

[First Reprint]  
**SENATE, No. 390**

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**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Senator LORETTA WEINBERG**

**District 37 (Bergen)**

**Senator NELLIE POU**

**District 35 (Bergen and Passaic)**

**SYNOPSIS**

Requires all prescriptions be transmitted electronically, subject to certain exceptions.

**CURRENT VERSION OF TEXT**

As reported by the Senate Health, Human Services and Senior Citizens Committee on December 7, 2020, with amendments.



**(Sponsorship Updated As Of: 12/7/2020)**

1 AN ACT concerning electronic prescriptions, <sup>1</sup>**[revising]** amending<sup>1</sup>  
 2 various parts of the statutory law, and supplementing Title 45 of the  
 3 Revised Statutes.

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

7  
 8 1. Section 8 of P.L.1977, c.240 (C.24:6E-7) is amended to read as  
 9 follows:

10 8. Every prescription blank shall be imprinted with the words,  
 11 "substitution permissible" and "do not substitute" and shall contain  
 12 space for the physician's or other authorized prescriber's initials next to  
 13 the chosen option, and each prescription issued electronically using an  
 14 electronic health records system shall include a section for the  
 15 physician or other authorized prescriber to explicitly indicate that  
 16 substitution is permissible for that prescription or that substitution is  
 17 not permissible for that prescription. Notwithstanding any other law,  
 18 unless the physician or other authorized prescriber explicitly **[states]**  
 19 indicates that there shall be no substitution when transmitting **[an**  
 20 **oral]** a prescription or, in the case of a written prescription, indicates  
 21 that there shall be no substitution by initialing the prescription blank  
 22 next to "do not substitute," a different brand name or nonbrand name  
 23 drug product of the same established name shall be dispensed by a  
 24 pharmacist if such different brand name or nonbrand name drug  
 25 product shall reflect a lower cost to the consumer and is contained in  
 26 the latest list of interchangeable drug products published by the  
 27 council; provided, however, where the prescriber indicates  
 28 "substitution permissible, and requests the pharmacist to notify **[him]**  
 29 the prescriber of the substitution," the pharmacist shall transmit notice,  
 30 either orally **[or]** , by written notice to be <sup>1</sup>**[mailed]** transmitted<sup>1</sup> no  
 31 later than the end of the business day <sup>1</sup>**[.]**<sup>1</sup> using an electronic health  
 32 records system, or by such other means as may authorized by the  
 33 Director of the Division of Consumer Affairs in the Department of  
 34 Law and Public Safety, to the prescriber specifying the drug product  
 35 actually dispensed and the name of the manufacturer thereof.  
 36 However, no drug interchange shall be made unless a savings to the  
 37 consumer results, and the pharmacist passes such savings on to the  
 38 consumer in full by charging no more than the regular and customary  
 39 retail price for the drug to be substituted. For prescriptions filled other  
 40 than by mail, the consumer may, if a substitution is indicated and prior  
 41 to having **[his]** the consumer's prescription filled, request the  
 42 pharmacist or **[his]** the pharmacist's agent to inform **[him]** the  
 43 consumer of the price savings that would result from substitution. If  
 44 the consumer is not satisfied with said price savings **[he]** the

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SHH committee amendments adopted December 7, 2020.

1 consumer may, upon request, be dispensed the drug product prescribed  
2 by the physician. The pharmacist shall make a notation of such  
3 request upon the prescription blank, in the case of a prescription issued  
4 using a New Jersey Prescription Blank, and in the patient's electronic  
5 health record, in the case of a prescription issued electronically using  
6 an electronic health records system.

7 (cf: P.L.1977, c.240, s.8)

8  
9 2. Section 15 of P.L.1970, c.226 (C.24:21-15) is amended to read  
10 as follows:

11 15. Prescriptions. a. Except when dispensed directly in good faith  
12 by a practitioner, other than a pharmacist, in the course of **his** the  
13 practitioner's professional practice only, to an ultimate user, no  
14 controlled dangerous substance included in Schedule II, which is a  
15 prescription drug as defined in section 2 of P.L.2003, c.280 (C.45:14-  
16 41), may be dispensed without **the written** a prescription **of** issued  
17 by a practitioner; provided that in emergency situations, as prescribed  
18 by the division by regulation, such drug may be dispensed upon oral  
19 prescription reduced promptly to writing and filed by the pharmacist,  
20 if such oral prescription is authorized by federal law **in accordance**  
21 with the requirements of section '7' 8' of P.L. , c. (C. )  
22 (pending before the Legislature as this bill). Prescriptions shall be  
23 retained in conformity with the requirements of section 13 of  
24 P.L.1970, c.226 (C.24:21-13). No prescription for a Schedule II  
25 substance may be refilled.

26 b. Except when dispensed directly in good faith by a practitioner,  
27 other than a pharmacist, in the course of **his** the practitioner's  
28 professional practice only, to an ultimate user, no controlled dangerous  
29 substance included in Schedules III and IV which is a prescription  
30 drug as defined in section 2 of P.L.2003, c.280 (C.45:14-41) may be  
31 dispensed without a **written or oral** prescription issued by a  
32 practitioner in accordance with the requirements of section '7' 8' of  
33 P.L. , c. (C. ) (pending before the Legislature as this bill).  
34 Such prescription may not be filled or refilled more than six months  
35 after the date thereof or be refilled more than five times after the date  
36 of the prescription, unless renewed by the practitioner.

37 c. No controlled dangerous substance included in Schedule V  
38 may be distributed or dispensed other than for a valid and accepted  
39 medical purpose.

40 d. A practitioner other than a veterinarian who prescribes a  
41 controlled dangerous substance in good faith and in the course of **his**  
42 the practitioner's professional practice may administer the same or  
43 cause the same to be administered by a nurse or intern under **his** the  
44 practitioner's direction and supervision.

45 e. A veterinarian who prescribes a controlled dangerous  
46 substance not for use by a human being in good faith and in the course

1 of **his** the veterinarian's professional practice may administer the  
2 same or cause the same to be administered by an assistant or orderly  
3 under **his** the veterinarian's direction and supervision.

4 f. A person who has obtained a controlled dangerous substance  
5 from the prescribing practitioner for administration to a patient during  
6 the absence of the practitioner shall return to the practitioner any  
7 unused portion of the substance when it is no longer required by the  
8 patient or when its return is requested by the practitioner.

9 g. Whenever it appears to the division that a drug not considered  
10 to be a prescription drug under existing State law should be so  
11 considered because of its abuse potential, it shall so advise the New  
12 Jersey State Board of Pharmacy and furnish to it all available data  
13 relevant thereto.

14 (cf: P.L.2007, c.244, s.14)

15  
16 <sup>1</sup>**3.** Section 8 of P.L.2015, c.74 (C.45:1-46.1) is amended to  
17 read as follows:

18 8. a. (1) Except as provided in subsection b. of this section, a  
19 practitioner or other person who is authorized by a practitioner to  
20 access prescription monitoring information pursuant to subsection  
21 h. of section 26 of P.L.2007, c.244 (C.45:1-46) shall access  
22 prescription monitoring information the first time the practitioner or  
23 other person prescribes a Schedule II controlled dangerous  
24 substance to a new patient for acute or chronic pain. In addition,  
25 for any prescription of a Schedule II controlled dangerous substance  
26 for a new or current patient for acute or chronic pain which is  
27 **written** issued on or after the effective date of P.L.2015, c.74  
28 (C.45:1-46.1 et al.) a practitioner or other authorized person shall  
29 access prescription monitoring information on a quarterly basis  
30 during the period of time the patient continues to receive such  
31 prescriptions.

32 (2) (a) A pharmacist shall not dispense a Schedule II controlled  
33 dangerous substance to any person without first accessing the  
34 prescription monitoring information, as authorized pursuant to  
35 subsection h. of section 26 of P.L.2007, c.244 (C.45:1-46), to  
36 determine if the person has received other prescriptions that  
37 indicate misuse, abuse, or diversion, if the pharmacist has a  
38 reasonable belief that the person may be seeking a controlled  
39 dangerous substance, in whole or in part, for any purpose other than  
40 the treatment of an existing medical condition, such as for purposes  
41 of misuse, abuse, or diversion.

42 (b) A pharmacist shall not dispense a prescription to a person  
43 other than the patient for whom the prescription is intended, unless  
44 the person picking up the prescription provides personal  
45 identification to the pharmacist, and the pharmacist, as required by  
46 subsection b. of section 25 of P.L.2007, c.244 (C.45:1-45), inputs  
47 that identifying information into the Prescription Monitoring

- 1 Program if the pharmacist has a reasonable belief that the person  
2 may be seeking a controlled dangerous substance, in whole or in  
3 part, for any reason other than delivering the substance to the  
4 patient for the treatment of an existing medical condition. The  
5 provisions of this subparagraph shall not take effect until the  
6 director determines that the Prescription Monitoring Program has  
7 the technical capacity to accept such information.
- 8 b. The provisions of subsection a. of this section shall not  
9 apply to:
- 10 (1) a veterinarian;
  - 11 (2) a practitioner or the practitioner's agent administering  
12 methadone, or another controlled dangerous substance designated  
13 by the director as appropriate for treatment of a patient with a  
14 substance **【abuse】** use disorder, as interim treatment for a patient  
15 on a waiting list for admission to an authorized substance abuse  
16 treatment program;
  - 17 (3) a practitioner administering a controlled dangerous  
18 substance directly to a patient;
  - 19 (4) a practitioner prescribing a controlled dangerous substance  
20 to be dispensed by an institutional pharmacy, as defined in  
21 N.J.A.C.13:39-9.2;
  - 22 (5) a practitioner prescribing a controlled dangerous substance  
23 in the emergency department of a general hospital, provided that the  
24 quantity prescribed does not exceed a five-day supply of the  
25 substance;
  - 26 (6) a practitioner prescribing a controlled dangerous substance  
27 to a patient under the care of a hospice;
  - 28 (7) a situation in which it is not reasonably possible for the  
29 practitioner or pharmacist to access the Prescription Monitoring  
30 Program in a timely manner, no other individual authorized to  
31 access the Prescription Monitoring Program is reasonably available,  
32 and the quantity of controlled dangerous substance prescribed or  
33 dispensed does not exceed a five-day supply of the substance;
  - 34 (8) a practitioner or pharmacist acting in compliance with  
35 regulations promulgated by the director as to circumstances under  
36 which consultation of the Prescription Monitoring Program would  
37 result in a patient's inability to obtain a prescription in a timely  
38 manner, thereby adversely impacting the medical condition of the  
39 patient;
  - 40 (9) a situation in which the Prescription Monitoring Program is  
41 not operational as determined by the division or where it cannot be  
42 accessed by the practitioner due to a temporary technological or  
43 electrical failure, as set forth in regulation;
  - 44 (10) a practitioner or pharmacist who has been granted a waiver  
45 due to technological limitations that are not reasonably within the  
46 control of the practitioner or pharmacist, or other exceptional  
47 circumstances demonstrated by the practitioner or pharmacist,

1 pursuant to a process established in regulation, and in the discretion  
2 of the director; or

3 (11) a practitioner who is prescribing a controlled dangerous  
4 substance to a patient immediately after the patient has undergone  
5 an operation, procedure, or treatment for acute trauma, when less  
6 than a 30-day supply is prescribed.

7 (cf: P.L.2015, c.74, s.8)¶<sup>1</sup>

8  
9 ¶3. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to read  
10 as follows:

11 10. a. In addition to all other tasks which a registered professional  
12 nurse may, by law, perform, an advanced practice nurse may manage  
13 preventive care services and diagnose and manage deviations from  
14 wellness and long-term illnesses, consistent with the needs of the  
15 patient and within the scope of practice of the advanced practice nurse,  
16 by:

17 (1) initiating laboratory and other diagnostic tests;

18 (2) prescribing or ordering medications and devices, as authorized  
19 by subsections b. and c. of this section; and

20 (3) prescribing or ordering treatments, including referrals to other  
21 licensed health care professionals, and performing specific procedures  
22 in accordance with the provisions of this subsection.

23 b. An advanced practice nurse may order medications and devices  
24 in the inpatient setting, subject to the following conditions:

25 (1) the collaborating physician and advanced practice nurse shall  
26 address in the joint protocols whether prior consultation with the  
27 collaborating physician is required to initiate an order for a controlled  
28 dangerous substance;

29 (2) the order is written in accordance with standing orders or joint  
30 protocols developed in agreement between a collaborating physician  
31 and the advanced practice nurse, or pursuant to the specific direction  
32 of a physician;

33 (3) the advanced practice nurse authorizes the order by signing the  
34 nurse's own name, printing the name and certification number, and  
35 printing the collaborating physician's name;

36 (4) the physician is present or readily available through electronic  
37 communications;

38 (5) the charts and records of the patients treated by the advanced  
39 practice nurse are reviewed by the collaborating physician and the  
40 advanced practice nurse within the period of time specified by rules  
41 adopted by the Commissioner of Health pursuant to section 13 of  
42 P.L.1991, c.377 (C.45:11-52);

43 (6) the joint protocols developed by the collaborating physician  
44 and the advanced practice nurse are reviewed, updated, and signed at  
45 least annually by both parties; and

46 (7) the advanced practice nurse has completed six contact hours of  
47 continuing professional education in pharmacology related to

1 controlled substances, including pharmacologic therapy, addiction  
2 prevention and management, and issues concerning prescription opioid  
3 drugs, including responsible prescribing practices, alternatives to  
4 opioids for managing and treating pain, and the risks and signs of  
5 opioid abuse, addiction, and diversion, in accordance with regulations  
6 adopted by the New Jersey Board of Nursing. The six contact hours  
7 shall be in addition to New Jersey Board of Nursing pharmacology  
8 education requirements for advanced practice nurses related to initial  
9 certification and recertification of an advanced practice nurse as set  
10 forth in N.J.A.C.13:37-7.2.

11 c. An advanced practice nurse may prescribe medications and  
12 devices in all other medically appropriate settings, subject to the  
13 following conditions:

14 (1) the collaborating physician and advanced practice nurse shall  
15 address in the joint protocols whether prior consultation with the  
16 collaborating physician is required to initiate a prescription for a  
17 controlled dangerous substance;

18 (2) the prescription is written in accordance with standing orders  
19 or joint protocols developed in agreement between a collaborating  
20 physician and the advanced practice nurse, or pursuant to the specific  
21 direction of a physician;

22 (3) the advanced practice nurse **【writes】** issues the prescription  
23 **【on a New Jersey Prescription Blank pursuant to P.L.2003, c.280**  
24 **(C.45:14-40 et seq.)】** in accordance with section 8 of P.L. \_\_\_\_\_,  
25 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill), signs the  
26 nurse's own name to the prescription and **【prints】** includes on the  
27 prescription the nurse's name and certification number;

28 (4) the prescription is dated and includes the name of the patient  
29 and the name, address, and telephone number of the collaborating  
30 physician;

31 (5) the physician is present or readily available through electronic  
32 communications;

33 (6) the charts and records of the patients treated by the advanced  
34 practice nurse are periodically reviewed by the collaborating physician  
35 and the advanced practice nurse;

36 (7) the joint protocols developed by the collaborating physician  
37 and the advanced practice nurse are reviewed, updated, and signed at  
38 least annually by both parties; and

39 (8) the advanced practice nurse has completed six contact hours of  
40 continuing professional education in pharmacology related to  
41 controlled substances, including pharmacologic therapy, addiction  
42 prevention and management, and issues concerning prescription opioid  
43 drugs, including responsible prescribing practices, alternatives to  
44 opioids for managing and treating pain, and the risks and signs of  
45 opioid abuse, addiction, and diversion, in accordance with regulations  
46 adopted by the New Jersey Board of Nursing. The six contact hours  
47 shall be in addition to New Jersey Board of Nursing pharmacology

1 education requirements for advanced practice nurses related to initial  
2 certification and recertification of an advanced practice nurse as set  
3 forth in N.J.A.C.13:37-7.2.

4 d. The joint protocols employed pursuant to subsections b. and c.  
5 of this section shall conform with standards adopted by the Director of  
6 the Division of Consumer Affairs pursuant to section 12 of P.L.1991,  
7 c.377 (C.45:11-51) or section 10 of P.L.1999, c.85 (C.45:11-49.2), as  
8 applicable.

9 e. (Deleted by amendment, P.L.2004, c.122.)

10 f. An attending advanced practice nurse may determine and  
11 certify the cause of death of the nurse's patient and execute the death  
12 certification pursuant to R.S.26:6-8 if no collaborating physician is  
13 available to do so and the nurse is the patient's primary caregiver.

14 g. An advanced practice nurse may authorize qualifying patients  
15 for the medical use of cannabis and issue written instructions for  
16 medical cannabis to registered qualifying patients, subject to the  
17 following conditions:

18 (1) the collaborating physician and advanced practice nurse shall  
19 address in the joint protocols whether prior consultation with the  
20 collaborating physician is required to authorize a qualifying patient for  
21 the medical use of cannabis or issue written instructions for medical  
22 cannabis;

23 (2) the authorization for the medical use of cannabis or issuance of  
24 written instructions for cannabis is in accordance with standing orders  
25 or joint protocols developed in agreement between a collaborating  
26 physician and the advanced practice nurse, or pursuant to the specific  
27 direction of a physician;

28 (3) the advanced practice nurse signs the nurse's own name to the  
29 authorization or written instruction and prints the nurse's name and  
30 certification number;

31 (4) the authorization or written instruction is dated and includes  
32 the name of the qualifying patient and the name, address, and  
33 telephone number of the collaborating physician;

34 (5) the physician is present or readily available through electronic  
35 communications;

36 (6) the charts and records of qualifying patients treated by the  
37 advanced practice nurse are periodically reviewed by the collaborating  
38 physician and the advanced practice nurse;

39 (7) the joint protocols developed by the collaborating physician  
40 and the advanced practice nurse are reviewed, updated, and signed at  
41 least annually by both parties; and

42 (8) the advanced practice nurse complies with the requirements for  
43 authorizing qualifying patients for the medical use of cannabis and for  
44 issuing written instructions for medical cannabis established pursuant  
45 to P.L.2009, c.307 (C.24:6I-1 et al.).<sup>1</sup>

46 (cf: P.L.2019, c.153, s.47)

1        4. Section 16 of P.L.2003, c.280 (C.45:14-55) is amended to read  
2 as follows:

3        16. a. **【A】** Whenever a practitioner practicing in this State issues  
4 a prescription for a controlled dangerous substance, prescription  
5 legend drug, or other prescription item, the practitioner shall issue the  
6 prescription electronically using an electronic health records system,  
7 except that, if the prescription is not required to be transmitted by  
8 electronic means under subsection b. of section '【7】 8' of P.L. , c.  
9 (C. ) (pending before the Legislature as this bill), the practitioner  
10 shall **【use】** issue the prescription using a non-reproducible, non-  
11 erasable safety paper New Jersey Prescription **【Blanks】** Blank bearing  
12 that practitioner's license number **【whenever the practitioner issues**  
13 prescriptions for controlled dangerous substances, prescription legend  
14 drugs or other prescription items**】** or in such other manner as may be  
15 authorized by the Director of the Division of Consumer Affairs in the  
16 Department of Law and Public Safety. **【The prescription】**  
17 Prescription blanks shall be secured from a vendor approved by the  
18 Division of Consumer Affairs in the Department of Law and Public  
19 Safety.

20        b. A licensed practitioner practicing in this State shall maintain a  
21 record of the receipt of New Jersey Prescription Blanks. The  
22 practitioner shall notify the Office of Drug Control in the Division of  
23 Consumer Affairs as soon as possible but no later than 72 hours of  
24 being made aware that any New Jersey Prescription Blank in the  
25 practitioner's possession has been stolen. Upon receipt of notification,  
26 the Office of Drug Control shall take appropriate action, including  
27 notification to the Department of Human Services and the Attorney  
28 General.

29 (cf: P.L.2003, c.280, s.16)  
30

31        5. Section 17 of P.L.2003, c.280 (C.45:14-56) is amended to read  
32 as follows:

33        17. a. Prescriptions issued by a health care facility licensed  
34 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall be issued  
35 electronically using an electronic health records system, except that, if  
36 the prescription is not required to be transmitted by electronic means  
37 under subsection b. of section '【7】 8' of P.L. , c. (C. )  
38 (pending before the Legislature as this bill), the prescription shall be  
39 written on a non-reproducible, non-erasable safety paper New Jersey  
40 Prescription **【Blanks】** Blank or in such other manner as may be  
41 authorized by the Director of the Division of Consumer Affairs in the  
42 Department of Law and Public Safety. **【The prescription】**  
43 Prescription blanks shall be secured from a vendor approved by the  
44 Division of Consumer Affairs in the Department of Law and Public  
45 Safety. The New Jersey Prescription Blanks shall bear the unique  
46 provider number assigned to that health care facility for the issuing of

1 prescriptions for controlled dangerous substances, prescription legend  
2 drugs or other prescription items.

3 b. A health care facility shall maintain a record of the receipt of  
4 New Jersey Prescription Blanks. The health care facility shall notify  
5 the Office of Drug Control in the Division of Consumer Affairs as  
6 soon as possible but no later than 72 hours of being made aware that  
7 any New Jersey Prescription Blank in the facility's possession has been  
8 stolen. Upon receipt of notification, the Office of Drug Control shall  
9 take appropriate action including notification to the Department of  
10 Human Services and the Attorney General.

11 (cf: P.L.2003, c.280, s.17)

12  
13 6. Section 18 of P.L.2003, c.280 (C.45:14-57) is amended to read  
14 as follows:

15 18. a. A prescription issued by a practitioner or health care  
16 facility licensed in New Jersey shall not be filled by a pharmacist  
17 unless the prescription is issued electronically using an electronic  
18 health records system, except that, if the prescription that is not  
19 required to be transmitted by electronic means under subsection b. of  
20 section '17] 8' of P.L. , c. (C. ) (pending before the  
21 Legislature as this bill), the prescription shall not be filled by a  
22 pharmacist unless the prescription is issued on a New Jersey  
23 Prescription Blank bearing the practitioner's license number or the  
24 unique provider number assigned to a health care facility or in such  
25 other manner as may be authorized by the Director of the Division of  
26 Consumer Affairs in the Department of Law and Public Safety.

27 b. Notwithstanding the provisions of subsection a. of this section  
28 to the contrary, a practitioner or health care facility licensed in New  
29 Jersey may utilize an electronic health record program to imprint the  
30 practitioner's name and license number or the unique provider number  
31 assigned to a health care facility on a blank New Jersey Prescription  
32 Blank for transmission to a pharmacist, provided that:

33 (1) any other requirements under section 20 of P.L.2003, c.280  
34 (C.45:14-59) and any regulations adopted by the Director of the  
35 Division of Consumer Affairs in the Department of Law and Public  
36 Safety concerning New Jersey Prescription Blanks are met; and

37 (2) the electronic health record program will imprint on the blank  
38 form all such identifying information about the prescriber as  
39 is required by regulation of the Director of the Division of Consumer  
40 Affairs.

41 (cf: P.L.2009, c.297, s.1)

42  
43 '17. Section 19 of P.L.2003, c.280 (C.45:14-58) is amended to  
44 read as follows:

45 19. a. **Nothing** contained in this act shall preclude a  
46 practitioner from transmitting to a pharmacist by telephone or  
47 electronic means a prescription, as otherwise authorized by law, if

1 that practitioner provides the practitioner's Drug Enforcement  
2 Administration registration number and the practitioner's license  
3 number, or any other federally identified number, as appropriate, to  
4 the pharmacist at the time the practitioner transmits the  
5 prescription.】 (Deleted by amendment, P.L. , c. ) (pending  
6 before the Legislature as this bill)

7 b. Except as may be otherwise permitted by law, no  
8 prescription for any Schedule II controlled dangerous substance  
9 shall be 【given or】 transmitted to pharmacists, in any other manner,  
10 than in writing signed by the practitioner 【giving or】 transmitting  
11 the same consistent with the requirements of section 8 of P.L. , c.  
12 (C. ) (pending before the Legislature as this bill), nor shall such  
13 prescription be renewed or refilled. The requirement in this  
14 subsection that a prescription for any controlled dangerous  
15 substance be 【given or】 transmitted to pharmacists in writing  
16 signed by the practitioner consistent with the requirements of  
17 section 8 of P.L. , c. (C. ) (pending before the Legislature  
18 as this bill) shall not apply to a prescription for a Schedule II drug if  
19 that prescription is transmitted or prepared in compliance with  
20 federal and State regulations.

21 c. (1) Each vendor that sells, leases, or licenses for use an  
22 electronic health records system that is used to electronically  
23 transmit prescriptions in this State on the effective date of P.L.2017,  
24 c.338 shall ensure that the system meets all federal requirements for  
25 the system to accept, process, and transmit prescriptions for  
26 Schedule II controlled dangerous substances no later than one year  
27 after the effective date of P.L.2017, c.338 as a condition of  
28 continuing to sell, lease, or license for use the electronic health  
29 records system in this State. Each vendor that commences selling,  
30 leasing, or licensing for use an electronic health records system that  
31 is used to electronically transmit prescriptions in this State after the  
32 effective date of P.L.2017, c.338 shall ensure that the system meets  
33 all federal requirements for the system to accept, process, and  
34 transmit prescriptions for Schedule II controlled dangerous  
35 substances as a condition of selling, leasing, or licensing for use the  
36 electronic health records system in this State.

37 (2) The requirements of paragraph (1) of this subsection shall  
38 not apply to a telemedicine or telehealth organization, as that term  
39 is defined in section 1 of P.L.2017, c.117 (C.45:1-61), that  
40 exclusively provides telehealth and telemedicine services.<sup>1</sup>

41 (cf: P.L.2017, c.338, s.1)

42  
43 <sup>1</sup>【7.】 8.1 (New section) a. Except as provided in subsections b.  
44 and c. of this section, no prescription for a controlled dangerous  
45 substance, prescription legend drug, or other prescription item shall  
46 be transmitted to a pharmacist by a practitioner in any other manner  
47 than by electronic means using an electronic health records system.

1       b. The requirement that a prescription for a controlled  
2 dangerous substance, prescription legend drug, or other prescription  
3 item be transmitted electronically using an electronic health records  
4 system shall not apply to:

5       (1) a veterinarian;

6       (2) a practitioner administering a controlled dangerous  
7 substance, prescription legend drug, or other prescription item  
8 directly to a patient;

9       (3) a practitioner prescribing a controlled dangerous substance,  
10 prescription legend drug, or other prescription item to be dispensed  
11 by an institutional pharmacy, as defined in N.J.A.C.13:39-9.2;

12       (4) a practitioner prescribing a controlled dangerous substance,  
13 prescription legend drug, or other prescription item to a patient  
14 under the care of a hospice;

15       (5) a situation in which the electronic prescribing system used  
16 by the practitioner is not operational or a situation in which the  
17 system cannot be accessed by the practitioner due to a temporary  
18 technological or electrical failure;

19       (6) a situation in which the patient requests the prescription be  
20 transmitted to a pharmacy that does not possess the means to  
21 receive and process electronically transmitted prescriptions; or

22       (7) a practitioner who has been granted a waiver due to  
23 technological limitations that are not reasonably within the control  
24 of the practitioner, or other exceptional circumstances demonstrated  
25 by the practitioner, pursuant to a process established in regulation,  
26 and in the discretion of the Director of the Division of Consumer  
27 Affairs in the Department of Law and Public Safety.

28       c. If, pursuant to subsection b. of this section, a prescription for  
29 a controlled dangerous substance, prescription legend drug, or other  
30 prescription item is not required to be transmitted electronically  
31 using an electronic health records system, the prescription shall be  
32 issued on a New Jersey Prescription Blank or in such other manner  
33 as may be authorized by the director.

34  
35       <sup>1</sup>**8. Section 19 of P.L.2003, c.280 (C.45:14-58) is repealed.**<sup>1</sup>

36  
37       9. The Director of the Division of Consumer Affairs in the  
38 Department of Law and Public Safety shall, pursuant to the  
39 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-  
40 1 et seq.), adopt rules and regulations as may be necessary to  
41 implement the provisions of this act.

42  
43       10. This act shall take effect one year after the date of  
44 enactment, except that the Director of the Division of Consumer  
45 Affairs in the Department of Law and Public Safety may take any  
46 administrative action in advance thereof as shall be necessary for  
47 the implementation of this act.