

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 5457

STATE OF NEW JERSEY
219th LEGISLATURE

ADOPTED MAY 17, 2021

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Assemblyman DANIEL R. BENSON

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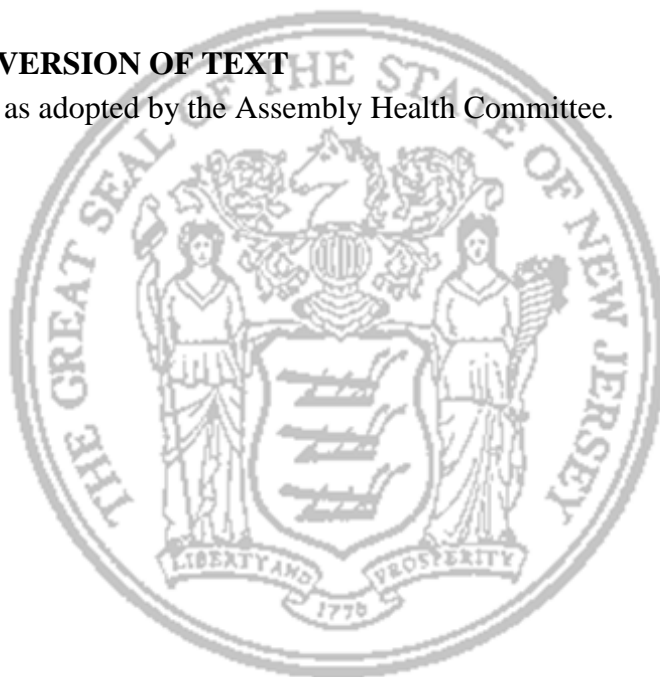
Assemblyman Mukherji and Assemblywoman McKnight

SYNOPSIS

Revises and expands authorization for any person or entity to obtain, distribute, and administer opioid antidotes.

CURRENT VERSION OF TEXT

Substitute as adopted by the Assembly Health Committee.



1 AN ACT concerning opioid antidotes, amending various parts of the
2 statutory law, and supplementing P.L.2013, c.46 (C.24:6J-1 et
3 al.).
4

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

7
8 1. Section 2 of P.L.2013, c.46 (C.24:6J-2) is amended to read
9 as follows:

10 2. The Legislature finds and declares that encouraging
11 **[witnesses and victims of]** people who witness or experience a
12 suspected drug [overdoses] overdose to seek medical assistance
13 saves lives and is in the best interests of the citizens of this State
14 and, in instances where evidence was obtained as a result of seeking
15 of medical assistance, **[these witnesses and victims]** those people
16 who witness or experience a suspected drug overdose should be
17 protected from arrest, charge, prosecution, conviction, and
18 revocation of parole or probation for possession or use of illegal
19 drugs or drug paraphernalia. Additionally, naloxone is **[an]** a safe,
20 inexpensive, and easily administered antidote to an opioid overdose.
21 Encouraging the wider prescription and distribution of naloxone or
22 similarly acting drugs to those at risk for an opioid overdose, or to
23 members of their families or peers, would reduce the number of
24 opioid overdose deaths and be in the best interests of the citizens of
25 this State. To that end, it is the intent of the Legislature that opioid
26 antidotes be made as easily accessible and as widely available as
27 possible, such that they are readily available at all times to provide
28 treatment to people experiencing a suspected opioid overdose. It is
29 not the intent of the Legislature to protect individuals from arrest,
30 prosecution or conviction for other criminal offenses, including
31 engaging in drug trafficking, nor is it the intent of the Legislature to
32 in any way modify or restrict the current duty and authority of law
33 enforcement and emergency responders at the scene of a medical
34 emergency or a crime scene, including the authority to investigate
35 and secure the scene.

36 (cf: P.L.2013, c.46, s.2)

37
38 2. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read
39 as follows:

40 3. As used in this act:

41 "Commissioner" means the Commissioner of Human Services.

42 "Drug overdose" means an acute condition including, but not
43 limited to, physical illness, coma, mania, hysteria, diminished
44 consciousness, respiratory depression, or death resulting from the
45 consumption or use of a controlled dangerous substance or another

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 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】** any individual 【whose professional practice is regulated】
24 who is licensed or certified to provide health care services pursuant
25 to Title 45 of the Revised Statutes 【, and who, in accordance with
26 the practitioner's scope of professional practice, prescribes or
27 dispenses an opioid antidote】.

28 "Institution of higher education" means any public or private
29 university, college, technical college or community college located
30 in New Jersey.

31 "Law enforcement agency" means a department, division,
32 bureau, commission, board or other authority of the State or of any
33 political subdivision thereof which employs law enforcement
34 officers.

35 "Law enforcement officer" means a person whose public duties
36 include the power to act as an officer for the detection,
37 apprehension, arrest and conviction of offenders against the laws of
38 this State.

39 "Medical assistance" means professional medical services that
40 are provided to a person experiencing a drug overdose by a health
41 care practitioner, acting within the practitioner's scope of
42 professional practice, including professional medical services that
43 are mobilized through telephone contact with the 911 telephone
44 emergency service.

45 "Occupational school" means a business, trade, technical, or
46 other school approved by a nationally-recognized accrediting
47 agency.

1 "Opioid antidote" means any drug, regardless of dosage amount
2 or method of administration, which has been approved by the
3 United States Food and Drug Administration (FDA) for the
4 treatment of an opioid overdose. "Opioid antidote includes, but is
5 not limited to, naloxone hydrochloride, in any dosage amount,
6 which is administered through nasal spray or any other FDA-
7 approved means or methods.

8 ["Patient" means a person who is at risk of an opioid overdose or
9 a person who is not at risk of an opioid overdose who, in the
10 person's individual capacity, obtains an opioid antidote from a
11 health care practitioner, professional, or professional entity for the
12 purpose of administering that antidote to another person in an
13 emergency, in accordance with subsection c. of section 4 of
14 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
15 acting in that professional's individual capacity, but does not
16 include a professional who is acting in a professional capacity.]

17 "Prescriber" means a health care practitioner authorized by law
18 to prescribe medications [who, acting within the practitioner's
19 scope of professional practice, prescribes an opioid antidote].
20 "Prescriber" includes, but [is] shall not be limited to, [a physician,
21 physician assistant, or advanced practice nurse] physicians,
22 physician assistants, and advanced practice nurses.

23 ["Professional" means a person, other than a health care
24 practitioner, who is employed on a paid basis or is engaged on a
25 volunteer basis in the areas of substance abuse treatment or therapy,
26 criminal justice, or a related area, and who, acting in that person's
27 professional or volunteer capacity, obtains an opioid antidote from a
28 health care practitioner for the purposes of dispensing or
29 administering that antidote to other parties in the course of business
30 or volunteer activities. "Professional" includes, but is not limited
31 to, a sterile syringe access program employee, or a law enforcement
32 official.

33 "Professional entity" means an organization, company,
34 governmental entity, community-based program, sterile syringe
35 access program, or any other organized group that employs two or
36 more professionals who engage, during the regular course of
37 business or volunteer activities, in direct interactions with opioid or
38 heroin addicts or abusers or other persons susceptible to opioid
39 overdose, or with other persons who are in a position to provide
40 direct medical assistance to opioid or heroin addicts or abusers in
41 the event of an overdose]

42 "Public library" means a library that serves, free of charge, all
43 residents of an area without discrimination and that receives its
44 financial support, in whole or in part, from public funds.

45 "Public transportation hub" means a passenger station, terminal,
46 or other facility, as designated by the Commissioner of

1 Transportation, where public transportation services are made
2 available.

3 "Recipient" means **【**a patient, professional, professional entity,
4 emergency medical responder, emergency medical response entity,
5 school, school district, or school nurse**】** any individual who or
6 entity that is prescribed or dispensed an opioid antidote in
7 accordance with section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1
8 of P.L.2017, c.88 (C.45:14-67.2). The term "recipient" shall
9 include, but shall not be limited to, private citizens, emergency
10 medical responders, emergency medical response entities, law
11 enforcement officers, law enforcement agencies, recognized places
12 of public access, employees and volunteers providing services at,
13 through, or on behalf of a recognized place of public access, public
14 and nonpublic schools, school nurses and other staff at a public or
15 nonpublic school, sterile syringe access programs, and staff and
16 employees of a sterile syringe access program. The term
17 "recipient" shall not include a prescriber or a licensed pharmacist
18 acting within a professional capacity.

19 "Recognized place of public access" means a public library,
20 institution of higher education, occupational school, or public
21 transportation hub.

22 "Sterile syringe access program" means a program established
23 pursuant to the provisions of P.L.2006, c.99 (C.26:5C-25 et al.).
24 (cf: P.L.2018, c.106, s.7)

25

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

28 4. a. (1) A prescriber or other health care practitioner, as
29 appropriate, may prescribe or dispense an opioid antidote **【**:

30 (a)**】** directly or through a standing order **【,****】** to any **【**recipient
31 who is deemed by the health care practitioner to be capable of
32 administering the opioid antidote to an overdose victim in an
33 emergency;

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

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

47 (d) through a standing order, to any professional entity or any
48 emergency medical response entity, which is deemed by the health

1 care practitioner to employ professionals or emergency medical
2 responders, as appropriate, who are capable of administering opioid
3 antidotes to overdose victims as part of the entity's regular course of
4 business or volunteer activities;

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

10 (f) through a standing order, to a school, school district, or
11 school nurse pursuant to the provisions of section 2 of P.L.2018,
12 c.106 (C.18A:40-12.24)] person or entity. Any person or entity
13 may be dispensed an opioid antidote pursuant to an individual
14 prescription or a standing order issued by a prescriber, and any
15 person or entity may be dispensed an opioid antidote by a pharmacy
16 as provided in section 1 of P.L.2017, c.88 (C.45:14-67.2).

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

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

34 (c) For the purposes of this subsection, whenever the law
35 expressly authorizes or requires a school or school district to obtain
36 a standing order for opioid antidotes pursuant to this section, the
37 school nurses employed or engaged by the school or school district
38 shall be presumed by the prescribing or dispensing health care
39 practitioner to be capable of administering the opioid antidote,
40 consistent with the express statutory requirement] Nothing in
41 P.L.2013, c.46 (C.24:6J-1 et al.) shall be construed to restrict in any
42 way the ability of any individual or entity to be dispensed an opioid
43 antidote. The persons and entities to whom an opioid antidote may
44 be prescribed and dispensed shall include private citizens,
45 individuals who are dispensed an opioid antidote for administration
46 or distribution to others in either a private or professional capacity,
47 entities that are dispensed opioid antidotes on behalf of individuals
48 who administer or distribute opioid antidotes to others in the course

1 of their professional duties, and entities other than a prescriber or
2 pharmacist that maintain a stock of opioid antidotes for distribution
3 or administration to others.

4 (3) **[(a) Whenever a prescriber or other health care practitioner**
5 **prescribes or dispenses an opioid antidote to a professional or**
6 **professional entity pursuant to a standing order issued under**
7 **paragraph (1) of this subsection, the standing order shall specify**
8 **whether the professional or professional entity is authorized thereby**
9 **to directly administer the opioid antidote to overdose victims; to**
10 **dispense the opioid antidote to recipients, for their administration to**
11 **third parties; or to both administer and dispense the opioid antidote.**
12 **If a standing order does not include a specification in this regard, it**
13 **shall be deemed to authorize the professional or professional entity**
14 **only to administer the opioid antidote with immunity, as provided**
15 **by subsection c. of this section, and it shall not be deemed to**
16 **authorize the professional or professional entity to engage in the**
17 **further dispensing of the antidote to recipients, unless such**
18 **authority has been granted by law, as provided by subparagraph (b)**
19 **of this paragraph.**

20 (b) Notwithstanding the provisions of this paragraph to the
21 contrary, if the law expressly authorizes or requires a certain type of
22 professional, professional entity, emergency medical responder,
23 emergency medical response entity, school, school district, or
24 school nurse to administer or dispense opioid antidotes pursuant to
25 a standing order issued hereunder, the standing order issued
26 pursuant to this section shall be deemed to grant the authority
27 specified by the law, even if such authority is not expressly
28 indicated on the face of the standing order. **](deleted by**
29 **amendment, P.L. , c.) (pending before the Legislature as this**
30 **bill)**

31 (4) **[Any prescriber or other health care practitioner who**
32 **prescribes or dispenses an opioid antidote in good faith, and in**
33 **accordance with the provisions of this subsection, shall not, as a**
34 **result of the practitioner's acts or omissions, be subject to any**
35 **criminal or civil liability, or any professional disciplinary action**
36 **under Title 45 of the Revised Statutes for prescribing or dispensing**
37 **an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et**
38 **seq.).] (deleted by amendment, P.L. , c.) (pending before the**
39 **Legislature as this bill)**

40 b. (1) **[Any professional or professional entity that has**
41 **obtained a standing order, pursuant to subsection a. of this section,**
42 **for the dispensing of opioid antidotes, may dispense an opioid**
43 **antidote to any recipient who is deemed by the professional or**
44 **professional entity to be capable of administering the opioid**
45 **antidote to an overdose victim in an emergency] A recipient in**
46 **possession of an opioid antidote may administer the opioid antidote**
47 **to any other person, without fee, in any situation in which the**

1 recipient reasonably believes the other person to be experiencing an
2 opioid overdose.

3 (2) **【Any professional or professional entity that dispenses an**
4 **opioid antidote in accordance with paragraph (1) of this subsection,**
5 **in good faith, and pursuant to a standing order issued under**
6 **subsection a. of this section, shall not, as a result of any acts or**
7 **omissions, be subject to any criminal or civil liability or any**
8 **professional disciplinary action for dispensing an opioid antidote in**
9 **accordance with P.L.2013, c.46 (C.24:6J-1 et seq.)】** A recipient in
10 possession of an opioid antidote may distribute the opioid antidote,
11 without fee, to any other person who the recipient reasonably
12 believes to be at risk of experiencing an opioid overdose or who the
13 recipient reasonably believes will be in a position to administer the
14 opioid antidote to a person experiencing an opioid overdose. A
15 recipient distributing an opioid antidote to another person pursuant
16 to this paragraph shall make reasonable efforts to furnish the person
17 with the overdose prevention information described in section 5 of
18 P.L.2013, c.46 (C.24:6J-5). The Commissioner of Health, or, if the
19 commissioner is not a duly licensed physician, the Deputy
20 Commissioner for Public Health Services, shall issue a standing
21 order authorizing the distribution of opioid antidotes pursuant to
22 this paragraph.

23 c. (1) **【Any emergency medical responder or emergency**
24 **medical response entity that has obtained a standing order, pursuant**
25 **to subsection a. of this section, for the administration of opioid**
26 **antidotes, may administer an opioid antidote to overdose victims】** A
27 prescriber or other health care practitioner who prescribes or
28 dispenses an opioid antidote in good faith, and in accordance with
29 the provisions of this section, shall not, as a result of the
30 practitioner's acts or omissions, be subject to any criminal or civil
31 liability, or any professional disciplinary action under Title 45 of
32 the Revised Statutes, for prescribing or dispensing the opioid
33 antidote. A pharmacist that dispenses an opioid antidote in good
34 faith, in accordance with the provisions of this section or section 1
35 of P.L.2017, c.88 (C.45:14-67.2), shall not, as a result of the
36 pharmacist's acts or omissions, be subject to any criminal or civil
37 liability, or any professional disciplinary action under Title 45 of
38 the Revised Statutes, for dispensing the opioid antidote.

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

1 as a result of any of the recipient's acts or omissions, be subject to
2 any criminal or civil liability, or any professional disciplinary
3 action, for administering or distributing the opioid antidote.

4 d. **[(1) Any person who is the recipient of an opioid antidote,**
5 **which has been prescribed or dispensed for administration purposes**
6 **pursuant to subsection a. or b. of this section, and who has received**
7 **overdose prevention information pursuant to section 5 of P.L.2013,**
8 **c.46 (C.24:6J-5), may administer the opioid antidote to another**
9 **person in an emergency, without fee, if the antidote recipient**
10 **believes, in good faith, that the other person is experiencing an**
11 **opioid overdose.**

12 (2) Any person who administers an opioid antidote pursuant to
13 paragraph (1) of this subsection shall not, as a result of the person's
14 acts or omissions, be subject to any criminal or civil liability for
15 administering the opioid antidote in accordance with P.L.2013, c.46
16 (C.24:6J-1 et seq.). **](deleted by amendment, P.L. , c.) (pending**
17 **before the Legislature as this bill)**

18 e. **[In addition to the] The immunity [that is] provided by this**
19 **section for [authorized] persons who are engaged in [the]**
20 **prescribing, dispensing, distributing, or administering [of] an**
21 **opioid antidote [,] shall be coextensive with the immunity provided**
22 **[by section 7 or section] under sections 7 and 8 of P.L.2013, c.46**
23 **(C.2C:35-30 [or] and C.2C:35-31) [shall apply to a person who**
24 **acts in accordance with this section, provided that the requirements**
25 **of] , to the extent that the provisions of those sections [, as**
26 **applicable , have been met] apply.**

27 f. **[Any school, school district, school nurse, school employee,**
28 **or any other officer or agent of a board of education, charter school,**
29 **or nonpublic school who administers, or permits the administration**
30 **of, an opioid antidote in good faith in accordance with the**
31 **provisions of section 2 of P.L.2018, c.106 (C.18A:40-12.24), and**
32 **pursuant to a standing order issued under subsection a. of this**
33 **section, shall not, as a result of any acts or omissions, be subject to**
34 **any criminal or civil liability, or any disciplinary action, for**
35 **administering, or for permitting the administration of, the opioid**
36 **antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).]**
37 **(deleted by amendment, P.L. , c.) (pending before the**
38 **Legislature as this bill)**

39 g. **[Notwithstanding the provisions of any law, rule, regulation,**
40 **ordinance, or institutional or organizational directive to the**
41 **contrary, any person or entity authorized to administer an opioid**
42 **antidote pursuant to this section, may administer to an overdose**
43 **victim, with full immunity:**

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

1 (2) up to three doses of an opioid antidote that is administered
2 through an intranasal application, or through an intramuscular auto-
3 injector, as may be necessary to revive the overdose victim. Prior
4 consultation with, or approval by, a third-party physician or other
5 medical personnel shall not be required before an authorized person
6 or entity may administer up to three doses of an opioid antidote, as
7 provided in this paragraph, to the same overdose victim.】 (deleted
8 by amendment, P.L. , c.) (pending before the Legislature as this
9 bill)

10 h. 【No later than 45 days after the effective date of P.L.2017,
11 c.381 the Commissioner of Health shall provide written notice to all
12 emergency medical response entities affected by subsection g. of
13 this section notifying them of the provisions of subsection g. of this
14 section.】 (deleted by amendment, P.L. , c.) (pending before the
15 Legislature as this bill)
16 (cf: P.L.2018, c.106, s.8)

17
18 4. Section 5 of P.L.2013, c.46 (C.24:6J-5) is amended to read
19 as follows:

20 5. a. (1) A prescriber or other health care practitioner who
21 prescribes or dispenses an opioid antidote in accordance with
22 subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4), and a
23 pharmacist who dispenses an opioid antidote pursuant to subsection
24 a. of section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of
25 P.L.2017, c.88 (C.45:14-67.2), shall ensure that overdose
26 prevention information is provided to the 【antidote】 recipient. The
27 【requisite】 overdose prevention information shall include, but 【is】
28 need not be limited to: information on opioid overdose prevention
29 and recognition; instructions on how to perform rescue breathing
30 and resuscitation; information on opioid antidote dosage and
31 instructions on opioid antidote administration; information
32 describing the importance of calling the 911 emergency telephone
33 service for assistance with an opioid overdose; and instructions for
34 appropriate care of 【an】 a person believed to be experiencing an
35 opioid overdose 【victim】 after administration of the opioid
36 antidote.

37 (2) 【A professional or professional entity that dispenses an
38 opioid antidote pursuant to a standing order, in accordance with
39 subsection b. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall
40 ensure that each patient who is dispensed an opioid antidote also
41 receives a copy of the overdose prevention information that has
42 been provided to the professional or professional entity pursuant to
43 paragraph (1) of this subsection.】 (deleted by amendment, P.L. ,
44 c.) (pending before the Legislature as this bill)

45 b. (1) 【In order to fulfill the information distribution
46 requirements of subsection a. of this section, overdose prevention
47 information may be provided by the prescribing or dispensing

1 health care practitioner, by the dispensing professional or
2 professional entity, or by a community-based organization, or other
3 organization that addresses medical or social issues related to drug
4 addiction, and with which the health care practitioner, professional,
5 or professional entity, as appropriate, maintains a written
6 agreement. Any such written agreement shall incorporate, at a
7 minimum: procedures for the timely dissemination of overdose
8 prevention information; information as to how employees or
9 volunteers providing the information will be trained; and standards
10 for recordkeeping under paragraph (2) of this subsection. ~~](deleted~~
11 ~~by amendment, P.L. , c.) (pending before the Legislature as this~~
12 ~~bill)~~

13 (2) The dissemination of overdose prevention information ~~](in~~
14 ~~accordance with this section, and the contact information for the~~
15 ~~persons receiving such information, to the extent known,)] shall be~~
16 ~~documented by the prescribing or dispensing health care~~
17 ~~practitioner [, professional, or professional entity, as appropriate,]~~
18 ~~or dispensing pharmacist in [:(a)] the patient's medical record [, if~~
19 ~~applicable;] or [(b)] another appropriate record [or log, if the~~
20 ~~patient's medical record is unavailable or inaccessible, or if the~~
21 ~~antidote recipient is a professional or professional entity acting in~~
22 ~~their professional capacity; or (c) any] , log or other similar
23 ~~recordkeeping location [, as specified in a written agreement that~~
24 ~~has been executed pursuant to paragraph (1) of this subsection].~~~~

25 c. In order to facilitate the dissemination of overdose
26 prevention information in accordance with this section, the
27 Commissioner of Human Services, in consultation with the
28 Department of Health and Statewide organizations representing
29 physicians, advanced practice nurses, or physician assistants, and
30 organizations operating community-based programs, sterile syringe
31 access programs, or other programs which address medical or social
32 issues related to ~~[drug addiction]~~ substance use disorders, may
33 develop training materials in video, electronic, or other appropriate
34 formats, and disseminate these materials to health care practitioners
35 ~~]; professionals and professional entities that are authorized by~~
36 ~~standing order to dispense opioid antidotes; and organizations that~~
37 ~~are authorized to disseminate overdose prevention information~~
38 ~~under a written agreement executed pursuant to paragraph (1) of~~
39 ~~subsection b. of this section]. The Commissioner of Human
40 Services may make the materials available to the general public
41 through the Internet website of the Department of Human Services,
42 with such modifications as may be appropriate to adapt the
43 materials for use by persons who are not health care practitioners.
44 The commissioner shall ensure the materials are available in
45 English, Spanish, and any other language that the commissioner
46 determines is the first language of a significant number of people
47 who are likely to be prescribed or dispensed an opioid antidote in~~

1 accordance with subsection a. of section 4 of P.L.2013, c.46
2 (C.24:6J-4) or dispensed an opioid antidote pursuant to section 1 of
3 P.L.2017, c.88 (C.45:14-67.2).
4 (cf: P.L.2015, c.10, s.3)

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

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

15 (1) If the person is admitted to a health care facility or receives
16 treatment in the emergency department of a health care facility, a
17 staff member designated by the health care facility, who may be a
18 social worker, **【addiction】** professional counselor, licensed or
19 certified alcohol or drug counselor, or other appropriate
20 professional, shall offer to furnish the person, or a family member
21 or friend of the person in attendance during the patient's admission
22 or emergency department visit, with an opioid antidote upon
23 discharge, along with information regarding the cost of the opioid
24 antidote, and shall provide the information concerning substance
25 use disorder treatment programs and resources and sterile syringe
26 access programs and resources to the person at any time after
27 treatment for the drug overdose is complete, but prior to the
28 person's discharge from the facility. The designated staff member
29 shall document the provision of the information and the dispensing
30 of an opioid antidote to the person or to a family member or friend
31 of the person, if an opioid antidote is dispensed, in the person's
32 medical record, and may, in collaboration with an appropriate
33 health care **【professional】** practitioner, additionally develop an
34 individualized substance **【abuse】** use disorder treatment plan for
35 the person.

36 (2) If the opioid antidote is administered by a first responder and
37 the person believed to be experiencing **【the】** an overdose is not
38 subsequently transported to a health care facility, the first responder
39 shall offer to furnish the person with an opioid antidote and shall
40 provide the information concerning substance use disorder
41 treatment programs and resources and sterile syringe access
42 programs and resources to the person at the time treatment for the
43 drug overdose is complete. First responders shall maintain an
44 adequate supply of opioid antidotes, in excess of the supply needed
45 to meet the anticipated demand for opioid antidotes to treat
46 individuals believed to be experiencing an opioid overdose, as is
47 necessary to ensure people treated for a suspected opioid overdose

1 can be furnished with an opioid antidote at the time treatment for
2 the overdose is complete.

3 b. As used in this section:

4 "First responder" means a law enforcement officer, paid or
5 volunteer firefighter, paid or volunteer member of a duly
6 incorporated first aid, emergency, ambulance, or rescue squad
7 association, or any other individual who, in the course of that
8 individual's employment, is dispatched to the scene of an
9 emergency situation for the purpose of providing medical care or
10 other assistance.

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

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

20 c. The Commissioner of Human Services shall develop
21 informational materials concerning substance **[abuse]** use disorder
22 treatment programs and resources and sterile syringe access
23 programs and resources, and information on the availability of
24 opioid antidotes, for dissemination to health care **[professionals]**
25 practitioners and first responders to facilitate the provision of
26 information to **[patients pursuant to]** persons who are treated for a
27 suspected overdose as provided in this section.

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

29

30 6. (New section) a. To the extent funds are made available by
31 the State for this purpose, a recognized place of public access shall
32 obtain a supply of opioid antidotes pursuant to a standing order
33 issued pursuant to section 4 of P.L.2013, c.46 (C.24:6J-4) or section
34 1 of P.L.2017, c.88 (C.45:14-67.2), which opioid antidotes shall be
35 maintained in one or more secure and easily accessible locations for
36 the purpose of administering the opioid antidote to any person who
37 is reasonably believed to be experiencing an opioid overdose. The
38 recognized place of public access shall acquire a supply of opioid
39 antidotes in quantities and types as shall be required by the
40 Commissioner of Human Services. Nothing in this section shall be
41 construed to limit, restrict, or otherwise prohibit any other person or
42 entity from obtaining, maintaining, distributing, or administering
43 opioid antidotes as authorized under section 4 of P.L.2013, c.46
44 (C.24:6J-4) or any other provision of law.

45 b. A recognized place of public access that acquires and
46 maintains a supply of opioid antidotes pursuant to subsection a. of
47 this section shall ensure that at least one employee or volunteer who
48 regularly provides services at, through, or on behalf of the

1 recognized place of public access has received training on the
2 standardized protocols for the administration of an opioid antidote
3 to a person who is reasonably believed to be experiencing an opioid
4 overdose, the requirements for which training shall be established
5 by the Commissioner of Human Services. The training and
6 protocols shall follow best practices for low-threshold community
7 use of opioid antidotes in recognized places of public access, and
8 shall include the overdose prevention information described in
9 subsection a. of section 5 of P.L.2013, c.46 (C.24:6J-5). The
10 commissioner may require by regulation that more than employee
11 or volunteer at a recognized place of public access complete the
12 training required pursuant to this subsection.

13 c. A recognized place of public access may, to the extent not
14 otherwise prohibited by State or federal law, enter into an
15 agreement with a community-based organization to distribute
16 opioid antidotes on the premises of the recognized place of public
17 access.

18

19 7. Section 2 of P.L.2018, c.106 (C.18A:40-12.24) is amended
20 to read as follows:

21 2. a. Each board of education, board of trustees of a charter
22 school, and chief school administrator of a nonpublic school shall
23 develop a policy, in accordance with guidelines established by the
24 Department of Education pursuant to section 3 of this act, for the
25 emergency administration of an opioid antidote to a student, staff
26 member, or other person who is reasonably believed to be
27 experiencing an opioid overdose. The policy shall:

28 (1) require each school that includes any of the grades nine
29 through 12, and permit any other school, to obtain a standing order
30 for opioid antidotes pursuant to section 4 of the "Overdose
31 Prevention Act," P.L.2013, c.46 (C.24:6J-4), and to maintain a
32 supply of opioid antidotes under the standing order in a secure but
33 unlocked and easily accessible location; and

34 (2) **[permit]** direct the school nurse, or a trained employee
35 designated pursuant to subsection c. of this section, to administer an
36 opioid antidote to any person whom the nurse or trained employee
37 in good faith reasonably believes is experiencing an opioid
38 overdose.

39 b. (1) Opioid antidotes shall be maintained by a school pursuant
40 to paragraph (1) of subsection a. of this section in quantities and
41 types deemed adequate by the board of education, board of trustees
42 of a charter school, or chief school administrator of a nonpublic
43 school, in consultation with the Department of Education and the
44 Department of Human Services.

45 (2) The opioid antidotes shall be accessible in the school during
46 regular school hours and during school-sponsored functions that
47 take place in the school or on school grounds adjacent to the school
48 building. A board of education, board of trustees of a charter

1 school, or chief school administrator of a nonpublic school may, in
2 its discretion, make opioid antidotes accessible during school-
3 sponsored functions that take place off school grounds.

4 c. (1) The school nurse shall have the primary responsibility
5 for the emergency administration of an opioid antidote in
6 accordance with a policy developed under this section. The board
7 of education, board of trustees of a charter school, or chief school
8 administrator of a nonpublic school shall designate additional
9 employees of the school district, charter school, or nonpublic school
10 who volunteer to administer an opioid antidote in the event that a
11 person **【experiences】** is reasonably believed to be experiencing an
12 opioid overdose when the nurse is not physically present at the
13 scene. **【The designated employees shall only be authorized to**
14 **administer opioid antidotes after receiving the training required**
15 **under subsection b. of section 3 of this act】** Nothing in this section
16 shall be construed to prohibit any other person from administering
17 an opioid antidote to a person who is reasonably believed to be
18 experiencing an opioid overdose, if the administration is consistent
19 with the requirements of P.L.2013, c.46 (C.24:6J-1 et al.).

20 (2) In the event that a licensed athletic trainer volunteers to
21 administer an opioid antidote pursuant to this act, it shall not
22 constitute a violation of the "Athletic Training Licensure Act,"
23 P.L.1984, c.203 (C.45:9-37.35 et seq.).

24 d. A policy developed pursuant to this section shall require the
25 transportation of **【an overdose victim】** a person reasonably believed
26 to have experienced an overdose to a hospital emergency room by
27 emergency services personnel after the administration of an opioid
28 antidote, even if the person's symptoms appear to have resolved.

29 (cf: P.L.2018, c.106, s.2)

30

31 8. Section 3 of P.L.2018, c.106 (C.18A:40-12.25) is amended
32 to read as follows:

33 3. a. The Department of Education, in consultation with the
34 Department of Human Services and appropriate medical experts,
35 shall establish guidelines for the development of a policy by a
36 school district, charter school, or nonpublic school for the
37 emergency administration of opioid antidotes. Each board of
38 education, board of trustees of a charter school, and chief school
39 administrator of a nonpublic school shall implement the guidelines
40 in developing a policy pursuant to section 2 of this act.

41 b. The guidelines shall include a requirement that each school
42 nurse, and each employee designated pursuant to subsection c. of
43 section 2 of this act, receive training on standardized protocols for
44 the administration of an opioid antidote to a person who
45 **【experiences】** is reasonably believed to be experiencing an opioid
46 overdose. The training shall include the overdose prevention
47 information described in subsection a. of section 5 of the "Overdose

1 Prevention Act," P.L.2013, c.46 (C.24:6J-5). The guidelines shall
2 specify an appropriate entity or entities to provide the training, and
3 a school nurse shall not be solely responsible to train the employees
4 designated pursuant to subsection c. of section 2 of this act.
5 (cf: P.L.2018, c.106, s.3)

6
7 9. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read
8 as follows:

9 4. a. In accordance with the provisions of section 3 of
10 P.L.2006, c.99 (C.26:5C-27), a municipality may establish or
11 authorize establishment of a sterile syringe access program that is
12 approved by the commissioner to provide for the exchange of
13 hypodermic syringes and needles.

14 (1) A municipality that establishes a sterile syringe access
15 program, at a fixed location or through a mobile access component,
16 may operate the program directly or contract with one or more of
17 the following entities to operate the program: a hospital or other
18 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
19 et seq.), a federally qualified health center, a public health agency, a
20 substance abuse treatment program, an AIDS service organization,
21 or another nonprofit entity designated by the municipality. These
22 entities shall also be authorized to contract directly with the
23 commissioner in any municipality in which the governing body has
24 authorized the operation of sterile syringe access programs by
25 ordinance pursuant to paragraph (2) of this subsection. The
26 municipality or entity under contract shall implement the sterile
27 syringe access program in consultation with a federally qualified
28 health center and the New Jersey Office on Minority and
29 Multicultural Health in the Department of Health, and in a
30 culturally competent manner.

31 (2) Pursuant to paragraph (2) of subsection a. of section 3 of
32 P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body
33 has authorized the operation of sterile syringe access programs
34 within the municipality may require within the authorizing
35 ordinance that an entity as described in paragraph (1) of this
36 subsection obtain approval from the municipality, in a manner
37 prescribed by the authorizing ordinance, to operate a sterile syringe
38 access program prior to obtaining approval from the commissioner
39 to operate such a program, or may permit the entity to obtain
40 approval to operate such a program by application directly to the
41 commissioner without obtaining prior approval from the
42 municipality.

43 (3) Two or more municipalities may jointly establish or
44 authorize establishment of a sterile syringe access program that
45 operates within those municipalities pursuant to adoption of an
46 ordinance by each participating municipality pursuant to this
47 section.

- 1 b. A sterile syringe access program shall comply with the
2 following requirements:
- 3 (1) Sterile syringes and needles shall be provided at no cost to
4 consumers 18 years of age and older;
- 5 (2) Program staff shall be trained and regularly supervised in:
6 harm reduction; substance use disorder, medical and social service
7 referrals; and infection control procedures, including universal
8 precautions and needle stick injury protocol; and programs shall
9 maintain records of staff and volunteer training and of hepatitis C
10 and tuberculosis screening provided to volunteers and staff;
- 11 (3) The program shall offer information about HIV, hepatitis C
12 and other bloodborne pathogens and prevention materials at no cost
13 to consumers, and shall seek to educate all consumers about safe
14 and proper disposal of needles and syringes;
- 15 (4) The program shall provide information and referrals to
16 consumers, including HIV testing options, access to medication-
17 assisted substance use disorder treatment programs and other
18 substance use disorder treatment programs, and available health and
19 social service options relevant to the consumer's needs. The
20 program shall encourage consumers to receive an HIV test, and
21 shall, when appropriate, develop an individualized substance use
22 disorder treatment plan for each participating consumer;
- 23 (5) The program shall screen out consumers under 18 years of
24 age from access to syringes and needles, and shall refer them to
25 substance use disorder treatment and other appropriate programs for
26 youth;
- 27 (6) The program shall develop a plan for the handling and
28 disposal of used syringes and needles in accordance with
29 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
30 medical waste disposal pursuant to the "Comprehensive Regulated
31 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
32 al.), and shall also develop and maintain protocols for post-
33 exposure treatment;
- 34 (7) (a) The program may obtain a standing order, pursuant to
35 the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.),
36 authorizing program staff to carry and **【dispense】** distribute
37 naloxone hydrochloride or another opioid antidote to consumers
38 **【and】** , to the family members and friends 【thereof】 of consumers,
39 and to any member of the general public;
- 40 (b) The program shall provide overdose prevention information
41 to consumers, the family members and friends **【thereof】** of
42 consumers, and **【other persons associated therewith, as appropriate】**
43 members of the general public, in accordance with the provisions of
44 section 5 of the "Overdose Prevention Act," P.L.2013, c.46
45 (C.24:6J-5);
- 46 (8) The program shall maintain the confidentiality of consumers
47 by the use of confidential identifiers, which shall consist of the first
48 two letters of the first name of the consumer's mother and the two-

1 digit day of birth and two-digit year of birth of the consumer, or by
2 the use of such other uniform Statewide mechanism as may be
3 approved by the commissioner for this purpose;

4 (9) The program shall provide a uniform identification card that
5 has been approved by the commissioner to consumers and to staff
6 and volunteers involved in transporting, exchanging or possessing
7 syringes and needles, or shall provide for such other uniform
8 Statewide means of identification as may be approved by the
9 commissioner for this purpose;

10 (10) The program shall provide consumers at the time of
11 enrollment with a schedule of program operation hours and
12 locations, in addition to information about prevention and harm
13 reduction and substance use disorder treatment services; and

14 (11) The program shall establish and implement accurate data
15 collection methods and procedures as required by the commissioner
16 for the purpose of evaluating the sterile syringe access programs,
17 including the monitoring and evaluation on a quarterly basis of:

18 (a) sterile syringe access program participation rates, including
19 the number of consumers who enter substance use disorder
20 treatment programs and the status of their treatment;

21 (b) the effectiveness of the sterile syringe access programs in
22 meeting their objectives, including, but not limited to, return rates
23 of syringes and needles distributed to consumers and the impact of
24 the sterile syringe access programs on intravenous drug use; and

25 (c) the number and type of referrals provided by the sterile
26 syringe access programs and the specific actions taken by the sterile
27 syringe access programs on behalf of each consumer.

28 c. A municipality may terminate a sterile syringe access
29 program established or authorized pursuant to this act, which is
30 operating within that municipality, if its governing body approves
31 such an action by ordinance, in which case the municipality shall
32 notify the commissioner of its action in a manner prescribed by
33 regulation of the commissioner.

34 (cf: P.L.2017, c.131, s.104)

35
36 10. Section 1 of P.L.2017, c.88 (C.45:14-67.2) is amended to
37 read as follows:

38 1. a. Notwithstanding any other law or regulation to the
39 contrary, a pharmacist may dispense an opioid antidote to any
40 **【patient】** person or entity, regardless of whether the **【patient】**
41 person or entity holds an individual prescription for the opioid
42 antidote, pursuant to a standing order issued by a prescriber or
43 pursuant to the standing order issued pursuant to subsection b. of
44 this section. A pharmacist who dispenses an opioid antidote
45 pursuant to this section shall comply with the provisions of the
46 "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.).

47 b. The Commissioner of Health, or, if the commissioner is not
48 a duly licensed physician, the Deputy Commissioner for Public

1 Health Services, shall issue **【**, upon request by a pharmacist
2 licensed to practice in this State,**】** a standing order authorizing **【**the
3 pharmacist**】** all licensed pharmacists in the State to dispense an
4 opioid antidote to any **【**patient**】** individual or entity, regardless of
5 whether the **【**patient**】** individual or entity holds an individual
6 prescription for the opioid antidote **【**, provided the pharmacist
7 complies with the requirements of the "Overdose Prevention Act,"
8 P.L.2013, c.46 (C.24:6J-1 et al.)**】** . The Commissioner of Health
9 shall provide a copy of the standing order to the Board of
10 Pharmacy, which shall post a copy of the standing order on the
11 board's Internet website and transmit a copy of the standing order
12 to all licensed pharmacists in such a manner as the board deems
13 appropriate.

14 c. As used in this section:

15 "Opioid antidote" means naloxone hydrochloride **【**,**】** or any other
16 **【**similarly acting**】** drug approved by the United States Food and
17 Drug Administration for **【**self-administration for**】** the treatment of
18 an opioid overdose.

19 **【**"Patient" means the same as that term is defined in section 3 of
20 P.L.2013, c.46 (C.24:6J-3).**】**

21 "Prescriber" means the same as that term is defined in section 3
22 of P.L.2013, c.46 (C.24:6J-3).
23 (cf: P.L.2017, c.88, s.1)

24

25 11. This act shall take effect 60 days after the date of enactment,
26 but the Commissioner of Health, the Commissioner of Human
27 Services, and the Director of the Division of Consumer Affairs in
28 the Department of Law and Public Safety may each take any
29 anticipatory administrative action in advance as shall be necessary
30 for the implementation of this act.