

## **Health Resources and Services Administration-Specific Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016**

*This guidance was developed in accordance with the Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016.*

### **Background**

The Consolidated Appropriations Act, 2016 (Pub. L. 114-113), signed by President Barack Obama in December 2015, modifies the ban on the use of federal funds to support programs distributing sterile needles or syringes (referred to as “SSP”) for Department of Health and Human Services (HHS) programs, including Health Resources and Services Administration (HRSA) programs. Federal funds may not be used to purchase sterile needles or syringes for the purpose of injecting illegal drugs. However, federal funds may be used to support various components of SSPs as outlined in the Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016 (see <https://www.aids.gov/pdf/hhs-ssp-guidance.pdf>).

The following conditions must be met when federal funds are used for SSP.

1. The applicable state, local, territorial, or tribal health department must determine, in consultation with the Centers for Disease Control and Prevention (CDC), that the jurisdiction in which federal funds will be used for SSP is experiencing or is at risk of experiencing a significant increase in hepatitis or HIV infections due to injection drug use.
2. SSPs must adhere to federal, state and local laws, regulations, and other requirements related to such programs or services.

### **Process for HRSA recipients to use HRSA funding to support SSPs**

HRSA recipients must obtain prior approval for use of HRSA funding to support SSPs.

### **Required documentation**

In accordance with Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016, HRSA recipients that wish to use new or existing HRSA funds for SSPs are required to obtain the following documents:

- the CDC notification to the applicable state, local, territorial, or tribal health department that the evidence submitted by the health department is sufficient to demonstrate that the jurisdiction is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use; and
- a certification in the form of a letter signed by the Health Officer from the state, local, territorial, or tribal health department that such program is operating in accordance with applicable law.

## **Approval process**

HRSA recipients must contact the corresponding HRSA project officer or contract officer, as applicable for the grant, cooperative agreement, or contract, to discuss their interest in using HRSA funds for SSPs. Requests to use HRSA funds for SSPs will require electronic submission of the required documentation described above. Recipients that wish to reallocate existing HRSA funding to support SSPs must follow standard procedures established for the awarded grant, cooperative agreement, or contract. Following submission of required documentation and HRSA approval, as applicable, funds may be reallocated starting in Fiscal Year (FY) 2016, and may continue in future FYs unless otherwise indicated. The HRSA project officer or contract officer will instruct the HRSA recipient of any additional requirements to implement use of HRSA funds for SSPs under the grant, cooperative agreement, or contract.

## **Future Plans**

Beginning in FY 2017 and thereafter, HRSA FOAs will identify whether the programs funded under the FOA or contract will permit support of SSPs, including criteria for eligibility and any budgetary or programmatic requirements.