

**ASSEMBLY, No. 2876**

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**STATE OF NEW JERSEY**

**219th LEGISLATURE**

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INTRODUCED FEBRUARY 20, 2020

**Sponsored by:**

**Assemblyman RONALD S. DANCER**

**District 12 (Burlington, Middlesex, Monmouth and Ocean)**

**SYNOPSIS**

Requires DHS to establish sobriety standards and drug testing requirements for substance use disorder treatment centers and to conduct both announced and unscheduled inspections.

**CURRENT VERSION OF TEXT**

As introduced.



1   **AN ACT** concerning substance use disorder treatment centers and  
2       supplementing and amending P.L.1970, c.334.

3

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

6

7       1. (New section) The Legislature finds and declares that:

8       a. New Jersey is currently in the midst of opioid use disorder  
9 epidemic that has resulted in record demand for substance use  
10 disorder treatment resources, record numbers of naloxone  
11 administrations to reverse overdoses, and record numbers of deaths  
12 attributed to opioid drugs.

13       b. In 2016, there were 2,221 confirmed deaths related to the  
14 use and abuse of opioid drugs, including prescription medications,  
15 heroin, and fentanyl. Preliminary numbers suggest that there were  
16 2,750 opioid-related deaths in 2017, and, as of November 25, 2018,  
17 the estimated numbers for 2018 already exceed 2,850.

18       c. The availability of immediate access to treatment and  
19 recovery resources is a key component to overcoming an opioid use  
20 disorder. The path to recovery for each individual with an opioid  
21 use disorder is unique, and both academic research and anecdotal  
22 accounts suggest that providing consistent, coordinated, and  
23 personalized services throughout the treatment and recovery process  
24 are essential to ensuring a sustained, long-term recovery.

25       d. Maintaining sobriety and continued progress while  
26 recovering from an opioid use disorder is particularly difficult in  
27 the earlier stages of the recovery process, and there is the potential  
28 that the weeks and months of time, energy, and resources devoted to  
29 an individual's recovery can be undone in an instant by an  
30 unexpected trigger that leads to relapse.

31       e. In light of the hands-on, personalized nature of treatment for  
32 opioid use disorders, there is a heightened risk that individual  
33 interactions with facility staff who are not themselves sober could  
34 derail the treatment and recovery process. Moreover, when  
35 facilities licensed by the State fail to conform to State standards for  
36 treatment and recovery services, it undermines the integrity of the  
37 entire treatment and recovery system, potentially disrupting the  
38 chance for many New Jersey citizens with opioid use disorders to  
39 find a path to long-term, sustained recovery.

40       f. Although the State has directed significant resources toward  
41 responding to the opioid epidemic, treatment and recovery  
42 providers have struggled to keep pace with the current demand, and  
43 in some of the counties hardest hit by the opioid epidemic, for each  
44 person admitted to treatment, two others are left waiting, increasing  
45 the likelihood that they will continue using opioid drugs and risk a

**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 fatal overdose or exposure to chronic bloodborne diseases like  
2 HIV/AIDS and hepatitis C.

3 g. Given limited treatment resources and the overwhelming  
4 demand created by the opioid epidemic, it is essential that the State  
5 do everything in its power to maximize the potential for each  
6 individual entering recovery to succeed.

7 h. As such, it is incumbent on the State to ensure that licensed  
8 treatment and recovery resource providers are in compliance with  
9 all State-mandated standards regarding the provision of services to  
10 individuals with a substance use disorder, and that the chances for  
11 long-term recovery are not undermined by interactions with facility  
12 staff who are not themselves drug free.

13 i. The Legislature therefore finds that it is essential that the  
14 State take measures to increase State oversight over State-licensed  
15 substance use disorder treatment and recovery service providers,  
16 including instituting random compliance inspections and mandating  
17 sobriety standards and drug testing policies.

18

19 2. Section 5 of P.L.1970, c.334 (C.26:2G-25) is amended to  
20 read as follows:

21 5. The commissioner shall adopt, amend, promulgate and  
22 enforce such rules, regulations and minimum standards for the  
23 treatment of patients of narcotic and substance use disorder  
24 treatment centers as may be reasonably necessary to accomplish the  
25 purposes of P.L.1970, c.334 (C.26:2G-21 et seq.). Such narcotic  
26 and substance use disorder treatment centers may be classified into  
27 two or more classes with appropriate rules, regulations and  
28 minimum standards for each such class. No narcotic or drug abuse  
29 treatment center, transitional sober living home, halfway house, or  
30 other residential aftercare facility shall be permitted to deny  
31 admission to a prospective client on the basis that the person is  
32 currently receiving medication assisted treatment for a substance  
33 use disorder administered by a licensed treatment provider,  
34 including but not limited to methadone, buprenorphine, naltrexone,  
35 or any other medication approved by the Food and Drug  
36 Administration for the treatment of a substance use disorder.

37 The rules and regulations adopted pursuant to this section shall,  
38 at a minimum, require a transitional sober living home, halfway  
39 house, or other residential aftercare facility to provide notice to a  
40 patient's spouse, parent, legal guardian, designated next of kin, or  
41 other designated emergency contact, whenever the patient  
42 voluntarily withdraws, or is involuntarily evicted from, such  
43 facility, provided that: (1) such notice is provided in a manner that  
44 is consistent with federal requirements under 42 CFR Part 2 and  
45 federal HIPAA requirements under 45 CFR Parts 160 and 164; and  
46 (2) the patient, if an adult, has not withheld consent for such notice  
47 or expressly requested that notification not be given. If a patient  
48 who is not incapacitated withholds consent for such notice, or

1 expressly requests that notification not be given, the department  
2 shall require the patient's wishes to be respected unless the patient  
3 is a minor child or adolescent, in which case, the department shall  
4 require the minor's parent, legal guardian, designated next of kin, or  
5 other designated emergency contact to be notified, provided that  
6 such notification is not inconsistent with, and would not violate,  
7 federal requirements under 42 CFR Part 2 and federal HIPAA  
8 requirements under 45 CFR Parts 160 and 164.

9 The rules and regulations adopted pursuant to this section shall  
10 establish sobriety standards and drug testing requirements for staff  
11 at narcotic and substance use disorder treatment centers.

12 (cf: P.L.2017, c.256, s.1)

13  
14 3. Section 6 of P.L.1970, c.334 (C.26:2G-26) is amended to  
15 read as follows:

16 The commissioner shall make or cause to be made such  
17 inspection of the premises, for which a certificate of approval has  
18 been issued, from time to time, as he may deem necessary to be  
19 assured that the holder thereof and the premises comply at all times  
20 with the provisions of this act and the rules and regulations  
21 promulgated, and the minimum standards established hereunder.  
22 Inspections conducted pursuant to this section shall include both  
23 scheduled inspections and unannounced inspections.

24 (cf: P.L.1970, c.334, s.6)

25  
26 4. This act shall take effect immediately.

## 27 28 29 STATEMENT

30  
31 This bill requires the Commissioner of Human Services to  
32 establish sobriety and drug testing requirements for staff at narcotic  
33 and substance use disorder treatment centers, and provides that  
34 mandatory inspections conducted as a condition of licensure are to  
35 include both scheduled and unannounced inspections.

36 It is the sponsor's belief that enhancing State regulation and  
37 oversight over narcotic and substance use disorder treatment centers  
38 will help improve the provision of care for individuals seeking  
39 treatment for substance use disorder and reduce certain risk factors  
40 that can lead to relapse or jeopardize the health and safety of such  
41 individuals.