



This Bill Analysis reflects the contents of the bill as it was presented in committee.

HOUSE BILL 712: Pilot Project/Used Needle Disposal

2015-2016 General Assembly

Committee:	House Health	Date:	April 24, 2015
Introduced by:	Reps. Faircloth, Horn, Avila, Harrison	Prepared by:	Theresa Matula
Analysis of:	PCS to First Edition H712-CSSH-34		Committee Staff

SUMMARY: House Bill 712 requires the State Bureau of Investigation to establish and implement a used needle and hypodermic syringe disposal pilot program and amends the law on charging a person for residual amounts of a controlled substance contained in a needle or sharp object if the person advised the officer of the needle or sharp object prior to the search.

The PCS amends the number of counties that can potentially participate in the program.

BILL ANALYSIS:

Section 1 of House Bill 712 requires the State Bureau of Investigation (SBI), in consultation and collaboration with the North Carolina Harm Reduction Coalition, to establish and implement a used needle and hypodermic syringe disposal pilot program by December 1, 2015.

Pilot Program: The pilot program must offer the free disposal of used needles and hypodermic syringes and include all of the following:

- (1) Reasonable and adequate security of disposal sites and equipment.
- (2) An accounting of the approximate number of used needles and hypodermic syringes returned and disposed of.
- (3) Within each of the counties chosen pursuant to subsection (b) of this section, a general report of the availability of relevant educational materials; HIV and viral hepatitis counseling and testing; referral services to provide education regarding HIV, AIDS, and viral hepatitis transmission; and drug abuse prevention and treatment counseling and referral services.

Sites: The PCS changes the number of counties potentially participating in the pilot. Under the PCS, the SBI must select two counties in which to operate the pilot initially, but may select up to four counties total after successful demonstration of the pilot. The SBI must collaborate with the local health departments and local law enforcement agencies of the counties when implementing and operating the pilot program established under this section.

Limited Immunity: The bill provides that any person participating in the pilot program established under this section must not be charged with or prosecuted for possession of drug paraphernalia for any used needle or hypodermic syringe returned and disposed of, or for residual amounts of a controlled substance contained in the used needle or hypodermic syringe returned and disposed of. The limited immunity under Section 1(b) of the bill does not apply to the possession of needles or hypodermic syringes that are not a part of the pilot program.

Report: No later than one year after implementing the pilot program, the SBI is required to report the results of the pilot program to the chairs of the Joint Legislative Oversight Committee on Health and Human Services and the chairs of the Joint Legislative Oversight Committee on Justice and Public Safety. The PCS provides that if the SBI determines the initial pilot program in two counties is a

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House Bill 712

Page 2

success, the report may include a recommendation to add two additional counties to the pilot program which would allow the extension of the pilot for an additional year and at the conclusion the SBI would report to the two Committees outlined above.

Expiration: The pilot program will expire upon the submission of the report.

Section 2 of the bill amends G.S. 90-113.22(c) to prohibit a person from being charged with or prosecuted for possession of residual amounts of a controlled substance contained in a needle or sharp object if the person alerts the officer to the needle or other sharp object prior to the search.

EFFECTIVE DATE: Section 2 of the bill becomes effective December 1, 2015, the remainder of the bill is effective when it becomes law.