatives J. Nelson, Seibel, Weisz

A BILL for an Act to create and enact a new subsection to section 19-03.4-02 and a new section to chapter 23-01 of the North Dakota Century Code, relating to drug paraphernalia guidelines and a syringe exchange program; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new subsection to section 19-03.4-02 of the North Dakota Century Code is created and enacted as follows:

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.

SECTION 2. A new section to chapter 23-01 of the North Dakota Century Code is created and enacted as follows:

Syringe or needle exchange program - Authorization.

1. As used in this section:
   a. "Program" means a syringe exchange program operated under this section.
   b. "Qualified entity" means:
      (1) A local health department;
      (2) A city that operates a program within the boundaries of the city; or
      (3) An organization that has been authorized to operate a program by the state department of health, the board of county commissioners, or the governing body for the operation of a program within the boundaries of the city.
2. The state department of health may authorize a qualified entity to operate a program in a county if:
   a. The area to be served is at risk of an increase or potential increase in prevalence of viral hepatitis or human immunodeficiency virus;

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b. A syringe exchange program is medically appropriate as part of a comprehensive public health response; and

c. The qualified entity conducted a public hearing and submitted a report of the findings and an administration plan for the program to the state health officer.

3. A qualified entity operating a program under this chapter shall:

a. Register the program annually in the manner prescribed by the state department of health;

b. Have a pharmacist, physician, or ~~nurse practitioner~~advanced practice registered nurse who is licensed in the state to provide oversight for the program;

c. Store and dispose of all syringes and needles collected in a safe and legal manner;

d. Provide education and training on drug overdose response and treatment, including the administration of an overdose reversal medication;

e. Provide education, referral, and linkage to human immunodeficiency virus, viral hepatitis, and sexually transmitted disease prevention, treatment, and care services;

f. Provide drug addiction treatment information, and referrals to drug treatment programs, including programs in the local area and programs that offer medication - assisted treatment that includes a federal food and drug administration approved long - acting, non-addictive medication for the treatment of opioid or alcohol dependence;

g. Provide syringe, needle, and injection supply distribution and collection without collecting or recording personally identifiable information;

h. Operate in a manner consistent with public health and safety; and

i. Ensure the program is medically appropriate and part of a comprehensive public health response.

4. The state department of health may terminate a program for failure to comply with any of the provisions in this section.

5. A state agency may not provide funds from the general fund to a program to purchase or otherwise acquire hypodermic syringes, needles, or injection supplies for a program under this section.

6. A law enforcement officer may not stop, search, or seize an individual based on the individual's participation in a program under this section. Syringes and needles

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appropriately collected under this section are not considered drug paraphernalia as provided in chapter 19 - 03 .

7. Each program shall file a semiannual report with the state department of health containing the following information listed on a daily basis and by location, identified by the postal zip code, where the program distributed and collected syringes and needles:
   a. The number of individuals served;
   b. The number of syringes and needles collected;
   c. The number of syringes and needles distributed; and
   d. Any additional information requested by the state department of health.

SECTION 3. EMERGENCY. This Act is declared to be an emergency measure.

aH. 1
SB 2320
3-14-17

Testimony of Howard C. Anderson Jr. on Senate Bill 2320 March 14, 2017 at 9 AM before the House Human Services Committee. Representative Robin Weisz Chairman.

Since I am intimately involved in health care, have served on the narcotics coalition for several years and learned about the rise of heroin use in North Dakota, I have become concerned about the transmission of blood borne diseases by the needles (syringes) individuals may share when injecting drugs.

We have evidence that shows an increase in these blood borne diseases and this is an effort to get a program in place to help slow or reverse those increases. The amount of energy it takes us to allow one of these programs will pay big dividends if just one case is prevented and our insurance or Medicaid does not have to pay the costs of treatment. These dollar figures do not begin to capture the long term consequences the individual will bear, once we get them treatment and in recovery for their substance use disease.

Section 1. of the bill adds an additional item to the guidelines law enforcement and the courts can use when an individual is found with syringes that might contain

residues of some controlled substance. I have included a copy of the Century code where this will be placed.

Section 2. talks more specifically about how a program might work and how it would be authorized. I will walk through the bill with you. You will see that we have included provisions in the bill for the local governing body to have a hearing and locals to be informed of the existence of a program in their community. There are also provisions that require the program to provide education and referral of individuals to treatment services when they are ready to admit their disease and seek help. What better place to come for clean syringes than a place when access to help and services is readily available?

I admit that much is in Section 2. which might be done by rules, but rules cost money and they take time. This bill, with an emergency clause, will allow us to get help in place as quickly as possible without adoption of rules, until the need for them becomes apparent.

Others will talk more about how this will work and who might be interested in a program.

Thank you,

Howard

CHAPTER 19-03.4
DRUG PARAPHERNALIA

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11. Hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.
12. Objects used, intended for use, or designed for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, including:
    a. Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls.
    b. Water pipes.
    c. Carburetion tubes and devices.
    d. Smoking and carburetion masks.
    e. Objects, sometimes commonly referred to as roach clips, used to hold burning material, for example, a marijuana cigarette, that has become too small or too short to be held in the hand.
    f. Miniature cocaine spoons and cocaine vials.
    g. Chamber pipes.
    h. Carburetor pipes.
    i. Electric pipes.
    j. Air-driven pipes.
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    l. Bongs.

m. Ice pipes or chillers.
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4. The proximity of the object to controlled substances.
5. The existence of any residue of controlled substances on the object.
6. Direct or circumstantial evidence of the intent of an owner, or of any person in control of the object, to deliver the object to another person whom the owner or person in control of the object knows, or should reasonably know, intends to use the object to facilitate a violation of chapter 19-03.1. The innocence of an owner, or of any person in control of the object, as to a direct violation of chapter 19-03.1 may not prevent a finding that the object is intended or designed for use as drug paraphernalia.
7. Instructions, oral or written, provided with the object concerning the object's use.
8. Descriptive materials accompanying the object which explain or depict the object's use.
9. National and local advertising concerning the object's use.
10. The manner in which the object is displayed for sale.
11. Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, for example, a licensed distributor or dealer of tobacco products.
12. Direct or circumstantial evidence of the ratio of sales of the object or objects to the total sales of the business enterprise.
13. The existence and scope of legitimate uses for the object in the community.
14. Expert testimony concerning the object's use.
15. The actual or constructive possession by the owner or by a person in control of the object or the presence in a vehicle or structure where the object is located of written instructions, directions, or recipes to be used, or intended or designed to be used, in manufacturing, producing, processing, preparing, testing, or analyzing a controlled substance.

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Testimony
Senate Bill 2320
House Human Services Committee
March 14, 2017 9:00 AM
North Dakota Department of Health

Good morning Chairman Weisz and members of the House Human Services Committee. My name is Lindsey VanderBusch, and I am the HIV, STD, TB, Viral Hepatitis program manager for the North Dakota Department of Health. I am here today to provide testimony in support of Senate Bill 2320.

This bill authorizes a new program in North Dakota that would allow for syringes or needles to be exchanged to aid in the prevention of bloodborne diseases. Pursuant to criteria that will be developed by the North Dakota Department of Health, exchange programs will be established in locations that are deemed at risk, or in locations that have already seen increases in the prevalence of viral hepatitis or HIV. Senate Bill 2320 asserts that state agencies cannot provide state funds for the purchase of syringes or needles under this program. The bill also requires semiannual reporting of the number of individuals served, number of syringes and needles collected and distributed, and any other pertinent information requested by the Department of Health.

Currently there are syringe exchange programs operating in 33 states, and other states are proposing legislation similar to SB 2320 to provide access this year.

Legal (e.g., Oxycontin) and illegal opioids (e.g., heroin) are often injected intravenously. Injection drug use is the primary risk factor for hepatitis C infection in the United States. According to the Centers for Disease Control and Prevention (CDC), syringe exchange programs have been associated with reduced risk for infection with hepatitis C virus.

In 2015, there were 1,063 cases of hepatitis C reported to the North Dakota Department of Health. This was nearly double the reports received in 2011 at 554. Of those, a third were in people aged 30 and younger. Over the past decade, the percentage of hepatitis C case reports in persons under the age of 30 years of age has increased.

Over the past 5 years the number of newly diagnosed cases of HIV in North Dakota have also risen. In 2012, 16 newly diagnosed cases of HIV were reported; this has risen to 46 in 2016. In addition, the increase in the number of

people reporting injection drug use as a risk factor has risen from one in 2012, to six in 2016. We suspect this estimate is low given the sensitive nature of the risk factor.

Multiple sources and studies show that syringe service programs are cost effective due to the significant reduction in transmission of HIV and hepatitis C. A meta-analysis published in the International Journal of Epidemiology in 2014 suggests that needle and syringe exchange programs alone can reduce the risk of HIV infection by 56%. This does not include the number of infections that can be spared by coupling these programs with testing programs that identify new cases early and link and retain those persons to care and eliminate the potential for further transmission.

The lifetime treatment cost of treating an induvial with HIV or hepatitis C is high. Treatment for one individual over a lifetime is estimated to cost $326,500. Newer, highly effective hepatitis C curative therapies can reduce the ongoing harm that chronic hepatitis C may cause. While treatments can cost up to $90,000 for a 12-week course, likely increasing short-term hepatitis C treatment costs, these new therapies decrease the overall lifetime treatment costs from resultant cancer, liver failure and liver transplantation.

Programs designed to prevent these infections in the first place, and subsequently provide services to identify at-risk and infected persons early and link and retain these individuals in care, can greatly reduce the risk of bloodborne infections and the risk for transmission in North Dakota.

This concludes my testimony. I am happy to answer any questions you may have.

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3-14-17

Testimony
SB 2320 – Syringe Exchange Program
House Human Services Committee
Tuesday, March 14, 2017; 9:00 a.m.
John R. Baird, MD, MPH

Good morning, Chairman Weisz and members of the Human Services Committee. My name is Dr. John Baird. I am health officer for Fargo Cass Public Health, Cass County Coroner, and a member of the planning and coordination team of the Mayors' Blue Ribbon Commission on Addiction, formed by the mayors of Fargo, West Fargo, Horace, Dilworth, and Moorhead to address the crisis of addiction in our communities. I am here to support SB 2320 authorizing a syringe or needle exchange program.

Addiction and Opioid Crisis

Deaths from opioid overdose are a public health crisis we are facing across the nation as well as in our state. Accidental death from overdose has exceeded the number of accidental deaths from other causes, such as vehicle accidents. My Cass County Coroner's office investigated 30 deaths in 2016 related to drug overdose. Addiction crosses all demographic lines, impacting many age groups and all income and education levels. The ages of those who died ranged from 19 to 61, but the majority of individuals who died from drug overdose were in their 20s or 30s. There is still much stigma around the disease of addiction and those who struggle with it. In this past year some families in our community have spoken up to share their stories. Every death from addiction is a tragedy, but when we hear of young, intelligent, creative people dying from opioid overdose it gets the attention of the community.

A broad approach is needed to address the crisis of addiction that we face. People with substance use disorder need help to effectively manage their recovery and wellness. We need to intervene early to help persons at risk to reduce their harm and avoid the disease of addiction. Ultimately community awareness and understanding of addiction will maximize wellness in our communities. There is a patchwork of strategies, laws, policies, education, and efforts needed to address this crisis. The legislature has already assisted with a number of laws, including those addressing naloxone for overdose prevention, Good Samaritan Law to encourage seeking of assistance in an emergency, Prescription Drug Monitoring Program, drug take back program, and others. This bill authorizing syringe/needle exchange programs provides one more piece of the puzzle to deal with addiction and its consequences.

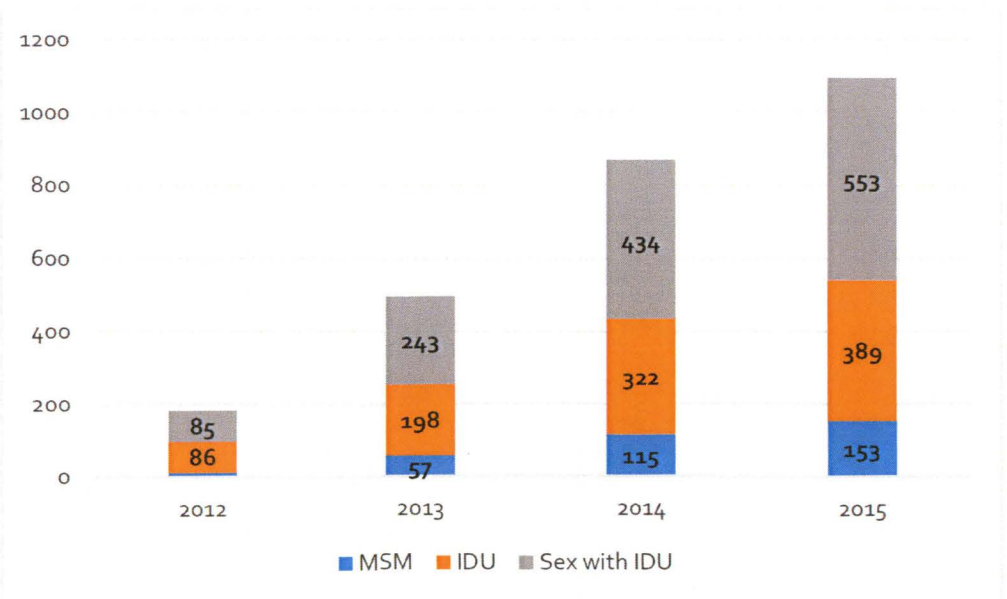
HIV and Hepatitis from Injection Drug Use

The mortality rate from addiction, demonstrated by the number of deaths, is one measure of the impact of this disease. There is also much morbidity resulting from addiction that is not as easy to measure. Addiction shortens lives, decreases productivity, damages families and tears at the fabric of our communities. It has been well demonstrated that bloodborne infectious diseases, especially HIV/AIDS and Hepatitis C are associated with injection drug use.

The Centers for Disease Control and Prevention (CDC) estimates that 1 in 10 HIV diagnoses are among people who inject drugs. Hepatitis C virus (HCV) infection is the most common blood-borne infection in the United States, with approximately three million persons living with current infection. Through the skin puncture exposure to contaminated blood is the most efficient mode of transmission. In the United States injection drug use (IDU) is the primary risk factor for HCV infection.

According to the North Dakota Department of Health's most recent Epidemiologic Profile of HIV, STDs, TB, and Viral Hepatitis in North Dakota, the number of new HIV/AIDS cases and reports of past or present Hepatitis C have increased. In 2015 there were 30 new HIV/AIDS cases and 1,063 reports of past or present Hepatitis C. The risk factors most commonly identified over the past 3 years, prompting someone to be tested for HCV, continues to be an injection drug user or someone having sex with an injection drug user. The chart below is from the state health department's report:

Figure 6o. HCV testing at CTR sites by reported risk factor, 2012-2015



Syringe Exchange Programs

Syringe exchange programs have been utilized in communities around the world since the 1980s. There have been a number of studies that have shown the effectiveness of these programs. The availability of sterile syringes has minimized the number of new HIV infections among injection drug users. They have also been associated with reduced risk for infection with hepatitis C virus. These programs also promote safe disposal of syringes and needles, removing them from the community. Studies have looked at such programs condoning or encouraging drug use. There have been no indications that syringe exchange programs increase drug use. In fact, these programs have been found to reduce drug use, through education provided, and more access to treatment.

There are a number of examples of well-designed syringe exchange programs. They emphasize a comprehensive, multi-component, prevention program designed to reach otherwise hard-to-reach populations. They include provision of sterile syringes and needles, counseling and education about HIV, sexually transmitted disease and viral hepatitis, overdose prevention, as well as substance abuse disorder treatment referrals.

For a good program, a place is needed where injection drug users can feel safe as they are provided services and links to programs to reduce their harm. Injection drug users who are afraid of being arrested while carrying drug paraphernalia are 1.74 to 2.08 times more likely to share syringes and injection supplies than other users.

The CDC says that syringe exchange programs, besides decreasing HIV and Hepatitis C rates, provide linkage to critical services and programs, such as HIV care and treatment services; hepatitis C treatment, hepatitis A and B vaccinations; screening for other sexually transmitted diseases and tuberculosis; partner services; prevention of mother-to-child HIV transmission; and other medical, social, and mental health services.

We have had discussions in our Mayors' Blue Ribbon Commission on Addiction about the benefits of a syringe exchange program. At Fargo Cass Public Health, we are developing an outline of policies and procedures for a local program and we are anxious to move forward with implementation. We want such a program to be well designed as a model program. We hope to work with the state health department to monitor the program for appropriateness and effectiveness.

Conclusion

A syringe exchange program is a great opportunity to intervene with injection drug users to decrease the rate of blood borne infections and provide services and education in a non-threatening manner.

Chairman Weisz and members of the committee, this concludes my testimony. I am happy to answer any questions you may have.

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Testimony
Senate Bill 2320 – Department of Human Services
House Human Services Committee
Representative Weisz, Chairman
March 14, 2017

Chairman Weisz, and members of the House Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division for the Department of Human Services. I am here today in support of Senate Bill 2320.

Recent studies have affirmed (Syringe Services Programs) SSPs efficacy in encouraging and facilitating entry into treatment for intravenous drug users and thereby reducing illicit drug use. Numerous studies have also documented SSPs effectiveness in reducing the risk of Human Immunodeficiency Virus (HIV) infection among intravenous drug users and their partners. The Surgeon General has identified that SSPs are effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for acquired immune deficiency syndrome.

That concludes my testimony. I am available to address any questions.