

ASSEMBLY, No. 2283

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JANUARY 27, 2020

Sponsored by:

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District 2 (Atlantic)

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District 37 (Bergen)

SYNOPSIS

Requires county health departments to maintain reserve stock of opioid antidotes to dispense to certain entities on interim basis to ensure uninterrupted supply.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/27/2020)

1 AN ACT concerning overdose prevention and opioid antidote
2 availability, and amending P.L.2013, c.46.

3

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

6

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

9 3. As used in this act:

10 "Commissioner" means the Commissioner of Human Services.

11 "County health department" means the agency that has been
12 established and organized in each county, pursuant to section 6 of
13 the "Local Health Services Act," P.L.1975, c.329 (C.26:3A2-6), for
14 the purpose of providing health services that are required to protect
15 the health of citizens within its area of jurisdiction.

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

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

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

40 "First responder" means a law enforcement officer, paid or
41 volunteer firefighter, emergency medical responder, or any other
42 individual who, in the course of that individual's employment, is
43 dispatched to the scene of an emergency for the purpose of
44 providing medical care or other assistance.

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 "First response entity" means an organization, company,
2 governmental entity, community-based agency or program, or other
3 organized group that employs two or more first responders, whether
4 on a paid or volunteer basis, for dispatch to emergency scenes.

5 "Health care practitioner" means a prescriber, pharmacist, or
6 other individual whose professional practice is regulated pursuant to
7 Title 45 of the Revised Statutes, and who, in accordance with the
8 practitioner's scope of professional practice, prescribes or dispenses
9 an opioid antidote.

10 "Medical assistance" means professional medical services that
11 are provided to a person experiencing a drug overdose by a health
12 care practitioner, acting within the practitioner's scope of
13 professional practice, including professional medical services that
14 are mobilized through telephone contact with the 911 telephone
15 emergency service.

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

23 "Patient" means a person who is at risk of an opioid overdose or
24 a person who is not at risk of an opioid overdose who, in the
25 person's individual capacity, obtains an opioid antidote from a
26 health care practitioner, professional, or professional entity for the
27 purpose of administering that antidote to another person in an
28 emergency, in accordance with subsection c. of section 4 of
29 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
30 acting in that professional's individual capacity, but does not
31 include a professional who is acting in a professional capacity.

32 "Prescriber" means a health care practitioner authorized by law
33 to prescribe medications who, acting within the practitioner's scope
34 of professional practice, prescribes an opioid antidote. "Prescriber"
35 includes, but is not limited to, a physician, physician assistant, or
36 advanced practice nurse.

37 "Professional" means a person, other than a health care
38 practitioner, who is employed on a paid basis or is engaged on a
39 volunteer basis in the areas of substance abuse treatment or therapy,
40 criminal justice, or a related area, and who, acting in that person's
41 professional or volunteer capacity, obtains an opioid antidote from a
42 health care practitioner for the purposes of dispensing or
43 administering that antidote to other parties in the course of business
44 or volunteer activities. "Professional" includes, but is not limited
45 to, a sterile syringe access program employee, or a law enforcement
46 official.

47 "Professional entity" means an organization, company,
48 governmental entity, community-based program, sterile syringe

1 access program, or any other organized group that employs two or
2 more professionals who engage, during the regular course of
3 business or volunteer activities, in direct interactions with opioid or
4 heroin addicts or abusers or other persons susceptible to opioid
5 overdose, or with other persons who are in a position to provide
6 direct medical assistance to opioid or heroin addicts or abusers in
7 the event of an overdose.

8 "Recipient" means a patient, professional, professional entity,
9 emergency medical responder, emergency medical response entity,
10 school, school district, or school nurse who is prescribed or
11 dispensed an opioid antidote in accordance with section 4 of
12 P.L.2013, c.46 (C.24:6J-4).

13 "School" means a public or private school that has adopted a
14 policy that complies with the requirements of P.L.2013, c.46
15 (C.24:6J-1 et al.) authorizing the school to acquire and store an
16 opioid antidote and the school nurse or another designated
17 individual to administer the opioid antidote to an overdose victim in
18 an emergency.

19 (cf: P.L.2018, c.106, s.7)

20
21 2. Section 4 of P.L.2013, c.46 (C.24:6J-4) is amended to read
22 as follows:

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

25 (a) directly or through a standing order, to any recipient who is
26 deemed by the health care practitioner to be capable of
27 administering the opioid antidote to an overdose victim in an
28 emergency;

29 (b) through a standing order, to any professional or emergency
30 medical responder who is not acting in a professional or volunteer
31 capacity for a professional entity~~[],~~ or an emergency medical
32 response entity, but who is deemed by the health care practitioner to be
33 capable of administering opioid antidotes to overdose victims, as
34 part of the professional's regular course of business or volunteer
35 activities;

36 (c) through a standing order, to any professional who is not
37 acting in a professional or volunteer capacity for a professional
38 entity, but who is deemed by the health care practitioner to be
39 capable of dispensing opioid antidotes to recipients, for
40 administration thereby, as part of the professional's regular course
41 of business or volunteer activities;

42 (d) through a standing order, to any professional entity or any
43 emergency medical response entity, which is deemed by the health
44 care practitioner to employ professionals or emergency medical
45 responders, as appropriate, who are capable of administering opioid
46 antidotes to overdose victims as part of the entity's regular course of
47 business or volunteer activities;

1 (e) through a standing order, to any professional entity which is
2 deemed by the health care practitioner to employ professionals who
3 are capable of dispensing opioid antidotes to recipients, for
4 administration thereby, as part of the entity's regular course of
5 business or volunteer activities;

6 (f) through a standing order, to a school, school district, or
7 school nurse pursuant to the provisions of section 2 of P.L.2018,
8 c.106 (C.18A:40-12.24); or

9 (g) through a standing order, to any county health department,
10 for the purposes of storage and interim dispensation thereby, as
11 provided by subsection i. of this section.

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

20 (b) For the purposes of this subsection, whenever the law
21 expressly requires a certain type of emergency medical responder or
22 emergency medical response entity to obtain a standing order for
23 opioid antidotes pursuant to this section, such emergency medical
24 responder, or the emergency medical responders employed or
25 engaged by such emergency medical response entity, as the case
26 may be, shall be presumed by the prescribing or dispensing health
27 care practitioner to be capable of administering the opioid antidote,
28 consistent with the express statutory requirement.

29 (c) For the purposes of this subsection, whenever the law
30 expressly authorizes or requires a school or school district to obtain
31 a standing order for opioid antidotes pursuant to this section, the
32 school nurses employed or engaged by the school or school district
33 shall be presumed by the prescribing or dispensing health care
34 practitioner to be capable of administering the opioid antidote,
35 consistent with the express statutory requirement.

36 (3) (a) Whenever a prescriber or other health care practitioner
37 prescribes or dispenses an opioid antidote to a professional or
38 professional entity pursuant to a standing order issued under
39 paragraph (1) of this subsection, the standing order shall specify
40 whether the professional or professional entity is authorized thereby
41 to directly administer the opioid antidote to overdose victims; to
42 dispense the opioid antidote to recipients, for their administration to
43 third parties; or to both administer and dispense the opioid antidote.
44 If a standing order does not include a specification in this regard, it
45 shall be deemed to authorize the professional or professional entity
46 only to administer the opioid antidote with immunity, as provided
47 by subsection c. of this section, and it shall not be deemed to
48 authorize the professional or professional entity to engage in the

1 further dispensing of the antidote to recipients, unless such
2 authority has been granted by law, as provided by subparagraph (b)
3 of this paragraph.

4 (b) Notwithstanding the provisions of this paragraph to the
5 contrary, if the law expressly authorizes or requires a certain type of
6 professional, professional entity, emergency medical responder,
7 emergency medical response entity, school, school district, or
8 school nurse to administer or dispense opioid antidotes pursuant to
9 a standing order issued hereunder, the standing order issued
10 pursuant to this section shall be deemed to grant the authority
11 specified by the law, even if such authority is not expressly
12 indicated on the face of the standing order.

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

21 b. (1) Any professional or professional entity that has obtained a
22 standing order, pursuant to subsection a. of this section, for the
23 dispensing of opioid antidotes, may dispense an opioid antidote to
24 any recipient who is deemed by the professional or professional
25 entity to be capable of administering the opioid antidote to an
26 overdose victim in an emergency.

27 (2) Any professional or professional entity that dispenses an
28 opioid antidote in accordance with paragraph (1) of this subsection,
29 in good faith, and pursuant to a standing order issued under
30 subsection a. of this section, shall not, as a result of any acts or
31 omissions, be subject to any criminal or civil liability or any
32 professional disciplinary action for dispensing an opioid antidote in
33 accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

34 c. (1) Any emergency medical responder or emergency medical
35 response entity that has obtained a standing order, pursuant to
36 subsection a. of this section, for the administration of opioid
37 antidotes, may administer an opioid antidote to overdose victims.

38 (2) Any emergency medical responder or emergency medical
39 response entity that administers an opioid antidote, in good faith, in
40 accordance with paragraph (1) of this subsection, and pursuant to a
41 standing order issued under subsection a. of this section, shall not,
42 as a result of any acts or omissions, be subject to any criminal or
43 civil liability, or any disciplinary action, for administering the
44 opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
45 seq.).

46 d. (1) Any person who is the recipient of an opioid antidote,
47 which has been prescribed or dispensed for administration purposes
48 pursuant to subsection a. or b. of this section, and who has received

1 overdose prevention information pursuant to section 5 of P.L.2013,
2 c.46 (C.24:6J-5), may administer the opioid antidote to another
3 person in an emergency, without fee, if the antidote recipient
4 believes, in good faith, that the other person is experiencing an
5 opioid overdose.

6 (2) Any person who administers an opioid antidote pursuant to
7 paragraph (1) of this subsection shall not, as a result of the person's
8 acts or omissions, be subject to any criminal or civil liability for
9 administering the opioid antidote in accordance with P.L.2013, c.46
10 (C.24:6J-1 et seq.).

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

18 f. Any school, school district, school nurse, school employee,
19 or any other officer or agent of a board of education, charter school,
20 or nonpublic school who administers, or permits the administration
21 of, an opioid antidote in good faith in accordance with the
22 provisions of section 2 of P.L.2018, c.106 (C.18A:40-12.24), and
23 pursuant to a standing order issued under subsection a. of this
24 section, shall not, as a result of any acts or omissions, be subject to
25 any criminal or civil liability, or any disciplinary action, for
26 administering, or for permitting the administration of, the opioid
27 antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

28 g. Notwithstanding the provisions of any law, rule, regulation,
29 ordinance, or institutional or organizational directive to the
30 contrary, any person or entity authorized to administer an opioid
31 antidote pursuant to this section, may administer to an overdose
32 victim, with full immunity:

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

36 (2) up to three doses of an opioid antidote that is administered
37 through an intranasal application, or through an intramuscular auto-
38 injector, as may be necessary to revive the overdose victim. Prior
39 consultation with, or approval by, a third-party physician or other
40 medical personnel shall not be required before an authorized person
41 or entity may administer up to three doses of an opioid antidote, as
42 provided in this paragraph, to the same overdose victim.

43 h. No later than 45 days after the effective date of P.L.2017,
44 c.381 the Commissioner of Health shall provide written notice to all
45 emergency medical response entities affected by subsection g. of
46 this section notifying them of the provisions of subsection g. of this
47 section.

1 i. (1) Each county health department shall obtain, through a
2 standing order, and shall maintain in an accessible storage location,
3 a reserve stock of opioid antidotes sufficient to ensure an
4 uninterrupted supply of opioid antidotes is available to first
5 responders, first response entities, schools, and hospital pharmacies
6 operating in the county. The quantity of opioid antidotes that are to
7 be kept in reserve stock by each county health department pursuant
8 to this subsection shall be determined by the director of the county
9 health department, in consultation with the county prosecutor, the
10 county association of police chiefs, and the county association of
11 fire chiefs, and with input from the hospitals, school districts,
12 schools, emergency medical responders, and emergency medical
13 response entities operating in the county.

14 (2) In the event that a first responder, first response entity, or
15 school anticipates that it will exhaust its supply of opioid antidotes
16 before it will be able to acquire an additional supply pursuant to a
17 standing order issued under subsection a. of this section, the first
18 responder, first response entity, or school may make a request to the
19 county health department to provide the requester with an interim
20 supply of opioid antidotes from the reserve stock that is maintained
21 pursuant to this subsection. Upon receipt of a request, the county
22 health department shall promptly deliver to the requester an interim
23 supply of opioid antidotes in a quantity sufficient to ensure that the
24 requester will have adequate stock to continue to administer or
25 dispense opioid antidotes, as appropriate, during the interim period
26 between the date the requester's supply of opioid antidotes will be
27 exhausted and the date the requester will receive a new stock of
28 opioid antidotes pursuant to the standing order.

29 (3) In the event that a hospital pharmacy anticipates that it will
30 exhaust its available supply of opioid antidotes before it is able to
31 acquire an additional supply, and will consequently be unable to
32 meet the anticipated demand for opioid antidotes to be dispensed
33 pursuant to subsection a. of this section, the hospital pharmacy may
34 make a request to the county health department to provide the
35 pharmacy with an interim supply of opioid antidotes from the
36 reserve stock that is maintained pursuant to this subsection. Upon
37 receipt of a request, the county health department shall promptly
38 deliver to the hospital pharmacy an interim supply of opioid
39 antidotes in a quantity sufficient to ensure that the hospital
40 pharmacy will have adequate stock to continue to dispense opioid
41 antidotes pursuant to subsection a. of this section during the interim
42 period between the date the pharmacy's supply of opioid antidotes
43 will be exhausted and the date the pharmacy will receive a new
44 stock of opioid antidotes.

45 (4) Any first responder, first response entity, school, or hospital
46 pharmacy that obtains an interim supply of opioid antidotes from
47 the reserve stock maintained pursuant to this subsection shall

1 reimburse the county health department for the department's actual
2 costs to acquire and deliver the interim supply.

3 (5) County health departments in the State may enter into shared
4 service agreements, in accordance with the "Uniform Shared
5 Services and Consolidation Act," sections 1 through 35 of
6 P.L.2007, c.63 (C.40A:65-1 through C.40A:65-35), in order to
7 facilitate the acquisition of opioid antidotes at discounted rates,
8 minimize delivery costs, or otherwise facilitate the implementation
9 of this subsection.

10 (6) The commissioner shall establish rules and regulations,
11 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
12 (C.52:14B-1 et seq.), identifying: (a) the manner and timeframe in
13 which a first responder, first response entity, school, or hospital
14 pharmacy may make a request to a county health department for
15 interim opioid antidote supplies under this subsection; and (b) the
16 manner and timeframe in which a first responder, first response
17 entity, school, or hospital pharmacy shall provide reimbursement to
18 the county health department for the department's actual costs to
19 acquire and deliver the interim supplies.

20 (7) Any county health department or employee of a county
21 health department that provides a first responder, first response
22 entity, school, or hospital pharmacy with an interim supply of
23 opioid antidotes from the reserve stock maintained pursuant to this
24 subsection shall not, as a result of any acts or omissions, be subject
25 to any criminal or civil liability, or any disciplinary action, for
26 providing such interim supply in accordance with this subsection.

27 (cf: P.L.2018, c.106, s.8)

28
29 3. This act shall take effect immediately.

30
31
32 STATEMENT

33
34 This bill amends the "Overdose Prevention Act," P.L.2013, c.42
35 (C.24:6J-1 et seq.), to require each county health department to
36 obtain, and to maintain in an accessible storage location, a reserve
37 stock of opioid antidotes to be dispensed to first responders, schools
38 that have adopted a policy to acquire and administer opioid
39 antidotes, and hospital pharmacies, to ensure an uninterrupted
40 supply of antidotes is available to those entities. The exact quantity
41 of opioid antidotes to be maintained in the reserve stock will be
42 determined by the director of each county health department in
43 consultation with the county prosecutor, the county association of
44 police chiefs, and the county association of fire chiefs, and with
45 input from the hospitals, school districts, schools, emergency
46 medical responders, and emergency medical response entities
47 operating in that county.

1 The bill specifies that, whenever a first responder, first response
2 entity, school, or hospital pharmacy anticipates it will exhaust its
3 supply of opioid antidotes before it is able to acquire more, it may
4 make a request to the county health department to provide an
5 interim supply of opioid antidotes from the reserve stock. Upon
6 receiving a request, the county health department will be required to
7 promptly deliver to the requester an interim supply sufficient to
8 meet the requester's need for opioid antidotes for the interim period
9 between the date the requester's supply will be exhausted and the
10 date the requester will receive a new supply of opioid antidotes by
11 regular means.

12 First responders, first response entities, schools, and hospital
13 pharmacies that obtain an interim supply of opioid antidotes from
14 the reserve stock will be required to reimburse the county health
15 department for the department's actual costs in acquiring and
16 delivering the interim supply. The bill expressly authorizes county
17 health departments to enter into shared service agreements, in
18 accordance with the "Uniform Shared Services and Consolidation
19 Act," in order to facilitate the acquisition of opioid antidotes at
20 discounted rates, minimize delivery costs, or otherwise facilitate the
21 implementation of the bill's provisions.

22 The bill requires the Commissioner of Human Services to
23 establish rules and regulations to identify the manner and timeframe
24 to request a county health department provide interim supplies of
25 opioid antidotes, and the manner and timeframe to provide
26 reimbursements to the department for the costs of acquiring and
27 delivering interim supplies.

28 Finally, the bill specifies that any county health department or
29 employee of a county health department that provides an interim
30 supply of opioid antidotes from its reserve stock will be immune
31 from criminal or civil liability, or any disciplinary action, in
32 association with the provision of the interim supply.