

ASSEMBLY, No. 1519

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman KEVIN J. ROONEY

District 40 (Bergen, Essex, Morris and Passaic)

Assemblyman CHRISTOPHER P. DEPHILLIPS

District 40 (Bergen, Essex, Morris and Passaic)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Co-Sponsored by:

Assemblywomen B.DeCroce, Swain, Assemblyman Karabinchak and

Assemblywoman Dunn

SYNOPSIS

Authorizes first responders to obtain, administer, and dispense opioid antidotes, with immunity, pursuant to Statewide standing order issued by State health official; makes clarifying changes to “Overdose Prevention Act.”

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 3/16/2020)

A1519 ROONEY, DEPHILLIPS

2

1 AN ACT concerning the possession, administration, and dispensing
2 of opioid antidotes by first responders, and amending P.L.2013,
3 c.46.

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

7
8 1. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read
9 as follows:

10 3. As used in this act:

11 "Commissioner" means the Commissioner of **[Human Services]**
12 Health.

13 "Drug overdose" means an acute condition including, but not
14 limited to, physical illness, coma, mania, hysteria, or death resulting
15 from the consumption or use of a controlled dangerous substance or
16 another substance with which a controlled dangerous substance was
17 combined and that a layperson would reasonably believe to require
18 medical assistance.

19 "Emergency medical response entity" means an organization,
20 company, governmental entity, community-based program, or
21 healthcare system that provides pre-hospital emergency medical
22 services and assistance to opioid or heroin addicts or abusers in the
23 event of an overdose. "Emergency medical response entity"
24 includes, but is not limited to, a first aid, rescue and ambulance
25 squad or other basic life support (BLS) ambulance provider; a
26 mobile intensive care provider or other advanced life support (ALS)
27 ambulance provider; an air medical service provider; or a fire-
28 fighting company or organization, which squad, provider, company,
29 or organization is qualified to send paid or volunteer emergency
30 medical responders to the scene of an emergency.

31 "Emergency medical responder" means a person, other than a
32 health care practitioner or law enforcement officer, who is
33 employed on a paid or volunteer basis in the area of emergency
34 response, including, but not limited to, an emergency medical
35 technician, a mobile intensive care paramedic, or a fire fighter,
36 acting in that person's professional capacity.

37 "First responder" means a law enforcement officer or emergency
38 medical responder.

39 "First response agency" means a law enforcement agency or
40 emergency medical response entity that is qualified to dispatch first
41 responders to the scene of an emergency for the purpose of
42 providing medical care or other assistance.

43 "Health care practitioner" means a prescriber, pharmacist, or
44 other individual whose professional practice is regulated pursuant to
45 Title 45 of the Revised Statutes, and who, in accordance with the

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.

1 practitioner's scope of professional practice, prescribes or dispenses
2 an opioid antidote.

3 “Law enforcement agency” means a department, division,
4 bureau, commission, board, or other authority of the State, or of any
5 political subdivision thereof, which employs law enforcement
6 officers.

7 “Law enforcement officer” means any person whose public
8 duties include the power to act as an officer for the detection,
9 apprehension, arrest, and conviction of offenders against the laws of
10 this State. “Law enforcement officer” includes any active member
11 of a county or municipal police force or organization established
12 pursuant to N.J.S.40A:14-106 or N.J.S.40A:14-118, and any active
13 member of the State Police, regardless of whether such member
14 operates on a temporary or permanent basis, or in a full-time or
15 part-time capacity.

16 "Medical assistance" means professional medical services that
17 are provided to a person experiencing a drug overdose by a health
18 care practitioner, acting within the practitioner's scope of
19 professional practice, including professional medical services that
20 are mobilized through telephone contact with the 911 telephone
21 emergency service.

22 "Opioid antidote" means any drug, regardless of dosage amount
23 or method of administration, which has been approved by the
24 United States Food and Drug Administration (FDA) for the
25 treatment of an opioid overdose. "Opioid antidote" includes, but is
26 not limited to, naloxone hydrochloride, in any dosage amount,
27 which is administered through nasal spray or any other FDA-
28 approved means or methods.

29 “Overdose victim” means a person whom an antidote recipient
30 believes, in good faith, is experiencing an overdose from the use of
31 heroin or other opioid drugs.

32 "Patient" means a person who is at risk of an opioid overdose or
33 a person who is not at risk of an opioid overdose who, in the
34 person's individual capacity, obtains an opioid antidote from a
35 health care practitioner, from a professional**[,]** or professional
36 entity , or from a first responder or first response agency for the
37 purpose of administering that antidote to another person in an
38 emergency, in accordance with subsection **[c.] d.** of section 4 of
39 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a law enforcement
40 officer, professional , or emergency medical responder who is
41 acting in that **[professional's]** person's individual capacity, but does
42 not include a law enforcement officer, professional , or emergency
43 medical responder who is acting in a professional capacity.

44 "Prescriber" means a health care practitioner authorized by law
45 to prescribe medications who, acting within the practitioner's scope
46 of professional practice, prescribes an opioid antidote. "Prescriber"
47 includes, but is not limited to, a physician, physician assistant, or
48 advanced practice nurse.

1 "Professional" means a person, other than a health care
2 practitioner or law enforcement officer, who is employed on a paid
3 basis or is engaged on a volunteer basis in the areas of substance
4 abuse treatment or therapy, criminal justice, or a related area, and
5 who, acting in that person's professional or volunteer capacity,
6 either: obtains an opioid antidote from a health care practitioner for
7 the purposes of dispensing [or administering] that antidote to other
8 parties in the course of business or volunteer activities ; or obtains
9 an opioid antidote from a health care practitioner, from a first
10 responder or first response entity, or from another professional or
11 professional entity for the purposes of administering that antidote to
12 an overdose victim in the course of business or volunteer activities.

13 "Professional" includes, but is not limited to, a sterile syringe
14 access program employee **[**, or a law enforcement official**]**.

15 "Professional entity" means an organization, company,
16 governmental entity, community-based program, sterile syringe
17 access program, or any other organized group that employs two or
18 more professionals who engage, during the regular course of
19 business or volunteer activities, in direct interactions with opioid or
20 heroin addicts or abusers or other persons susceptible to opioid
21 overdose, or with other persons who are in a position to provide
22 direct medical assistance to opioid or heroin addicts or abusers in
23 the event of an overdose.

24 "Recipient" means a patient, law enforcement officer, law
25 enforcement agency, professional, professional entity, emergency
26 medical responder, or emergency medical response entity who is
27 prescribed or dispensed an opioid antidote in accordance with
28 section 4 of P.L.2013, c.46 (C.24:6J-4).

29 (cf: P.L.2017, c.381, s.1)

30

31 2. Section 4 of P.L.2013, c.46 (C.24:6J-4) is amended to read
32 as follows:

33 4. a. (1) A prescriber or other health care practitioner, as
34 appropriate, may prescribe or dispense an opioid antidote:

35 (a) directly or through a standing order, to any **[recipient]**
36 patient who is deemed by the health care practitioner to be capable
37 of administering the opioid antidote to an overdose victim in an
38 emergency;

39 (b) through a standing order, to any professional **[or emergency**
40 **medical responder** who is not acting in a professional or volunteer
41 capacity for a professional entity, or an emergency medical
42 response entity, **but]** who is deemed by the health care practitioner
43 to be capable of either administering opioid antidotes to overdose
44 victims, **[as part of the professional's regular course of business or**
45 **volunteer activities;**

46 (c) through a standing order, to any professional who is not
47 acting in a professional or volunteer capacity for a professional
48 entity, but who is deemed by the health care practitioner to be

1 capable of] or dispensing opioid antidotes to recipients, for
2 administration thereby to third-party overdose victims, as part of the
3 professional's regular course of business or volunteer activities;

4 [(d)] (c) through a standing order, to any professional entity [or
5 any emergency medical response entity, which] that is deemed by
6 the health care practitioner to employ professionals [or emergency
7 medical responders, as appropriate,] who are capable of either
8 administering opioid antidotes to overdose victims [as part of the
9 entity's regular course of business or volunteer activities;

10 (e) through a standing order, to any professional entity which is
11 deemed by the health care practitioner to employ professionals who
12 are capable of] or dispensing opioid antidotes to recipients [,] for
13 administration thereby to third-party overdose victims, as part of the
14 [entity's] regular course of business or volunteer activities; or

15 (d) to any law enforcement officer or law enforcement agency,
16 and to any emergency medical responder or emergency medical
17 response entity, in accordance with the Statewide standing order
18 that is issued pursuant to paragraph (2) of this section.

19 (2) (a) [For the purposes of this subsection, whenever] A law
20 enforcement officer or emergency medical responder shall be
21 presumed to be capable both of administering an opioid antidote to
22 an overdose victim in an emergency, and of dispensing an opioid
23 antidote to another recipient for administration to a third party.
24 Immediately upon the effective date of P.L. , c. (C.)
25 (pending before the Legislature as this bill), the Commissioner of
26 Health, or, if the commissioner is not a duly licensed physician, the
27 Deputy Commissioner for Public Health Services, shall issue a
28 Statewide standing order authorizing each law enforcement officer
29 employed by a law enforcement agency in the State and each
30 emergency medical responder employed by an emergency medical
31 response entity in the State to administer opioid antidotes to
32 overdose victims in an emergency, and to dispense opioid antidotes
33 to patients and other recipients who are deemed by the law
34 enforcement officer, law enforcement agency, emergency medical
35 responder, or emergency medical response agency to be capable of
36 administering the antidote to a third-party overdose victim.

37 Nothing in this section, or in any other law or regulation, shall be
38 deemed to require a law enforcement officer or emergency medical
39 responder to possess an individual prescription or an officer-
40 specific, responder-specific, or agency-specific standing order, in
41 order to carry, administer, or dispense opioid antidotes in the State.

42 (b) Whenever the law expressly authorizes or requires a certain
43 type of professional or professional entity to obtain a standing order
44 for opioid antidotes pursuant to this [section] subsection, such
45 professional, or the professionals employed or engaged by such
46 professional entity, as the case may be, shall be presumed by the
47 prescribing or dispensing health care practitioner to be capable of

1 administering or dispensing the opioid antidote, consistent with the
2 express statutory requirement.

3 Nothing in this section, or in any other law or regulation, shall be
4 deemed to require a professional to obtain an individual
5 prescription or a professional-specific standing order, in order to
6 carry, administer, or dispense opioid antidotes; provided that the
7 entity employing the professional is in possession of a standing
8 order issued by a prescriber, pursuant to this subsection, which
9 authorizes the professionals in the entity's employ to engage in such
10 activities.

11 **[(b) For the purposes of this subsection, whenever the law**
12 **expressly requires a certain type of emergency medical responder or**
13 **emergency medical response entity to obtain a standing order for**
14 **opioid antidotes pursuant to this section, such emergency medical**
15 **responder, or the emergency medical responders employed or**
16 **engaged by such emergency medical response entity, as the case**
17 **may be, shall be presumed by the prescribing or dispensing health**
18 **care practitioner to be capable of administering the opioid antidote,**
19 **consistent with the express statutory requirement.]**

20 (3) (a) **[Whenever a prescriber or other health care practitioner**
21 **prescribes or dispenses an opioid antidote to a professional or**
22 **professional entity pursuant to a] A standing order for opioid**
23 **antidotes, which is issued [under] by a prescriber to a professional**
24 **or professional entity pursuant to paragraph (1) of this subsection,**
25 **[the standing order] shall specify whether the professional or**
26 **professional entity is authorized [thereby] by the standing order to**
27 **directly administer [the] opioid [antidote] antidotes to overdose**
28 **victims; to dispense [the] opioid [antidote] antidotes to patients**
29 **and other recipients, for their administration to third parties; or to**
30 **both administer and dispense the opioid [antidote] antidotes. If a**
31 **standing order does not include a specification in this regard, it**
32 **shall be deemed to authorize the professional or professional entity**
33 **only to administer [the] opioid [antidote] antidotes with immunity,**
34 **as provided by subsection c. of this section, and it shall not be**
35 **deemed to authorize the professional or professional entity to**
36 **engage in the further dispensing of the [antidote] antidotes to other**
37 **recipients, unless such authority has been granted by law, as**
38 **provided by subparagraph (b) of this paragraph.**

39 (b) Notwithstanding the provisions of this paragraph to the
40 contrary, if the law expressly authorizes or requires a certain type of
41 professional[,] or professional entity [, emergency medical
42 responder, or emergency medical response entity] to administer or
43 dispense opioid antidotes pursuant to a standing order issued
44 hereunder, the standing order issued pursuant to this section shall be
45 deemed to grant the authority specified by the law, even if such
46 authority is not expressly indicated on the face of the standing
47 order.

1 (4) Any prescriber or other health care practitioner who
2 prescribes or dispenses an opioid antidote, in good faith, and in
3 accordance with the provisions of this subsection, shall not, as a
4 result of the practitioner's acts or omissions, be subject to any
5 criminal or civil liability, or any professional disciplinary action
6 under Title 45 of the Revised Statutes, for prescribing or dispensing
7 an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
8 **[seq]** al.).

9 b. (1) Any first responder or first response agency that is
10 covered by the Statewide standing order issued pursuant to
11 paragraph (2) of subsection a. of this section, and that has received
12 overdose prevention information pursuant to section 5 of P.L.2013,
13 c.46 (C.24:6J-5), may administer an opioid antidote to an overdose
14 victim, or may dispense an opioid antidote to any recipient who is
15 deemed by the first responder or first response agency to be capable
16 of administering the opioid antidote to an overdose victim in an
17 emergency.

18 (2) Any first responder or first response agency, which
19 administers or dispenses an opioid antidote, in good faith, in
20 accordance with the provisions of paragraph (1) of this subsection,
21 and pursuant to the Statewide standing order issued under paragraph
22 (2) of subsection a. of this section, shall not, as a result of any acts
23 or omissions, be subject to any criminal or civil liability, or any
24 professional disciplinary action, for administering or dispensing the
25 opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et al.).

26 c. (1) Any professional or professional entity that has obtained
27 a standing order for the administration of opioid antidotes, pursuant
28 to subsection a. of this section, and overdose prevention
29 information pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5),
30 may administer an opioid antidote to an overdose victim. Any
31 professional or professional entity that has obtained a standing
32 order for the dispensing of opioid antidotes, pursuant to subsection
33 a. of this section, and overdose prevention information pursuant to
34 section 5 of P.L.2013, c.46 (C.24:6J-5), may dispense an opioid
35 antidote to any recipient who is deemed by the professional or
36 professional entity to be capable of administering the opioid
37 antidote to an overdose victim in an emergency. Any professional
38 or professional entity that has obtained a standing order for both the
39 administration and dispensing of opioid antidotes, pursuant to
40 subsection a. of this section, and overdose prevention information
41 pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5), may both
42 administer and dispense opioid antidotes.

43 (2) Any professional or professional entity that administers or
44 dispenses an opioid antidote , in good faith, in accordance with
45 paragraph (1) of this subsection, **[in good faith,]** and pursuant to a
46 standing order issued under subsection a. of this section, shall not,
47 as a result of any acts or omissions, be subject to any criminal or
48 civil liability, or any professional disciplinary action, for

1 administering or dispensing **【an】** the opioid antidote in accordance
2 with P.L.2013, c.46 (C.24:6J-1 et **【seq】** al.).

3 **【c.** (1) Any emergency medical responder or emergency medical
4 response entity that has obtained a standing order, pursuant to
5 subsection a. of this section, for the administration of opioid
6 antidotes, may administer an opioid antidote to overdose victims.

7 (2) Any emergency medical responder or emergency medical
8 response entity that administers an opioid antidote, in good faith, in
9 accordance with paragraph (1) of this subsection, and pursuant to a
10 standing order issued under subsection a. of this section, shall not,
11 as a result of any acts or omissions, be subject to any criminal or
12 civil liability, or any disciplinary action, for administering the
13 opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
14 seq.).**】**

15 d. (1) Any **【person who is the recipient of an opioid antidote,**
16 **which has been prescribed or dispensed】** patient who has obtained
17 an opioid antidote for administration purposes pursuant to
18 subsection a. **【or】** b., or c. of this section, and **【who has received】**
19 overdose prevention information pursuant to section 5 of P.L.2013,
20 c.46 (C.24:6J-5), may administer the opioid antidote to **【another**
21 **person】** an overdose victim in an emergency, without fee **【,** if the
22 antidote recipient believes, in good faith, that the other person is
23 experiencing an opioid overdose**】**.

24 (2) Any person who administers an opioid antidote **【pursuant**
25 **to】** , in good faith, and in accordance with paragraph (1) of this
26 subsection shall not, as a result of the person's acts or omissions, be
27 subject to any criminal or civil liability for administering the opioid
28 antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et **【seq】** al.).

29 e. In addition to the immunity that is provided by this section
30 for authorized persons who are engaged in the prescribing,
31 dispensing, or administering of an opioid antidote, the immunity
32 provided by section 7 or section 8 of P.L.2013, c.46 (C.2C:35-30 or
33 C.2C:35-31) shall apply to a person who acts in accordance with
34 this section, provided that the requirements of those sections, as
35 applicable, have been met.

36 f. Notwithstanding the provisions of any law, rule, regulation,
37 ordinance, or institutional or organizational directive to the
38 contrary, any person or entity authorized to administer an opioid
39 antidote, pursuant to this section, may administer to an overdose
40 victim, with full immunity:

41 (1) a single dose of any type of opioid antidote that has been
42 approved by the United States Food and Drug Administration for
43 use in the treatment of opioid overdoses; and

44 (2) up to three doses of an opioid antidote that is administered
45 through intranasal application, or through an intramuscular auto-
46 injector, as may be necessary to revive the overdose victim. Prior
47 consultation with, or approval by, a third-party physician or other

1 medical personnel shall not be required before an authorized person
2 or entity may administer up to three doses of an opioid antidote, as
3 provided in this paragraph, to the same overdose victim.

4 g. No later than 45 days after the effective date of P.L.2017,
5 c.381, the Commissioner of Health shall provide written notice to
6 all emergency medical response entities affected by subsection f. of
7 this section, notifying them of the provisions of subsection f. of this
8 section.

9 (cf: P.L.2017, c.381, s.2)

10

11 3. Section 5 of P.L.2013, c.46 (C.24:6J-5) is amended to read
12 as follows:

13 5. a. (1) A prescriber or other health care practitioner who
14 prescribes or dispenses an opioid antidote, in accordance with
15 paragraph (1) of subsection a. of section 4 of P.L.2013, c.46
16 (C.24:6J-4), shall ensure that overdose prevention information is
17 provided to the antidote recipient. ~~The State health official who~~
18 issues a Statewide standing order applicable to first responders, in
19 accordance with paragraph (2) of subsection a. of section 4 of
20 P.L.2013, c.46 (C.24:6J-4), shall ensure that overdose prevention
21 information is provided to every law enforcement agency and
22 emergency medical response entity in the State that is covered by
23 the standing order. The **【requisite】** overdose prevention
24 information that is distributed pursuant this subsection shall
25 include, but **【is】** need not be limited to: information on opioid
26 overdose prevention and recognition; instructions on how to
27 perform rescue breathing and resuscitation; information on opioid
28 antidote dosage and instructions on opioid antidote administration;
29 information describing the importance of calling 911 emergency
30 telephone service for assistance with an opioid overdose; and
31 instructions for appropriate care of an overdose victim after
32 administration of the opioid antidote.

33 (2) A professional or professional entity that dispenses an opioid
34 antidote pursuant to a standing order, in accordance with subsection
35 **【b.】** c. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that
36 each patient or other recipient who is dispensed an opioid antidote
37 also receives a copy of the overdose prevention information that has
38 been provided to the professional or professional entity pursuant to
39 paragraph (1) of this subsection.

40 (3) A law enforcement officer, law enforcement agency,
41 emergency medical responder, or emergency medical response
42 entity that dispenses an opioid antidote pursuant to a Statewide
43 standing order, in accordance with subsection b. of section 4 of
44 P.L.2013, c.46 (C.24:6J-4), shall ensure that each patient or other
45 recipient who is dispensed an opioid antidote also receives a copy
46 of the overdose prevention information that has been provided to
47 the law enforcement agency or emergency medical response entity,
48 as the case may be, pursuant to paragraph (1) of this subsection.

1 b. (1) In **[order to fulfill]** fulfilling the information distribution
2 requirements of subsection a. of this section, overdose prevention
3 information may be provided directly by the prescribing or
4 dispensing health care practitioner or State health official, or by the
5 dispensing professional or professional entity, law enforcement
6 officer or agency, or emergency medical responder or response
7 entity, or may be provided indirectly by a community-based
8 organization, or other organization that addresses medical or social
9 issues related to **[drug addiction]** substance use disorders, and with
10 which the health care practitioner or State health official, the
11 professional**[,]** or professional entity, the law enforcement officer
12 or agency, or the emergency medical responder or response entity,
13 as appropriate, maintains a written agreement. Any such written
14 agreement shall incorporate, at a minimum: procedures for the
15 timely dissemination of overdose prevention information;
16 information as to how employees or volunteers providing the
17 information will be trained; and standards for recordkeeping under
18 paragraph (2) of this subsection.

19 (2) The dissemination of overdose prevention information in
20 accordance with this section, and the contact information for the
21 persons receiving such information, to the extent known, shall be
22 documented by the prescribing or dispensing health care
23 practitioner or State health official, or by the dispensing
24 professional**[,]** or professional entity, law enforcement officer or
25 agency, or emergency medical responder or response entity, as
26 appropriate, in: (a) the patient's medical record, if applicable; **[or]**
27 (b) another appropriate record or log, if the patient's medical record
28 is unavailable or inaccessible, or if the antidote recipient is **[a**
29 **professional or professional entity]** acting in **[their]** a professional
30 capacity; or (c) any other similar recordkeeping location, as
31 specified in a written agreement that has been executed pursuant to
32 paragraph (1) of this subsection.

33 c. In order to facilitate the dissemination of overdose
34 prevention information in accordance with this section, the
35 Commissioner of **[Human Services]** Health, in consultation with
36 Statewide organizations representing physicians, advanced practice
37 nurses, or physician assistants, and organizations operating
38 community-based programs, sterile syringe access programs, or
39 other programs which address medical or social issues related to
40 **[drug addiction]** substance use disorders, may develop training
41 materials in video, electronic, or other appropriate formats, and
42 disseminate these materials to: health care practitioners; first
43 responders and first response agencies; professionals and
44 professional entities that are authorized by standing order to
45 dispense opioid antidotes; and organizations that are authorized to
46 disseminate overdose prevention information under a written

1 agreement executed pursuant to paragraph (1) of subsection b. of
2 this section.

3 (cf: P.L.2015, c.10, s.3)

4

5 4. Section 1 of P.L.2017, c.285 (C.24:6J-5.1) is amended to
6 read as follows:

7 1. a. **【If】** Whenever an opioid antidote is administered by a
8 health care professional or a first responder to a person
9 experiencing a drug overdose, information concerning substance
10 **【abuse】** use disorder treatment programs and resources, including
11 information on the availability of opioid antidotes, shall be provided
12 to the person as follows:

13 (1) If the person is admitted to a health care facility or receives
14 treatment in the emergency department of a health care facility, a
15 staff member designated by the health care facility, who may be a
16 social worker, addiction counselor, or other appropriate
17 professional, shall provide the information to the person at any time
18 after the treatment for the drug overdose is complete, but prior to
19 the person's discharge from the facility. The designated staff
20 member shall document the provision of the information in the
21 person's medical record, and may, in collaboration with an
22 appropriate health care professional, additionally develop an
23 individualized substance **【abuse】** use disorder treatment plan for
24 the person.

25 (2) If the opioid antidote is administered by a first responder and
26 the person experiencing the overdose is not subsequently
27 transported to a health care facility, the first responder shall provide
28 the information to the person at the time the treatment for the drug
29 overdose is complete.

30 b. As used in this section:

31 "First responder" means a law enforcement officer **【**, paid or
32 volunteer firefighter, paid or volunteer member of a duly
33 incorporated first aid, emergency, ambulance, or rescue squad
34 association, or any other individual who, in the course of that
35 individual's employment, is dispatched to the scene of an
36 emergency situation for the purpose of providing medical care or
37 other assistance**】** or emergency medical responder, as those terms
38 are defined by section 1 of P.L.2013, c.46 (C.24:6J-3).

39 "Health care facility" means a health care facility licensed
40 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

41 c. The Commissioner of **【Human Services】** Health shall
42 develop informational materials concerning substance **【abuse】** use
43 disorder treatment programs, and resources and information on the
44 availability of opioid antidotes, for dissemination to health care
45 professionals and first responders to facilitate the provision of
46 information to patients pursuant to this section.

47 (cf: P.L.2017, c.285, s.1)

1 5. Section 6 of P.L.2013, c.46 (C.24:6J-6) is amended to read
2 as follows:

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

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

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

22 (1) the prescription and distribution of **【naloxone hydrochloride**
23 or any other similarly acting drug approved by the United States
24 Food and Drug Administration for the treatment of an opioid
25 overdose**】** opioid antidotes;

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

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

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

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

40 (6) the institution of education and training projects on opioid
41 overdose response and treatment for emergency services and law
42 enforcement personnel; and

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

45 d. In addition to any moneys appropriated by the Legislature,
46 the commissioner may seek money from the federal government,
47 private foundations, and any other source to fund the grants

1 established pursuant to this section, as well as to fund on-going
2 monitoring and evaluation of the programs supported by the grants.
3 (cf: P.L.2013, c.46, s.6)
4

5 6. This act shall take effect on the first day of the first month
6 next following enactment, except that the Commissioner of Health
7 shall take anticipatory administrative action, in advance thereof, as
8 may be necessary for the implementation of this act.
9

10
11 STATEMENT
12

13 This bill would amend the State's "Overdose Prevention Act"
14 (OPA), P.L.2013, c.46 (C.24:6J-1 et al.), in order to authorize first
15 responders and first response entities (i.e., law enforcement
16 officers; law enforcement agencies; emergency medical responders,
17 including emergency medical technicians, paramedics, and
18 firefighters; and emergency medical response entities) to obtain,
19 administer, and dispense naloxone hydrochloride and other opioid
20 antidotes, with immunity, pursuant to a Statewide standing order
21 issued by a State health official.

22 Under the existing provisions of the OPA, law enforcement
23 officials are included under the same rubric of provisions that relate
24 to "professionals" and "professional entities," while emergency
25 medical responders and response entities are covered under their
26 own, unique provisions. Under the existing law, professionals and
27 professional entities are required to request and obtain a standing
28 order from an individual health care practitioner before they will be
29 authorized to administer or dispense opioid antidotes with
30 immunity. Emergency medical responders and response entities
31 must go through the same standing order request procedure, but
32 may only be authorized by a standing order to administer opioid
33 antidotes to overdose victims. The existing law does not authorize
34 emergency medical responders to further dispense opioid antidotes
35 to other recipients for administration thereby. In order to ensure
36 that all first responders are subject to the same authorizations and
37 immunities under the OPA, this bill would excise law enforcement
38 officers and law enforcement agencies from the provisions of the
39 OPA that relate to professionals and professional entities; it would
40 eliminate the existing provisions of the OPA that relate solely to
41 emergency medical responders and response entities; and it would
42 incorporate new provisions that are universally applicable to all first
43 responders, including both law enforcement officers and emergency
44 medical responders, and which authorize all first responders to both
45 administer and dispense opioid antidotes pursuant to a Statewide
46 standing order.

47 Although the OPA generally requires a health care practitioner,
48 before prescribing or dispensing any opioid antidotes, to make a

1 determination as to whether the recipient of the antidote is capable
2 of administering or dispensing the drug, as appropriate, or whether
3 the recipient, if an entity, employs persons who are so capable, the
4 bill would provide that such a determination need not be made in
5 the case of first responders. Instead, the bill would specify that a
6 law enforcement officer or emergency medical responder is to be
7 presumed, as a matter of law, to be capable of both administering
8 and dispensing opioid antidotes. The bill would further require the
9 Commissioner of Health, or, if the commissioner is not a licensed
10 physician, the Deputy Commissioner for Public Health Services, to
11 immediately issue, upon the bill's effective date, a Statewide
12 standing order authorizing each law enforcement officer who is
13 employed by a law enforcement agency, and each emergency
14 medical responder who is employed by an emergency medical
15 response entity in the State to administer opioid antidotes to
16 overdose victims in an emergency, and to dispense opioid antidotes
17 to patients and other recipients who are deemed capable of
18 administering the antidote to a third-party overdose victim.

19 The State health official who issues the Statewide standing order
20 for first responders would be required to provide overdose
21 prevention information, under the existing provisions of the OPA,
22 to every law enforcement agency and emergency medical response
23 entity in the State that is covered by the Statewide order. Each such
24 agency or entity, and the employees thereof, would then be
25 required, when dispensing opioid antidotes to other recipients, to
26 ensure that a copy of the overdose prevention information is
27 provided to each antidote recipient.

28 Any law enforcement officer or agency, and any emergency
29 medical responder or response entity, which has received overdose
30 prevention information, and which administers or dispenses an
31 opioid antidote pursuant to the Statewide standing order issued
32 under the bill's provisions, would be immune from civil or criminal
33 liability, as well as from professional disciplinary action, for any
34 acts or omissions that may be associated with such administration
35 or dispensation. The bill would further specify that nothing in its
36 provisions, or in any other law or regulation, may be deemed to
37 require a law enforcement officer or emergency medical responder
38 to possess an individual prescription or an officer-specific,
39 responder-specific, or agency-specific standing order, in order to
40 carry, administer, or dispense opioid antidotes.

41 The bill would also make minor technical and clarifying
42 corrections to existing provisions of the OPA, in order to eliminate
43 internal inconsistencies and redundancies, clarify and harmonize
44 existing language, and more clearly distinguish the requirements
45 and immunities that apply to the various types of actors who may be
46 authorized to administer or dispense opioid antidotes.

47 For instance, the bill would clarify, consistent with existing law,
48 that nothing in the OPA, or in any other law or regulation, may be

1 deemed to require a professional actor to obtain an individual
2 prescription or a professional-specific standing order, in order to
3 carry, administer, or dispense opioid antidotes; provided that the
4 entity employing such professional is in possession of a standing
5 order, issued by an individual prescriber under the OPA, which
6 authorizes the professionals in the entity's employ to engage in such
7 activities.

8 More significantly, the bill would clarify the existing immunity
9 provisions that are applicable to professionals and professional
10 entities under the OPA. These immunity provisions are currently
11 split into two subsections, which may create confusion in practice,
12 particularly in light of the changes that are being made by this bill.
13 The first subsection applies to professional actors who engage in the
14 dispensation of opioid antidotes, while the second subsection is a
15 catch-all provision that applies to both professional actors and
16 ordinary patients who administer opioid antidotes. This split
17 between subsections has resulted in an unintentional gap in the
18 immunities that are provided to professionals and professional
19 entities under the OPA. Specifically, professional actors are
20 immunized against professional liability only under the first
21 subsection, regarding their dispensation of opioid antidotes, but
22 they are not immunized against professional liability under the
23 second subsection, regarding their administration of opioid
24 antidotes. Because the OPA was clearly intended to provide full
25 immunity to these actors, regardless of whether they are engaged in
26 the administration or dispensation of opioid antidotes, this bill
27 would address the gap in the law by combining the immunity
28 provisions that are applicable to professionals into a single
29 subsection, in a manner that mirrors the phrasing of the new
30 immunity provisions that are applicable to first responders.

31 The bill would also amend the OPA to replace references to the
32 Department and Commissioner of Human Services with references
33 to the Department and Commissioner of Health. This change is
34 necessary to reflect the fact that the functions of the Division of
35 Mental Health and Addiction Services, which oversees the
36 implementation of the OPA, have now been transferred from the
37 Department of Human Services to the Department of Health,
38 pursuant to Reorganization Plan 001-2017 (Christie).