

ASSEMBLY, No. 2684

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 13, 2020

Sponsored by:

Assemblyman JOHN ARMATO

District 2 (Atlantic)

Assemblyman VINCENT MAZZEO

District 2 (Atlantic)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

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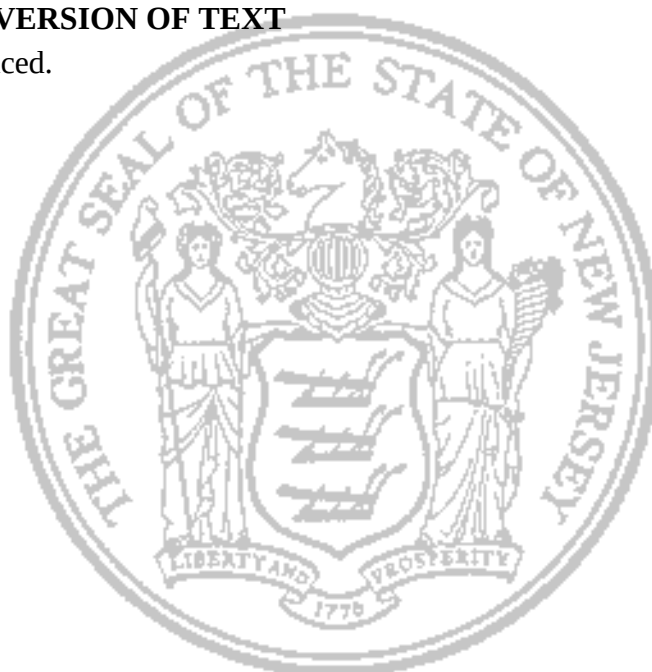
Assemblyman Caputo

SYNOPSIS

Authorizes public libraries to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by librarian or other trained library employee.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/13/2020)

1 AN ACT concerning the emergency administration of opioid
2 antidotes in public libraries, supplementing chapter 73 of Title
3 18A of the New Jersey Statutes, and amending P.L.2013, c.46.

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

7
8 1. (New section) As used in this act:

9 “Opioid antidote” means any drug, regardless of dosage amount
10 or method of administration, which has been approved by the
11 United States Food and Drug Administration (FDA) for the
12 treatment of an opioid overdose. “Opioid antidote” includes, but is
13 not limited to, naloxone hydrochloride, in any dosage amount,
14 which is administered through nasal spray or any other FDA-
15 approved means or methods.

16 “Opioid overdose” means an acute condition including, but not
17 limited to, extreme physical illness, decreased level of
18 consciousness, respiratory depression, coma, or death resulting
19 from the consumption or use of an opioid drug or another substance
20 with which an opioid drug was combined, and that a layperson
21 would reasonably believe to require medical assistance.

22 “Public library” means a library that serves free of charges all
23 residents of an area without discrimination and receives its financial
24 support, in whole or in part, from public funds.

25
26 2. (New section) a. A public library may obtain a supply of
27 opioid antidotes pursuant to a standing order under section 4 of the
28 “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-4) or section 1
29 of P.L.2017, c.88 (C.45:14-67.2), to be maintained in a secure
30 location in the library for the purpose of responding to an opioid
31 overdose emergency. A public library may apply for a grant
32 pursuant to section 4 of this act for the costs of (1) purchasing
33 opioid antidotes, and (2) training to enable employees of the library
34 to administer opioid antidotes.

35 b. A public library that maintains a supply of opioid antidotes
36 shall ensure that at least one librarian or other library employee has
37 received training on standardized protocols for the administration of
38 an opioid antidote to a person who experiences an opioid overdose.
39 The training shall include the overdose prevention information
40 described in subsection a. of section 5 of the “Overdose Prevention
41 Act,” P.L.2013, c.46 (C.24:6J-5). The State Librarian, in
42 consultation with the Department of Human Services, shall specify
43 an appropriate entity or entities to provide the training to library
44 employees.

45 c. A librarian or other library employee who is trained pursuant
46 to subsection b. of this section may administer an opioid antidote to

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 any person whom the librarian or employee in good faith believes is
2 experiencing an opioid overdose. The librarian or employee shall
3 only be authorized to administer opioid antidotes after receiving the
4 training required under subsection b. of this section.

5 d. A librarian or library employee who administers an opioid
6 antidote shall ensure that the overdose victim is transported to a
7 hospital emergency room by emergency services personnel after the
8 administration of the opioid antidote, even if the person's symptoms
9 appear to have resolved.

10
11 3. (New section) No public library, librarian, library employee,
12 pharmacist, or a prescriber of opioid antidotes for a library through
13 a standing order, shall be held liable for any good faith act or
14 omission consistent with the provisions of this act. Good faith shall
15 not include willful misconduct, gross negligence, or recklessness.

16
17 4. (New section) a. The Commissioner of Human Services
18 may establish a grant program, based upon any monies appropriated
19 by the Legislature, to award grants to public libraries for the
20 purposes of purchasing opioid antidotes and providing training to
21 enable employees of the library to administer opioid antidotes. In
22 addition to any monies appropriated by the Legislature, the
23 commissioner may seek money from the federal government,
24 private foundations, and any other source to fund the grants
25 established pursuant to this section.

26 b. To be eligible for consideration of a grant award, a public
27 library shall submit an application to the Department of Human
28 Services, in accordance with application procedures and
29 requirements prescribed by the commissioner. A grant application
30 shall include, at a minimum, information regarding: the quantity of
31 opioid antidotes the library intends to obtain; the number of library
32 employees who are, or will be, trained in administering opioid
33 antidotes; the prevalence of opioid abuse and overdose deaths in the
34 geographic area where the library is located; and any other
35 information specified by the commissioner.

36 c. The commissioner shall establish selection criteria for the
37 awarding of grant funds under the program and shall award grants
38 based upon review of the applications and subject to the availability
39 of funds. The commissioner shall establish the amount for each
40 grant that is approved.

41
42 5. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read
43 as follows:

44 3. As used in this act:

45 "Commissioner" means the Commissioner of Human Services.

46 "Drug overdose" means an acute condition including, but not
47 limited to, physical illness, coma, mania, hysteria, or death resulting
48 from the consumption or use of a controlled dangerous substance or

1 another substance with which a controlled dangerous substance was
2 combined and that a layperson would reasonably believe to require
3 medical assistance.

4 "Emergency medical response entity" means an organization,
5 company, governmental entity, community-based program, or
6 healthcare system that provides pre-hospital emergency medical
7 services and assistance to opioid or heroin addicts or abusers in the
8 event of an overdose. "Emergency medical response entity"
9 includes, but is not limited to, a first aid, rescue and ambulance
10 squad or other basic life support (BLS) ambulance provider; a
11 mobile intensive care provider or other advanced life support (ALS)
12 ambulance provider; an air medical service provider; or a fire-
13 fighting company or organization, which squad, provider, company,
14 or organization is qualified to send paid or volunteer emergency
15 medical responders to the scene of an emergency.

16 "Emergency medical responder" means a person, other than a
17 health care practitioner, who is employed on a paid or volunteer
18 basis in the area of emergency response, including, but not limited
19 to, an emergency medical technician, a mobile intensive care
20 paramedic, or a fire fighter, acting in that person's professional
21 capacity.

22 "Health care practitioner" means a prescriber, pharmacist, or
23 other individual whose professional practice is regulated pursuant to
24 Title 45 of the Revised Statutes, and who, in accordance with the
25 practitioner's scope of professional practice, prescribes or dispenses
26 an opioid antidote.

27 "Medical assistance" means professional medical services that
28 are provided to a person experiencing a drug overdose by a health
29 care practitioner, acting within the practitioner's scope of
30 professional practice, including professional medical services that
31 are mobilized through telephone contact with the 911 telephone
32 emergency service.

33 "Opioid antidote" means any drug, regardless of dosage amount
34 or method of administration, which has been approved by the
35 United States Food and Drug Administration (FDA) for the
36 treatment of an opioid overdose. "Opioid antidote" includes, but is
37 not limited to, naloxone hydrochloride, in any dosage amount,
38 which is administered through nasal spray or any other FDA-
39 approved means or methods.

40 "Patient" means a person who is at risk of an opioid overdose or
41 a person who is not at risk of an opioid overdose who, in the
42 person's individual capacity, obtains an opioid antidote from a
43 health care practitioner, professional, or professional entity for the
44 purpose of administering that antidote to another person in an
45 emergency, in accordance with subsection c. of section 4 of
46 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
47 acting in that professional's individual capacity, but does not
48 include a professional who is acting in a professional capacity.

1 "Prescriber" means a health care practitioner authorized by law
2 to prescribe medications who, acting within the practitioner's scope
3 of professional practice, prescribes an opioid antidote. "Prescriber"
4 includes, but is not limited to, a physician, physician assistant, or
5 advanced practice nurse.

6 "Professional" means a person, other than a health care
7 practitioner, who is employed on a paid basis or is engaged on a
8 volunteer basis in the areas of substance abuse treatment or therapy,
9 criminal justice, or a related area, and who, acting in that person's
10 professional or volunteer capacity, obtains an opioid antidote from a
11 health care practitioner for the purposes of dispensing or
12 administering that antidote to other parties in the course of business
13 or volunteer activities. "Professional" includes, but is not limited
14 to, a sterile syringe access program employee, or a law enforcement
15 official.

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

25 "Recipient" means a patient, professional, professional entity,
26 emergency medical responder, **[or]** emergency medical response
27 entity, or public library who is prescribed or dispensed an opioid
28 antidote in accordance with section 4 of P.L.2013, c.46 (C.24:6J-4).
29 (cf: P.L.2017, c.381, s.1)
30

31 6. 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 who is
36 deemed by the health care practitioner to be capable of
37 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 to
43 be capable of administering opioid antidotes to overdose victims, as
44 part of the professional's regular course of business or volunteer
45 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 dispensing opioid antidotes to recipients, for
2 administration thereby, as part of the professional's regular course
3 of business or volunteer activities;

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

15 (f) through a standing order, to a public library pursuant to the
16 provisions of section 2 of P.L. , c. (C.) (pending before the
17 Legislature as this bill).

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

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

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

1 authority has been granted by law, as provided by subparagraph (b)
2 of this paragraph.

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

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

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

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

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

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

45 d. (1) Any person who is the recipient of an opioid antidote,
46 which has been prescribed or dispensed for administration purposes
47 pursuant to subsection a. or b. of this section, and who has received
48 overdose prevention information pursuant to section 5 of P.L.2013,

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

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

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

17 f. Notwithstanding the provisions of any law, rule, regulation,
18 ordinance, or institutional or organizational directive to the
19 contrary, any person or entity authorized to administer an opioid
20 antidote, pursuant to this section, may administer to an overdose
21 victim, with full immunity:

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

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

32 g. No later than 45 days after the effective date of P.L.2017,
33 c.381, the Commissioner of Health shall provide written notice to
34 all emergency medical response entities affected by subsection f. of
35 this section, notifying them of the provisions of subsection f. of this
36 section.

37 h. Any public library, librarian, or library employee who
38 administers, or permits the administration of, an opioid antidote in
39 good faith in accordance with the provisions of section 2 of
40 P.L. , c. (C.) (pending before the Legislature as this bill), and
41 pursuant to a standing order issued under subsection a. of this
42 section, shall not, as a result of any acts or omissions, be subject to
43 any criminal or civil liability, or any disciplinary action, for
44 administering, or for permitting the administration of, the opioid
45 antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).
46 (cf: P.L.2017, c.381, s.2)

7. This act shall take effect on the first day of the fourth month next following the date of enactment.

STATEMENT

This bill permits a public library to obtain a supply of opioid antidotes to be maintained in a secure location in the library for the purpose of responding to an opioid overdose emergency. A public library may obtain the opioid antidotes through a standing order pursuant to the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-1 et seq.), or from a pharmacist pursuant to the provisions of P.L.2017, c.88 (C.45:14-67.2). A library that maintains a supply of opioid antidotes is required to have at least one librarian or other library employee who is trained in the administration of opioid antidotes. The State Librarian, in consultation with the Department of Human Services, will specify an appropriate entity or entities to provide the training to library employees, and the training will include the overdose prevention information described in subsection a. of section 5 of the “Overdose Prevention Act” (C.24:6J-5). Under the bill, a librarian or other library employee who is properly trained will be permitted to administer an opioid antidote to any person whom the librarian or employee in good faith believes is experiencing an opioid overdose.

The bill authorizes the Commissioner of Human Services to establish a grant program in order to assist public libraries with the costs of purchasing opioid antidotes and providing training to library employees. The grant program will be based upon any monies appropriated by the Legislature and any monies the commissioner may seek from the federal government, private foundations, or other sources. To be eligible for consideration of a grant award, a public library will submit an application to the Department of Human Services in accordance with application procedures and requirements prescribed by the commissioner. At a minimum, the grant applications will include information regarding: the quantity of opioid antidotes the library intends to obtain; the number of library employees who are, or will be, trained in administering opioid antidotes; the prevalence of opioid abuse and overdose deaths in the geographic area where the library is located; and other information as specified by the commissioner. The commissioner will establish selection criteria for awarding the grants, subject to the availability of funds, and will determine the amount for each grant that is approved.

The bill provides immunity from liability for public libraries, librarians, library employees, pharmacists, and prescribers of opioid antidotes for libraries, for good faith acts or omissions consistent with the bill’s provisions. In addition, the bill amends the “Overdose Prevention Act” to: (1) include public libraries among

1 the recipients that may be prescribed opioid antidotes through a
2 standing order; and (2) provide that immunity from liability for
3 opioid antidote administration in accordance with the “Overdose
4 Prevention Act” will be applicable to public libraries, librarians,
5 and library employees who administer, or permit the administration
6 of, opioid antidotes in good faith under the provisions of the bill.