



# Ohio Legislative Service Commission

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## Bill Analysis

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### **H.B. 182**

129th General Assembly  
(As Introduced)

**Reps.** Foley and Antonio, Murray, R. Hagan, Yuko, Stinziano, Letson

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### **BILL SUMMARY**

- Permits a local board of health to establish a syringe exchange program for the purpose of reducing the transmission of bloodborne diseases within the health district served by the board.
  - Permits a board of health to contract with a private, nonprofit organization to operate a syringe exchange program on the board's behalf.
  - Provides that program employees, volunteers, and participants are not subject to criminal liability under current law relating to the possession of hypodermics and other drug paraphernalia if certain conditions are met.
  - Requires reports regarding the effectiveness of syringe exchange programs.
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### **CONTENT AND OPERATION**

#### **Syringe exchange program**

The bill permits a local board of health, following consultation with interested parties, to establish a syringe exchange program for the purpose of reducing the transmission of bloodborne diseases within the health district served by the board. A program would include providing sterile syringes or hypodermic needles to injection drug users in exchange for used syringes or needles collected from them. "Injection drug user" is defined by the bill as a person who uses a syringe or hypodermic needle to inject a controlled substance into the person's own body. Controlled substances are

drugs that have a heightened potential for abuse and include opium, heroin, and a variety of pain killers, both legal and illegal.<sup>1</sup>

### **Consultation with interested parties**

The interested parties that a board of health must consult with when establishing a syringe exchange program must be from the health district served by the board and include law enforcement representatives; prosecutors; representatives of substance abuse treatment providers; persons recovering from substance abuse; relevant private, nonprofit organizations, including hepatitis C and HIV advocacy organizations; residents of the health district; and any other interested parties selected by the board.

When consulting, the board and interested parties must consider at least the following:

- (1) The scope of transmission of bloodborne diseases through syringe or hypodermic needle use in the health district;
- (2) The population the syringe exchange program would serve;
- (3) Concerns of the law enforcement representatives;
- (4) Day-to-day administration of the program, including the hiring of employees or use of volunteers.<sup>2</sup>

### **Contract to operate the program**

The bill permits a board of health to contract with a private, nonprofit organization to operate a syringe exchange program on behalf of the board. Each contract may be in effect for up to one year. Before a contract expires, the board must review the contract to determine whether it should be renewed. The board must consult with the interested parties specified above and reconsider the issues the board and parties considered when establishing the program. After the review, if the board determines that the organization has satisfactorily carried out the purpose of the program and will continue to do so, the board may renew the contract.<sup>3</sup>

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<sup>1</sup> R.C. 3707.37(A) and (B).

<sup>2</sup> R.C. 3707.37(C).

<sup>3</sup> R.C. 3707.37(E).

## **Program requirements**

A syringe exchange program established under the bill must, at a minimum, do all of the following:

(1) Provide each injection drug user participating in the program with the information and means to protect the user, any person sharing the user's syringes or needles, and the user's family from exposure to bloodborne disease;

(2) Provide a sterile syringe or hypodermic needle to each injection drug user in exchange for each respective used syringe or needle collected from the user;

(3) Dispose of used syringes and hypodermic needles in accordance with the law governing solid and hazardous wastes;

(4) Provide safety protocols and education regarding handling and disposal of syringes and hypodermic needles to each injection drug user;

(5) Make testing for bloodborne diseases available to each injection drug user;

(6) Provide counseling to each injection drug user regarding exposure to bloodborne diseases;

(7) Refer each injection drug user for drug abuse treatment, including opioid substitution therapy;

(8) Encourage each injection drug user to seek appropriate medical, mental health, or social services;

(9) Use a recordkeeping system that ensures that the identity of each injection drug user remains anonymous;

(10) Provide each injection drug user with a wallet certificate that states that the user is an active participant in the program.<sup>4</sup>

## **Criminal liability**

The bill provides that the following are not subject to criminal liability under laws regarding possessing criminal tools, possessing drug abuse instruments, using or possessing drug paraphernalia, or possessing, furnishing, or selling hypodermics:

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<sup>4</sup> R.C. 3707.37(B) and (D).

(1) An employee or volunteer of a syringe exchange program when carrying out the duties of the program;

(2) An injection drug user who is within 1,000 feet of a program facility and is in possession of a wallet certificate stating that the user is an active participant in the program.<sup>5</sup>

## Reports

The bill requires a board of health that establishes a syringe exchange program to submit a report to the Ohio Department of Health on the effectiveness of the program on or before the first day of July following the first full calendar year the program is in operation. Subsequent reports are to be submitted annually on or before July 1.

The Department must summarize the boards' reports and submit a report to the standing committees of the General Assembly with primary responsibility for health legislation on or before the first day of September following the date the Department first receives a report from a board. Reports are to be submitted annually thereafter on or before September 1.

The bill prohibits both the local and state reports from containing information that identifies or would tend to identify an injection drug user participating in a program.<sup>6</sup>

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## HISTORY

ACTION	DATE
Introduced	03-30-11

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<sup>5</sup> R.C. 3707.37(F).

<sup>6</sup> R.C. 3707.37(G).