

[First Reprint]

**ASSEMBLY, No. 3095**

**STATE OF NEW JERSEY**  
**215th LEGISLATURE**

INTRODUCED JUNE 14, 2012

**Sponsored by:**

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**Assemblymen Johnson, Prieto, Eustace, Assemblywoman Jasey,**

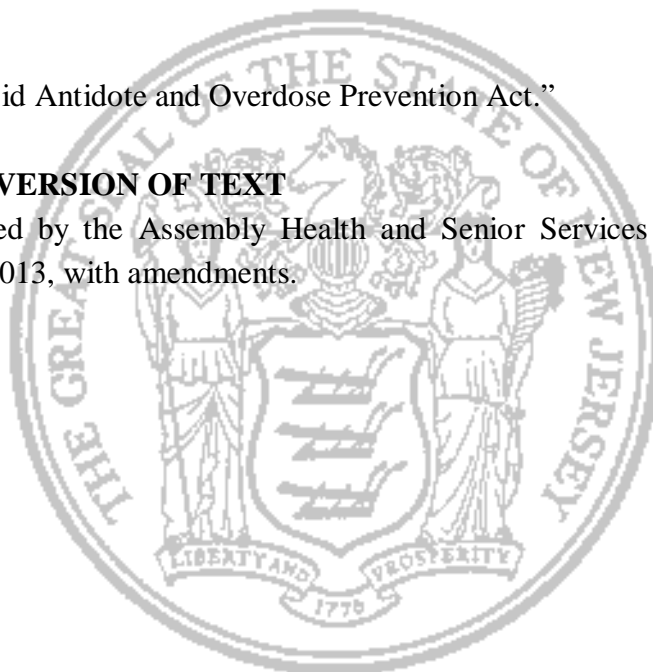
**Assemblymen Fuentes and Singleton**

**SYNOPSIS**

The "Opioid Antidote and Overdose Prevention Act."

**CURRENT VERSION OF TEXT**

As reported by the Assembly Health and Senior Services Committee on February 7, 2013, with amendments.



(Sponsorship Updated As Of: 3/8/2013)

1 AN ACT concerning opioid antidotes and overdose prevention, and  
2 supplementing Title 24 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6

7 1. This act shall be known and may be cited as the “Opioid  
8 Antidote and Overdose Prevention Act.”

9

10 2. The Legislature finds and declares that naloxone is an  
11 inexpensive and easily administered antidote to an opioid overdose.  
12 Encouraging the wider prescription and distribution of naloxone or  
13 similarly acting drugs to those at risk for an opioid overdose, or to  
14 members of their families or peers, would reduce the number of  
15 opioid overdose deaths and be in the best interests of the citizens of  
16 this State.

17

18 3. As used in this act:

19 “Commissioner” means the Commissioner of <sup>1</sup>[Health and  
20 Senior] Human<sup>1</sup> Services.

21 “Opioid antidote” means naloxone hydrochloride or any other  
22 similarly acting drug approved by the United States Food and Drug  
23 Administration for the treatment of an opioid overdose.

24 “Health care professional” means a physician, physician  
25 assistant, advanced practice nurse, or other individual who is  
26 licensed or whose professional practice is otherwise regulated  
27 pursuant to Title 45 of the Revised Statutes, and who, based upon  
28 the accepted scope of professional authority, prescribes or dispenses  
29 an opioid <sup>1</sup>[antitode] antidote<sup>1</sup>.

30 “Patient” includes a person who is not at risk of an opioid  
31 overdose but who, in the judgment of a physician, may be in a  
32 position to assist another individual during an overdose and who  
33 has received patient overdose information as required by section 5  
34 of this act on the indications for and administration of an opioid  
35 antidote.

36

37 4. a. A health care professional who, acting in good faith,  
38 directly or through a standing order, prescribes or dispenses an  
39 opioid antidote to a patient capable, in the judgment of the health  
40 care professional, of administering the opioid antidote in an  
41 emergency, shall not, as a result of the professional’s acts or  
42 omissions, be subject to any criminal or civil liability, or any  
43 professional disciplinary action under Title 45 of the Revised  
44 Statutes.

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AHE committee amendments adopted February 7, 2013.

1       b. A person, other than a health care professional, may in an  
2 emergency administer, without fee, an opioid antidote, if the person  
3 has received patient overdose information pursuant to section 5 of  
4 this act and believes in good faith that another person is  
5 experiencing an opioid overdose. The person shall not, as a result  
6 of the person's acts or omissions, be subject to any criminal or civil  
7 liability, including any prosecution for the unlawful possession or  
8 administering of a controlled dangerous substance, or disciplinary  
9 action under Title 45 of the Revised Statutes for the unlawful  
10 practice of medicine.

11

12       5. a. A health care professional prescribing or dispensing an  
13 opioid antidote to a patient shall ensure that the patient receives  
14 patient overdose information. This information shall include, but is  
15 not limited to: opioid overdose prevention and recognition; how to  
16 perform rescue breathing and resuscitation; opioid antidote dosage  
17 and administration; the importance of calling 911 emergency  
18 telephone service for assistance with an opioid overdose; and care  
19 for an overdose victim after administration of the opioid antidote.

20       b. In order to fulfill the distribution of patient overdose  
21 information required by subsection a. of this section, the  
22 information may be provided by the health care professional, or a  
23 community-based organization, substance abuse organization, or  
24 other organization which addresses medical or social issues related  
25 to drug addiction that the health care professional maintains a  
26 written agreement with, and that includes: procedures for providing  
27 patient overdose information; information as to how employees or  
28 volunteers providing the information will be trained; and standards  
29 for documenting the provision of patient overdose information to  
30 patients.

31       c. The provision of patient overdose information shall be  
32 documented in the patient's medical record by a health care  
33 professional, or through similar means as determined by any written  
34 agreement between a health care professional and an organization  
35 as set forth in subsection b. of this section.

36       d. The Commissioner of <sup>1</sup>['Health and Senior] Human<sup>1</sup>  
37 Services, in consultation with Statewide organizations representing  
38 physicians, advanced practice nurses, or physician assistants, or  
39 community-based programs, substance abuse programs, syringe  
40 access programs, or other programs which address medical or social  
41 issues related to drug addiction, may develop and disseminate <sup>1</sup>['[, in  
42 accordance with promulgated regulations,]<sup>1</sup> training materials in  
43 video, electronic, or other formats to health care professionals or  
44 organizations operating community-based programs, substance  
45 abuse programs, syringe access programs, or other programs which  
46 address medical or social issues related to drug addiction, to  
47 facilitate the provision of patient overdose information.

1       6. a. The Commissioner of <sup>1</sup>[Health and Senior] Human<sup>1</sup>  
2 Services may award grants, based upon any monies appropriated by  
3 the Legislature, to create or support local opioid overdose  
4 prevention, recognition, and response projects. County and  
5 municipal health departments, correctional institutions, hospitals,  
6 and universities, as well as organizations operating community-  
7 based programs, substance abuse programs, syringe access  
8 programs, or other programs which address medical or social issues  
9 related to drug addiction may apply to the Department of <sup>1</sup>[Health  
10 and Senior] Human<sup>1</sup> Services for a grant under this section, on  
11 forms and in the manner prescribed by the commissioner.

12       b. In awarding any grant, the commissioner shall consider the  
13 necessity for overdose prevention projects in various health care  
14 facility and non-health care facility settings, and the applicant's  
15 ability to develop interventions that will be effective and viable in  
16 the local area to be served by the grant.

17       c. In awarding any grant, the commissioner shall give  
18 preference to applications that include one or more of the following  
19 elements:

20       (1) prescription and distribution of naloxone hydrochloride or  
21 any other similarly acting drug approved by the United States Food  
22 and Drug Administration for the treatment of an opioid overdose;

23       (2) policies and projects to encourage persons, including drug  
24 users, to call 911 for emergency assistance when they witness a  
25 potentially fatal opioid overdose;

26       (3) opioid overdose prevention, recognition, and response  
27 education projects in syringe access programs, drug treatment  
28 centers, outreach programs, and other programs operated by  
29 organizations that work with, or have access to, opioid users and  
30 their families and communities;

31       (4) opioid overdose recognition and response training, including  
32 rescue breathing, in drug treatment centers and for other  
33 organizations that work with, or have access to, opioid users and  
34 their families and communities;

35       (5) the production and distribution of targeted or mass media  
36 materials on opioid overdose prevention and response;

37       (6) the institution of education and training projects on opioid  
38 overdose response and treatment for emergency services and law  
39 enforcement personnel; and

40       (7) a system of parent, family, and survivor education and  
41 mutual support groups.

42       d. In addition to any moneys appropriated by the Legislature,  
43 the commissioner may seek money from the federal government,  
44 private foundations, and any other source to fund the grants  
45 established pursuant to this section, as well as to fund <sup>1</sup>[on-going]  
46 ongoing<sup>1</sup> monitoring and evaluation of the programs supported by  
47 the grants.

1       7. This act shall take effect on the first day of the second month  
2 next following enactment, except that the Commissioner of  
3 '【Health and Senior】 Human' Services shall take any anticipatory  
4 action in advance thereof as shall be necessary for the  
5 implementation of the act.