

SENATE, No. 2079

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED MARCH 16, 2020

Sponsored by:

Senator PATRICK J. DIEGNAN, JR.

District 18 (Middlesex)

Senator LINDA R. GREENSTEIN

District 14 (Mercer and Middlesex)

SYNOPSIS

“New Jersey Coordinated Substance Use Control Policy and Planning Act.”

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/19/2020)

1 **AN ACT** concerning the coordination of comprehensive substance
2 use control policies, programs, services, and supports in New
3 Jersey, supplementing Title 26 of the Revised Statutes, and
4 amending and repealing various parts of the statutory law.

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

8
9 1. (New section) This act shall be known, and may be cited as,
10 the “New Jersey Coordinated Substance Use Control Policy and
11 Planning Act.”

12
13 2. (New section) The Legislature finds and declares that:

14 a. The prevention of illicit substance use and substance use
15 disorders, and the treatment and rehabilitation of persons with
16 substance use disorders, are matters of grave concern to the citizens
17 of New Jersey.

18 b. An individual’s development of a substance use disorder is
19 to be treated as a health problem, and not as a moral failing.

20 c. It is appropriate and necessary for individuals with substance
21 use disorders, including incarcerated individuals and other
22 individuals under criminal justice supervision, to have unrestricted
23 access to a full continuum of care for substance use disorders,
24 including intervention, assessment, treatment, and recovery
25 programs, services, and supports, in the region or correctional
26 facility where the individuals are located, as necessary to help them
27 overcome addiction, attain and maintain sobriety, and live as
28 productive members of society.

29 d. Individuals who are intoxicated by alcohol or who have a
30 substance use disorder related to alcohol shall not be subject to
31 criminal prosecution based solely on the consumption of alcoholic
32 beverages, but shall be afforded the opportunity to engage in
33 appropriate treatment.

34 e. While individuals who are intoxicated by drugs or who have
35 a substance use disorder related to drugs may be criminally
36 prosecuted and incarcerated for the possession or use of such drugs,
37 it is nonetheless necessary to ensure that such individuals are able
38 to access a full continuum of treatment and recovery programs,
39 services, and supports, both during and after, or as an alternative to,
40 incarceration.

41 f. The establishment and enforcement of uniform substance use
42 control policies, treatment standards, and performance measures,
43 and the identification of overriding substance use control policy
44 priorities, is necessary to ensure that the State’s substance use
45 disorder prevention and treatment system is working effectively,

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 across all relevant State agencies, to ensure that individuals with
2 substance use disorders are provided with safe and effective care
3 and treatment.

4 g. The State's current statutory system applicable to substance
5 use control and treatment is outdated, disjointed, unclear, and does
6 not accurately reflect the manner in which substance use disorder
7 treatment facilities, programs, and services are currently regulated
8 in the State.

9 h. Illicit substance use and the occurrence of substance use
10 disorders in the State can only be fully and successfully addressed if
11 the State takes action to ensure the implementation of a clear,
12 comprehensive, cooperative interagency and interjurisdictional
13 substance use control program, which provides for the broadest
14 possible spectrum of prevention, treatment, recovery, and harm
15 reduction facilities, programs, services, and supports, on a
16 Statewide basis, across multiple agencies, while simultaneously
17 avoiding interagency and interjurisdictional divisiveness and
18 unproductive controversy, organizational uncertainty, the inefficient
19 use of agency funds and other resources, and the unnecessary
20 duplication of agency efforts.

21 i. It is therefore necessary and proper for the State to establish
22 a Coordinated Statewide Substance Use Control Program and a
23 comprehensive substance use control strategy, which will allow for
24 the coordination and supervision of all interrelated substance use
25 control operations through a centralized State office and director of
26 Statewide substance use control policy and planning.

27
28 3. (New section) As used in P.L. , c. (C.) (pending
29 before the Legislature as this bill), P.L.2001, c.48 (C.26:2B-
30 9.2 et seq.), P.L.1983, c.531 (C.26:2B-32 et seq.), P.L.1995, c.318
31 (C.26:2B-36 et seq.), and P.L.1989, c.51 (C.26:2BB-1 et seq.):

32 "Administrator" means the person in charge of the operation of a
33 facility, or the person's designee.

34 "Admitted" means accepted for treatment at a facility.

35 "Agency" means, except where the context indicates otherwise, a
36 department, agency, or instrumentality in the executive branch of
37 State government.

38 "Appropriate budget committees" means the Assembly
39 Appropriations Committee, the Assembly Budget Committee, and
40 the Senate Budget and Appropriations Committee, or their
41 successor committees.

42 "Appropriate health committees" means the Assembly Human
43 Services Committee, the Assembly Health Committee, and the
44 Senate Health, Human Services and Senior Citizens Committee, or
45 their successor committees.

46 "Appropriate legislative committees" includes both the
47 appropriate health committees and the appropriate budget
48 committees.

1 “Assistant commissioner” means the Assistant Commissioner for
2 the Division of Mental Health and Addiction Services in the
3 Department of Human Services.

4 “Comprehensive substance use control strategy” or “strategy”
5 means the strategy developed by the Executive Director of the
6 Office of Coordinated Substance Use Control Policy and Planning,
7 and submitted to the Legislature pursuant to subsection b. of section
8 6 of P.L. , c. (C.) (pending before the Legislature as this
9 bill), which establishes goals, objectives, and targets to be achieved
10 under the Coordinated Statewide Substance Use Control Program;
11 and any report, plan, or strategy that is required to be incorporated
12 into, or issued concurrently with, such strategy.

13 “Controlled dangerous substance” means a drug, substance, or
14 immediate precursor in Schedules I through V of the “New Jersey
15 Controlled Dangerous Substances Act,” P.L.1970, c.226 (C.24:21-
16 1 et seq.).

17 “Coordinated Statewide Substance Use Control Program” means
18 the program established under P.L. , c. (C.) (pending
19 before the Legislature as this bill), which provides for the Office of
20 Coordinated Substance Use Control Policy and Planning to oversee
21 the operations of, and work cooperatively with, program partner
22 agencies in matters of substance use control, and specifically, in the
23 implementation of comprehensive, cooperative, and coordinated
24 policies and programs that are designed to reduce or eliminate the
25 occurrence of, and harms associated with, substance use disorders
26 in the State.

27 “Demand reduction activity” means any activity, service, or
28 program, not related to law enforcement, which is conducted by a
29 program partner agency to minimize the demand for Schedule I
30 controlled dangerous substances in the State, reducing the desire
31 and willingness of residents to engage in the illicit use of other
32 drugs and alcohol, otherwise prevent the occurrence of substance
33 use disorders in the State, or provide, expand, or support the
34 provision of treatment and recovery programs, services, and
35 supports to individuals in the State who have a substance use
36 disorder. “Demand reduction activities” may include, but need not
37 be limited to, the following specific types of activities, services, or
38 programs: activities, services, and programs that are designed to
39 reduce the demand for, and the availability of, Schedule I controlled
40 dangerous substances and other substances used for illicit purposes;
41 educational campaigns that are designed to inform individuals about
42 the dangers of illicit substance use; community-based substance use
43 prevention programs; prescription drug take-back programs;
44 targeted activities, services, or programs that attempt to prevent,
45 deter, or delay substance use by youth and other at-risk populations;
46 substance use disorder treatment services and programs, including
47 activities, services, or programs that are designed to expand access
48 to treatment; long-term recovery programs, services, and supports,

1 as well as sober living programs and housing for persons who have
2 completed treatment for a substance use disorder; drug-free
3 workplace programs; drug testing programs; criminal justice
4 intervention programs, services, and activities, such as diversion
5 programs, drug courts, or special probation programs for persons
6 who are drug or alcohol dependent, and treatment programs and
7 services, including medication-assisted treatment programs, for
8 persons who are incarcerated, or are on parole, on probation, or
9 otherwise reentering the community following release from
10 incarceration; and research related to any such activity.

11 “Director” means the Executive Director of the Office of
12 Coordinated Substance Use Control Policy and Planning.

13 “Division” means the Division of Mental Health and Addiction
14 Services in the Department of Human Services.

15 “Drug” means: a substance recognized in the official United
16 States Pharmacopoeia, the official Homeopathic Pharmacopoeia of
17 the United States, or the official National Formulary, or in any
18 supplement to any of those documents; any substance, other than
19 food, which is intended for use in the diagnosis, cure, mitigation,
20 treatment, or prevention of disease in humans or other animals, or
21 which is intended to affect the structure or any function of the body
22 of humans or other animals; and any article that is intended for use
23 as a component of any such substance. “Drug” includes controlled
24 dangerous substances and prescription legend drugs. “Drug” does
25 not include a device; any component, part, or accessory of a device;
26 or industrial hemp that is cultivated pursuant to the “New Jersey
27 Hemp Farming Act,” P.L.2019, c.238 (C.4:28-6 et al.).

28 “Emergency medical responder” means a person, other than a
29 health care practitioner or law enforcement officer, who is
30 employed on a paid or volunteer basis in the area of emergency
31 response, including, but not limited to, an emergency medical
32 technician, a mobile intensive care paramedic, a mobile intensive
33 care nurse, or a firefighter.

34 “Emergency medical response entity” means an organization,
35 company, governmental entity, community-based program, or
36 healthcare system that is authorized to provide pre-hospital
37 emergency medical services at the scene of an emergency.
38 “Emergency medical response entity” includes, but is not limited to,
39 a first aid, rescue and ambulance squad or other basic life support
40 ambulance provider; a mobile intensive care provider or other
41 advanced life support ambulance provider; an air medical service
42 provider; or a firefighting company or organization, which squad,
43 provider, company, or organization is qualified to send paid or
44 volunteer emergency medical responders to the scene of an
45 emergency.

46 “Emerging drug threat” means the emergence of a new and
47 growing trend in the illicit use of a drug or class of drugs, including
48 rapid expansion in the supply of, or demand for, such drug.

1 “Emerging Drug Threat Committee” means the committee
2 established in the Office of Coordinated Substance Use Control
3 Policy and Planning pursuant to section 15 of P.L. , c. (C.)
4 (pending before the Legislature as this bill), which is responsible
5 for overseeing and responding to emerging and evolving drug
6 threats in the State.

7 “Illicit substance use” or “illicit use” or “use for an illicit
8 purpose” means the use of a Schedule I controlled dangerous
9 substance; the use of a prescription drug or other drug in a manner
10 that is not in accordance with the drug’s lawful purpose or use; or
11 the use of alcohol in an unlawful manner.

12 “Incapacitated” means the condition of a person who, as a result
13 of the person’s current or recent substance use: is unconscious; has
14 judgment so impaired that the person is incapable of realizing and
15 making a rational decision with respect to the person’s need for
16 treatment; is in need of substantial medical attention; or is likely to
17 suffer substantial physical harm.

18 “Independent physician” means a physician who does not hold
19 an office or appointment in any State agency or public facility.

20 “Intoxicated person” means a person whose mental or physical
21 functioning is substantially impaired as a result of current or recent
22 substance use.

23 “Law enforcement activity” means any effort by a State or local
24 agency to enforce the drug, alcohol, or substance use disorder
25 prevention or treatment laws of this State or of the United States,
26 including investigation, arrest, prosecution, and incarceration or the
27 imposition of other punishments or penalties.

28 “Medication-assisted treatment” means the use of methadone,
29 buprenorphine, naltrexone, or any other medication approved by the
30 federal Food and Drug Administration for the treatment of a
31 substance use disorder, in combination with counseling and
32 behavioral therapies, to provide a whole-patient approach to the
33 treatment of substance use disorders.

34 “Nonprofit organization” means an organization that is described
35 in section 501(c)(3) of the Internal Revenue Code of 1986, 26
36 U.S.C. s.501(c)(3), and is exempt from tax under section 501(a) of
37 such code.

38 “Office” means the Office of Coordinated Substance Use Control
39 Policy and Planning established pursuant to section 4 of
40 P.L. , c. (C.) (pending before the Legislature as this bill).

41 “Opioid Epidemic Activities Coordination Committee” means
42 the committee established in the Office of Coordinated Substance
43 Use Control Policy and Planning pursuant to section 16 of
44 P.L. , c. (C.) (pending before the Legislature as this bill),
45 which is responsible for coordinating Statewide activities
46 specifically in relation to the opioid epidemic.

1 “Prescription drug” means a prescription legend drug, including
2 a controlled dangerous substance, which the federal Food and Drug
3 Administration has approved for a medical use and purpose.

4 “Private facility” means any treatment facility, other than one
5 that is operated by the federal government, the State of New Jersey,
6 or any political subdivision thereof.

7 “Program partner agency” or “program partner” means any
8 agency identified in subsection a. of section 9 of
9 P.L. , c. (C.) (pending before the Legislature as this bill),
10 or any division or other component of such agency, which is
11 responsible for implementing any aspect of the State’s
12 comprehensive substance use control strategy.

13 “Public facility” means a treatment facility that is operated by
14 the State or a political subdivision thereof.

15 “Recovery residence” or “recovery housing” means
16 professionally-managed or peer-managed housing, which: has a
17 home-like atmosphere; provides a sober living environment and
18 alcohol and drug free living accommodations to individuals,
19 including individuals with dual mental health and substance use
20 disorder diagnoses, who are recovering from a substance use
21 disorder following the completion of treatment; does not provide
22 clinical treatment services for mental health or substance use
23 disorders; and is subject to regulation by the Department of
24 Community Affairs as a rooming or boarding house, and not as a
25 substance use disorder treatment facility. “Recovery residence”
26 includes, but is not limited to, a facility that is commonly referred
27 to as a sober living home.

28 “Statement of Executive Branch Substance Use Control Policy
29 Priorities” or “Statement of Executive Priorities” means the
30 statement issued by the Governor pursuant to subsection a. of
31 section 6 of P.L. , c. (C.) (pending before the Legislature
32 as this bill).

33 “Substance” includes drugs and alcohol.

34 “Substance use control” or “substance use control activity”
35 means a demand reduction activity or supply reduction activity that
36 is conducted by the Office of Coordinated Substance Use Control
37 Policy and Planning or a program partner agency under the
38 Coordinated Statewide Substance Use Control Program, and in
39 furtherance of the State’s comprehensive substance use control
40 strategy.

41 “Substance use disorder” means a maladaptive pattern of
42 substance use, as defined in the most recent version of the
43 Diagnostic and Statistical Manual of Mental Disorders, which is
44 manifested by recurrent and significant adverse consequences
45 related to the repeated use of drugs or alcohol.

46 “Substance use disorder prevention and treatment system” or
47 “treatment system” means the system established and operated by

1 the division pursuant to section 22 of P.L. , c. (C.)
2 (pending before the Legislature as this bill).

3 “Substance use disorder treatment” or “treatment” means an
4 evidence-based, professionally directed, deliberate, and planned
5 regimen of primary and supportive services and programs that are
6 made available, on an inpatient or outpatient basis, to help persons
7 overcome and recover from a substance use disorder and attain
8 sobriety. “Substance use disorder treatment” may include, but shall
9 not be limited to: identification, outreach, intervention, assessment,
10 and diagnostic services; medical services; psychiatric,
11 psychological, and social work services; medical monitoring and
12 follow-up services; vocational, educational, recreational, and social
13 services; and rehabilitative services such as pharmacotherapy and
14 medication-assisted treatment, behavioral therapy, and individual
15 and group counseling.

16 “Supply reduction activity” means any activity, service, or
17 program that is conducted by a program partner agency to reduce
18 the availability, accessibility, and supply in the State of Schedule I
19 controlled dangerous substances and other substances used for illicit
20 purposes. “Supply reduction activities” may include, but need not
21 be limited to, the following specific types of activities, services, and
22 programs: law enforcement activities and programs; economic
23 development programs that are primarily intended to reduce the
24 production or trafficking of Schedule I controlled dangerous
25 substances, or the production or trafficking of other drugs and
26 alcohol for illicit purposes; drug seizure activities; the
27 interjurisdictional and interagency sharing of information relating to
28 the production and trafficking of Schedule I controlled dangerous
29 substances, and of other drugs and alcohol for illicit purposes;
30 activities, services, and programs that are designed to prevent the
31 diversion of prescription drugs for illicit purposes; and research
32 related to any such activities.

33 “Treatment facility” or “facility” means any establishment,
34 facility, or institution, whether public or private, or any portion
35 thereof, which provides services designed for the residential or
36 outpatient diagnosis, care, treatment, or rehabilitation of two or
37 more nonrelated individuals with a substance use disorder, and
38 which is licensed or certified to operate pursuant to section 20 or 21
39 of P.L. , c. (C. or C.) (pending before the Legislature
40 as this bill). “Treatment facility” includes, but is not limited to: an
41 intoxication treatment center that provides intoxicated persons with
42 emergency medical care and services on a 24-hour a day, seven-
43 day-per-week basis, including examination, diagnosis, and
44 detoxification services, as well as services and referrals to address
45 the patient’s immediate physical and social needs, such as needs for
46 medication and shelter, and which, to the extent possible, is
47 affiliated with a general or other hospital; a residential facility that
48 provides treatment to individuals who are in need of intensive

1 residential treatment for a substance use disorder, and which, to the
2 extent possible, is affiliated with the medical service of a general
3 hospital, mental hospital, community mental health center, or other
4 hospital; an outpatient facility or clinic, including a community
5 health clinic, that provides treatment to individuals whose substance
6 use disorder can be managed successfully on a non-intensive
7 outpatient basis; or an aftercare facility, including, but not limited
8 to, a halfway house. “Treatment facility” does not include a
9 recovery residence or sober living home that is regulated by the
10 Department of Community Affairs as a rooming or boarding house.
11

12 4. (New section) a. The Office of Coordinated Substance Use
13 Control Policy and Planning is hereby established in, but not of, the
14 Department of Human Services. For the purpose of complying with
15 the provisions of Article V, Section IV, paragraph 1 of the New
16 Jersey Constitution, the Office of Coordinated Substance Use
17 Control Policy and Planning is allocated within the Department of
18 Human Services, but, notwithstanding this allocation, the office
19 shall be independent of any supervision or control by the
20 department, or by any officer or employee thereof.

21 b. The purpose of the Office of Coordinated Substance Use
22 Control Policy and Planning shall be to provide a centralized office
23 for the coordination and oversight of all substance use control
24 activities taking place in the State across all program partner
25 agencies, local governments, and State and local law enforcement
26 agencies, in accordance with the principles and policies identified in
27 the Statement of Executive Branch Substance Use Control Policy
28 Priorities, and as necessary to achieve the goals, objectives, and
29 targets identified in the State’s comprehensive substance use control
30 strategy published by the office pursuant to section 6 of
31 P.L. , c. (C.) (pending before the Legislature as this bill).

32 c. (1) The office shall be administered by an executive
33 director, who shall be appointed by the Governor with the advice
34 and consent of the Senate. The director shall be properly qualified
35 by education, training, and experience to perform the duties and
36 effectuate the functions of the office, as specified by
37 P.L. , c. (C.) (pending before the Legislature as this bill),
38 and shall serve at the pleasure of the Governor, during the
39 Governor’s term of office, until another person is appointed to serve
40 in the position. The director shall be dedicated, full time, to
41 effectuating the mission of the office, and shall receive a salary as
42 shall be provided by law.

43 (2) The Governor, with the advice and consent of the Senate,
44 shall also appoint a deputy director of the office, who shall: (a)
45 report directly to the director; (b) carry out all of the duties and
46 powers prescribed by the executive director; and (c) serve as the
47 acting director in the executive director’s absence, including in

1 cases where the director has died, resigned, or is otherwise unable
2 to perform the functions and duties of the office.

3
4 5. (New section) a. The director, through the office, shall have
5 the duty to:

6 (1) assist the Governor and Legislature in the establishment of
7 comprehensive policies, goals, and priorities for the Coordinated
8 Statewide Substance Use Control Program, particularly in
9 association with the development and publication of the Statement
10 of Executive Branch Substance Use Control Policy Priorities
11 pursuant to subsection a. of section 6 of P.L. , c. (C.)
12 (pending before the Legislature as this bill);

13 (2) adopt a comprehensive substance use control strategy, which
14 shall: (a) be published in accordance with the timeframes
15 established by section 6 of P.L. , c. (C.) (pending before
16 the Legislature as this bill); and (b) contain the information required
17 by section 8 of P.L. , c. (C.) (pending before the
18 Legislature as this bill);

19 (3) consult with, advise, and assist program partner agencies,
20 local governments, State and local law enforcement agencies, and
21 other appropriate persons and entities in implementing the
22 comprehensive substance use control strategy and in achieving the
23 goals, objectives, and targets described in the strategy;

24 (4) coordinate and oversee program partner compliance with,
25 and adherence to, the comprehensive substance use control strategy;
26 ensure that each program partner agency is working in accordance
27 with the agency's stated responsibilities under the strategy and in a
28 manner that reflects, and is consistent with, the overarching
29 policies, goals, and priorities of the Coordinated Statewide
30 Substance Use Control Program, as identified under paragraph (1)
31 of this subsection and in the Statement of Executive Priorities
32 published pursuant to subsection a. of section 6 of
33 P.L. , c. (C.) (pending before the Legislature as this bill);
34 and make recommendations to program partners with respect to the
35 implementation of appropriate substance use control programs and
36 services, and the use of funds appropriated for substance use control
37 purposes, as provided by P.L. , c. (C.) (pending before the
38 Legislature as this bill);

39 (5) provide budget recommendations to the heads of each
40 program partner agency, by July 1 of each year, which budget
41 recommendations shall apply to the next budget year and each of
42 the four subsequent fiscal years, and shall include requests for
43 specific funding initiatives that are consistent with the priorities
44 identified in the comprehensive substance use control strategy;

45 (6) monitor and evaluate the effectiveness of substance use
46 control activities undertaken, and programs implemented, by
47 program partner agencies in furtherance of the State's
48 comprehensive substance use control strategy, through the

1 development and application of specific performance measures and
2 targets, the use of program and performance audits and evaluations,
3 and the monitoring of spending by program partner agencies, as
4 authorized by P.L. , c. (C.) (pending before the Legislature
5 as this bill);

6 (7) facilitate the use of collaborative efforts to identify
7 duplication, overlaps, or gaps in funding made available for
8 substance use control purposes, and to ensure the most efficient and
9 effective allocation of funding for such purposes;

10 (8) facilitate the broad-scale sharing of information on substance
11 use control efforts and activities and the standardization of data
12 compilation and reporting requirements among program partner
13 agencies, law enforcement agencies, and local government units, in
14 order to support the Coordinated Statewide Substance Use Control
15 Program and achieve the goals, objectives, and targets identified in
16 the State's comprehensive substance use control strategy;

17 (9) consult with, and assist, local governments and State and
18 local law enforcement agencies with respect to their interactions
19 with program partner agencies;

20 (10) develop standards, policies, and procedures to support
21 program partner agencies and other entities that enter into contracts
22 with treatment facilities, in order to ensure that: (a) treatment
23 facilities are meeting all contractual requirements for payment; (b)
24 treatment facilities are acting in compliance with all other
25 contractual terms, including, but not limited to, criminal history
26 record background check and drug testing requirements applicable
27 to facility staff; and (c) contracts are being properly closed-out, and
28 claims for payment are being promptly and properly processed and
29 reconciled;

30 (11) provide recommendations to the Governor and the
31 Legislature, as determined by the director to be appropriate,
32 regarding changes in the organization, management, and budgets of
33 program partner agencies, and changes in the allocation of
34 personnel to and within those program partner agencies, as
35 necessary to implement the Statewide strategy and effectuate the
36 policies, goals, objectives, and priorities established under
37 paragraph (1) of this subsection;

38 (12) in consultation and cooperation with the Office of the
39 Attorney General, the Department of Human Services, and other
40 appropriate program partner agencies, biennially review existing
41 State and local laws and regulations governing intoxicated driving,
42 the manufacture, sale, and consumption of alcoholic beverages, and
43 the administration, prescription, use, and diversion and misuse of
44 prescription drugs, in order to determine:

45 (a) how those laws and regulations relate to, and are consistent
46 or inconsistent with: the purposes of P.L. , c. (C.)
47 (pending before the Legislature as this bill); the priorities identified
48 in the Statement of Executive Branch Substance Use Control Policy

1 Priorities; and the goals, objectives, and targets outlined in the
2 State's comprehensive substance use control strategy; and

3 (b) what types of treatment programs and punishments are
4 appropriate for individuals who are convicted of intoxicated driving
5 or drug-related offenses;

6 (13) as provided by subsection b. of section 10 of
7 P.L. , c. (C.) (pending before the Legislature as this bill),
8 review policy changes that are proposed or implemented by a
9 program partner agency, in order to determine whether such
10 changes are consistent with the State strategy;

11 (14) serve as a spokesperson for the executive branch on all
12 matters related to substance use control, and appear and testify
13 before appropriate legislative committees on all issues related to the
14 Coordinated Statewide Substance Use Control Program, the
15 implementation of the State's comprehensive substance use control
16 strategy, and the substance use control policies of the executive
17 branch;

18 (15) ensure that current research and information on matters
19 related to substance use and substance use control is effectively
20 disseminated by program partner agencies to local governments,
21 nonprofit organizations, and other nongovernmental entities that are
22 involved in substance use control activities, and to members of the
23 public, by: (a) encouraging program partner agencies that conduct
24 or sponsor research, and program partner agencies that disseminate
25 information, to engage in formal consultation with regard to the
26 development of research and information dissemination agendas;
27 (b) encouraging program partner agencies to develop and
28 implement information dissemination plans that specifically target
29 governmental and nongovernmental entities involved in demand
30 reduction activities; and (c) regularly updating the information
31 contained on the substance use control data dashboard established
32 pursuant to section 17 of P.L. , c. (C.) (pending before the
33 Legislature as this bill), and encouraging all program partner
34 agencies to provide all appropriate and relevant information to the
35 data dashboard;

36 (16) coordinate with individuals and entities in the private
37 sector to promote private research into substance use disorders and
38 substance use control methodologies, including, but not limited to,
39 research with respect to the development of new and innovative
40 approaches to substance use disorder treatment, and the
41 development of new addiction treatment medications;

42 (17) designate, terminate the designation of, and respond to
43 emerging drug threats, as provided by subsection c. of section 15 of
44 P.L. , c. (C.) (pending before the Legislature as this bill);

45 (18) work with the Office of the Attorney General to identify,
46 and obtain statistical information about, the counties and regions of
47 the State: (a) that have high rates of substance use disorders or
48 substance use-related crime; (b) where substance use is having a

1 particularly harmful impact; (c) that are acting as distribution or
2 manufacturing centers for Schedule I controlled dangerous
3 substances or other drugs that are used for illicit purposes; (d)
4 where law enforcement resources are stressed because of substance
5 use-related issues; (e) where State and local resources have been
6 committed to respond to a substance use-related problem, thereby
7 indicating a determination to respond aggressively to the problem;
8 and (f) where a significant increase in resources is necessary to
9 respond adequately to substance use-related problems occurring in
10 the county or region; and encourage and facilitate the sharing of
11 information and resources among State and local law enforcement
12 agencies in relation to substance use control activities that are
13 undertaken, and substance-use related arrests that are effectuated,
14 by such agencies;

15 (19) within the limits of appropriated funds, administer
16 appropriate grant programs, in furtherance of the State's
17 comprehensive substance use control strategy, including programs
18 that award grants to appropriate nonprofit organizations engaged in
19 community-based substance use control activities, and programs
20 that award grants to appropriate nonprofit organizations that
21 conduct research into the effectiveness, efficiency, or expansion of
22 substance use control activities being undertaken in the State; and
23 provide information to the public about the nature of all substance
24 use control grants issued under such programs, and about the
25 performance and effectiveness of each such grant program;

26 (20) work in consultation with the Division of Mental Health
27 and Addiction Services in the Department of Human Services and
28 the Governor's Council on Substance Use Control to establish
29 recommendations for the awarding of grants by the Local Substance
30 Use Control Alliance established pursuant to section 7 of P.L.1989,
31 c.51 (C.26:2BB-7); and

32 (21) review each County Annual Alliance Plan submitted by a
33 Local Advisory Committee on Substance Use Control pursuant to
34 subsection d. of section 8 of P.L.1989, c.51 (C.26:2BB-8), and
35 return the plan, by October 1 of each year, to the Local Advisory
36 Committee, with the office's proposed recommendations for the
37 awarding of grants by the Local Substance Use Control Alliance.

38 b. The director shall have the power and authority to:

39 (1) select, appoint, employ, and fix the compensation of such
40 officers and employees of the office as may be necessary to carry
41 out the duties of the director and functions of the office under
42 P.L. , c. (C.) (pending before the Legislature as this bill);

43 (2) establish advisory councils, working groups, or research
44 committees, and hire or appoint appropriate policy or service
45 coordinators or compliance officers, as the director deems necessary
46 to effectuate the priorities of the Coordinated Statewide Substance
47 Use Control Program and achieve the goals, objectives, and targets
48 identified in the comprehensive substance use control strategy;

1 (3) consult with, and provide assistance to, the committees,
2 working groups, advisory councils, and other entities established
3 pursuant to P.L. , c. (C.) (pending before the Legislature as
4 this bill), as well as to members of the public, appropriate
5 legislative committees, and any other person or entity the director
6 deems appropriate;

7 (4) request the head of any program partner agency to place
8 department or agency staff who are engaged in substance use
9 control activities on temporary detail to another program partner
10 agency, as necessary to ensure the most efficient and effective
11 implementation of the comprehensive substance use control
12 strategy. The head of such program partner agency shall comply
13 with any request issued pursuant to this paragraph;

14 (5) utilize, update, or improve on existing data systems as
15 necessary to comply with the provisions of P.L. , c. (C.)
16 (pending before the Legislature as this bill);

17 (6) use for administrative purposes, on a reimbursable basis, the
18 available services, equipment, personnel, and facilities of State and
19 local entities;

20 (7) request and obtain relevant data and information on
21 substance use disorders, and on substance use control activities
22 occurring in the State, from any program partner agency, State or
23 local government, State or local law enforcement agency, nonprofit
24 organization, educational institution, or any other appropriate
25 entity;

26 (8) solicit, contract for, accept, and use any gifts, grants, loans,
27 devises, or bequests of funds, facilities, property, services, or
28 assistance, in any form, from the federal government, or any
29 instrumentality thereof, from State or local government entities, or
30 from any private person or entity, and do all things necessary to
31 cooperate with the federal government or any of its agencies in
32 connection with the application for any federal grant or loan;
33 provided, however, that any money received under this subsection
34 shall be deposited with the State Treasurer to be kept in a separate
35 fund in the treasury for expenditure by the office in accordance with
36 the conditions of the gift, grant, loan, devise, or bequest, without
37 specific appropriation;

38 (9) in accordance with the conditions established by subsection
39 a. of section 12 of P.L. , c. (C.) (pending before the
40 Legislature as this bill), transfer funds that were made available to
41 one program partner agency under the Coordinated Statewide
42 Substance Use Control Program to another account within such
43 agency, or to another program partner agency, for the purposes of
44 furthering the State's comprehensive substance use control strategy;
45 and

46 (10) in accordance with the conditions established by
47 subsection b. of section 12 of P.L. , c. (C.) (pending before
48 the Legislature as this bill), control the use of funds by program

1 partner agencies, through the issuance of fund control notices, as
2 may be necessary to ensure program partner compliance with the
3 State's comprehensive substance use control strategy.

4
5 6. (New section) a. Not later than April 1 of any year in which
6 there is a gubernatorial inauguration, the director shall publish on
7 the office's Internet website, and shall submit to the appropriate
8 legislative committees, a Statement of Executive Branch Substance
9 Use Control Policy Priorities, which shall reflect the Governor's
10 goals and priorities in relation to the issue of substance use control
11 in the State, and present the guiding principles that are to be used in
12 effectuating the Coordinated Statewide Substance Use Control
13 Program and developing the State's comprehensive substance use
14 control strategy under subsection b. of this section. The Governor
15 shall simultaneously issue any executive reorganization plans that
16 the Governor deems to be necessary and appropriate to effectuate
17 the goals and priorities outlined in the Statement of Executive
18 Priorities.

19 b. (1) Not later than February 1 of any year following the year
20 in which there is a gubernatorial inauguration, and biennially
21 thereafter, the director shall prepare and publish, on the office's
22 Internet website, and submit to the appropriate legislative
23 committees, a comprehensive substance use control strategy that is
24 designed to implement the policy priorities of the executive branch,
25 as identified in the Statement of Executive Priorities published
26 pursuant to subsection a. of this section. If the director fails to
27 timely submit the comprehensive substance use control strategy to
28 the appropriate legislative committees, the director shall send
29 written notification to the appropriate legislative committees
30 explaining why the strategy was not timely submitted, and
31 specifying the date by which the strategy will be submitted.

32 (2) The comprehensive substance use control strategy shall be
33 revised and updated, as appropriate, at the following times: (a)
34 whenever a new Governor is inaugurated, in accordance with the
35 timeframes established by paragraph (1) of this subsection; (b) on at
36 least a biennial basis following the strategy's initial publication in a
37 gubernatorial term; and (c) at any other time, upon a determination
38 by the Governor, in consultation with the director, that the current
39 strategy is insufficient or ineffective.

40 c. Notwithstanding the provisions of this section to the
41 contrary, if P.L. , c. (C.) (pending before the Legislature as
42 this bill) is enacted prior to, or immediately following, the year of a
43 gubernatorial inauguration, the Statement of Executive Priorities
44 required by subsection a. of this section shall be prepared within
45 120 days after the effective date of P.L. , c. (C.) (pending
46 before the Legislature as this bill), and the strategy required by
47 subsection b. of this section shall be prepared within 180 days after
48 the publication of the Statement of Executive Priorities pursuant to

1 this subsection. Following such initial publication, the provisions
2 of subsections a. and b. of this section shall apply, and shall govern
3 the future publication of such documents.

4
5 7. (New section) Any policy, goal, objective, or target adopted
6 by the director or implemented by the office pursuant to
7 P.L. , c. (C.) (pending before the Legislature as this bill)
8 shall be based on the best available medical and scientific research
9 and evidence showing the effectiveness or appropriateness of such
10 policy, goal, objective, or target in relation to its actual or potential
11 impacts on individual health, and the rates of substance use,
12 substance use disorders, and related illnesses and disorders
13 occurring in the State.

14
15 8. (New section) a. The comprehensive substance use control
16 strategy published pursuant to subsection b. of section 6 of
17 P.L. , c. (C.) (pending before the Legislature as this bill)
18 shall set forth a comprehensive cross-agency plan to reduce the
19 occurrence of substance use disorders, and the ancillary problems
20 associated with substance use disorders, throughout the State by:

21 (1) reducing the demand for Schedule I controlled dangerous
22 substances, and the desire and willingness of residents to engage in
23 the illicit use of other substances;

24 (2) limiting the availability, supply, and street sales of Schedule
25 I controlled dangerous substances, and the availability, supply, and
26 street sales of prescription drugs for illicit purposes, such as by
27 preventing the unlawful diversion of opioids and other prescription
28 drugs for illicit purposes, and promoting the responsible use,
29 prescription, dispensation, administration, storage, and disposal of
30 prescription drugs;

31 (3) promoting and working to ensure the safe, lawful, and
32 responsible use of alcohol;

33 (4) promoting the development of, and working to provide,
34 effective, evidence-based early intervention, treatment, and
35 recovery programs, services, and supports for persons with
36 substance use disorders, including persons who have co-occurring
37 physical or mental illnesses or disorders;

38 (5) facilitating interagency and interjurisdictional collaboration,
39 and the best use of each agency's resources and subject-matter
40 expertise, on all matters related to substance use control;

41 (6) notwithstanding the agency officially designated as the
42 agency having authority over a given program, system, or initiative,
43 transferring oversight over the program, system, service, or
44 initiative to any other agency the Governor deems to be the
45 appropriate agency to oversee the program, system, service, or
46 initiative, consistent with the principles set forth in the Statement of
47 Executive Priorities and the goals, objectives, and targets identified
48 in the comprehensive substance use control strategy, which transfer

1 may be effectuated pursuant to an executive reorganization plan or
2 other administrative transfers as the Governor deems necessary and
3 appropriate;

4 (7) identifying and addressing the root causes of substance use
5 disorder, and the ancillary issues associated with substance use
6 disorder, which may include, but need not be limited to: (a)
7 economic hardship; (b) criminal behavior; (c) mental illness; (d)
8 discrimination, stigma, or bias; and (e) lack of housing, education,
9 work, or family or community supports; and

10 (8) supporting and facilitating ongoing research on all matters
11 related to substance use control.

12 b. The comprehensive substance use control strategy shall, at a
13 minimum, include the following:

14 (1) a mission statement detailing the major functions of the
15 office in effectuating the priorities of the Coordinated Statewide
16 Substance Use Control Program, as articulated in the Statement of
17 Executive Branch Substance Use Control Policy Priorities, and in
18 implementing the State's comprehensive substance use control
19 strategy;

20 (2) comprehensive, quantifiable, research-based, short-term and
21 long-term goals for reducing the incidence of substance use
22 disorders and the deleterious effects associated with substance use
23 disorders in New Jersey, and a description of how each such goal
24 will be achieved, including, for each goal: (a) a list of the relevant
25 program partner agencies that will assist in achieving the goal, and
26 a description of each such agency's related responsibilities,
27 programs, activities, and available assets and resources, as well as
28 an indication of the manner in which each of the agency's
29 programs, activities, assets, and resources will be used to achieve
30 the stated goal; (b) a list of relevant stakeholders, and an indication
31 of the manner in which each such stakeholder will assist the State in
32 achieving the stated goal; (c) an estimate of funding and other
33 resources needed to achieve the stated goal, and a description of any
34 available federal funding sources; (d) a list of new or existing
35 coordinating mechanisms that will be needed to achieve the stated
36 goal; and (e) the office's role in facilitating the achievement of the
37 stated goal;

38 (3) for each year covered by the strategy, a performance
39 evaluation plan to be used by the office in evaluating the progress
40 made by program partner agencies with respect to the achievement
41 of each goal established under paragraph (2) of this subsection,
42 which plan shall include: (a) specific performance measures for
43 each program partner agency, which shall be used to evaluate the
44 agency's fulfillment of its responsibilities under the strategy and the
45 agency's effectiveness in achieving the short-term and long-term
46 quantifiable goals that the director determines may be achieved
47 during each year; (b) annual, and, to the extent practicable,
48 quarterly objectives and targets for each performance measure

1 developed under subparagraph (a) of this paragraph; (c) an estimate
2 of funding and other resources needed to achieve each performance
3 objective and target; and (d) a description of existing performance-
4 related data sources and additional data collection measures that are
5 necessary to evaluate agency performance, and an indication as to
6 how the director will obtain requisite performance data, such as
7 through the use of the data collection plan established under
8 paragraph (9) of this subsection;

9 (4) a five-year fiscal projection for the Coordinated Statewide
10 Substance Use Control Program, including budget priorities;

11 (5) a review of existing State, local, and private sector substance
12 use control activities, as necessary to evaluate the effectiveness of
13 such activities and determine how to best coordinate the use of
14 available substance use control resources and agency expertise
15 throughout the State;

16 (6) a list of any anticipated challenges to the achievement of the
17 goals identified in paragraph (2) of this subsection, and a
18 description of actions that have been planned to address those
19 challenges;

20 (7) a description of how each goal identified in paragraph (2) of
21 this subsection was determined to be appropriate, including: (a) a
22 description of each consultation required by subsection c. of this
23 section and a description of how each such consultation influenced
24 the development of the goal; and (b) the data, research, or other
25 information that was used to inform the determination that the goal
26 was appropriate;

27 (8) a description of the current prevalence of substance use in
28 the State, by substance, including an indication of the availability of
29 each type of Schedule I controlled dangerous substance, and the
30 prevalence and type of substance use disorders, by substance, which
31 are occurring in the State;

32 (9) a systemic data collection plan, which shall include: (a) a
33 plan for increasing data collection capabilities and analytical and
34 monitoring capabilities across program partner agencies, in order to
35 enable real time surveillance of emerging drug threats and
36 substance use control activities and capabilities in the State,
37 including open bed space in treatment facilities and recovery
38 residences; (b) a list of policy-relevant questions for which the
39 director and each program partner agency intends to develop
40 evidence to support the Coordinated Statewide Substance Use
41 Control Program and comprehensive substance use control strategy;
42 (c) a list of data that the director and each program partner agency
43 intends to collect, use, or acquire to facilitate substance use control-
44 related policymaking, service provision, and monitoring; (d) a list
45 of methods and analytical approaches that may be used to develop
46 or analyze evidence used to support the Coordinated Statewide
47 Substance Use Control Program and comprehensive substance use
48 control strategy; (e) a list of any challenges associated with the

1 development of evidence to support substance use control-related
2 policymaking, including any barriers to accessing, collecting, or
3 using relevant data; (f) a description of the steps that the office and
4 each program partner agency will undertake to effectuate the data
5 collection plan; and (g) any other information the director deems to
6 be relevant;

7 (10) a strategic overdose response plan, developed in
8 consultation with the Opioid Epidemic Activities Coordination
9 Committee, which shall: (a) provide for the coordination of multi-
10 disciplinary efforts to prevent, reduce, and respond to overdoses
11 from opioids and other drugs; (b) provide for the uniform reporting
12 of fatal and non-fatal overdoses to public health and safety officials;
13 (c) provide for increased data sharing among public health and
14 safety officials concerning drug-related dependence and disorder
15 trends, and related crime; and (d) enable the collaborative
16 deployment of prevention, intervention, treatment, and law
17 enforcement resources to address overdoses and the factors that lead
18 to overdoses;

19 (11) a strategic plan to expand treatment and recovery options
20 for individuals with substance use disorders, which plan shall: (a)
21 identify unmet needs for substance use disorder treatment and
22 develop a strategy for closing the gap between available and needed
23 treatment; (b) identify unmet needs for substance use disorder
24 recovery services and programs, including recovery residences, and
25 develop a strategy for closing the gap between available and needed
26 recovery programs, systems, and supports; (c) describe the specific
27 roles and responsibilities of each relevant program partner agency
28 in implementing the plan; (d) identify the specific resources that are
29 required to enable each relevant program partner agency to
30 effectuate the agency's responsibilities under the plan; and (e)
31 identify the resources, including from private sources, which are
32 required to eliminate the unmet need for substance use disorder
33 treatment and recovery services, programs, and facilities; and

34 (12) an analysis of any other statistical data and information
35 that the director considers to be appropriate to demonstrate and
36 assess trends related to: (a) illicit substance use in the State; (b) the
37 effects and consequences of such use, including the effects on youth
38 and other at-risk populations, and on society at large; (c) the
39 ancillary issues associated with substance use disorder, including
40 economic hardship, criminal behavior, mental illness,
41 discrimination, stigma, or bias, and lack of housing, education,
42 work, or family or community supports; (d) the effectiveness of
43 substance use control activities throughout the State; (e) and the
44 implementation of the State's comprehensive substance use control
45 strategy.

46 c. When formulating the comprehensive substance use control
47 strategy pursuant to this section, the director shall consult with,
48 seek input from, and, to the maximum extent possible, obtain

1 support for the strategy and a commitment to undertake actions in
2 accordance with the strategy, from:

- 3 (1) the heads of each program partner agency;
- 4 (2) local government units;
- 5 (3) each of the coordinators appointed by the director pursuant
6 to paragraph (2) of subsection b. of section 5, subsection i. of
7 section 11, and subsection f. of section 15 of
8 P.L. , c. (C. , C. , and C.) (pending before the
9 Legislature as this bill);
- 10 (4) the Emerging Drug Threats Committee;
- 11 (5) the Opioid Epidemic Activities Coordination Committee;
- 12 (6) the appropriate legislative committees;
- 13 (7) State and local law enforcement agencies with experience in
14 substance use control; and
- 15 (8) private citizens and entities, including, but not limited to,
16 community and faith-based organizations, nonprofit organizations,
17 and educational institutions that have experience and expertise in
18 substance use control or research related to substance use control.

19 d. In selecting data and information for inclusion in the
20 strategy, the director shall ensure the inclusion of data and
21 information that:

- 22 (1) reflects, and is consistent with, the best available research
23 and evidence;
- 24 (2) permits an analysis of current trends against previously
25 compiled data and information in cases where the director
26 determines that such analysis will enhance the long-term assessment
27 of the comprehensive substance use control strategy; and
- 28 (3) permits a standardized and uniform assessment of the
29 effectiveness of substance use disorder prevention, treatment,
30 recovery, and harm reduction programs, services, and supports
31 throughout the State.

32
33 9. (New section) a. Program partner agencies having
34 responsibilities under the comprehensive substance use control
35 strategy shall include the Departments of Human Services, Health,
36 Community Affairs, Law and Public Safety, Corrections, Education,
37 and Environment, or their successor agencies, and any other
38 agencies deemed appropriate by the director and identified in the
39 strategy. The responsibilities of each program partner agency, as
40 described under the strategy, shall comport with the jurisdiction and
41 authority of each such agency.

42 b. The head of each program partner agency shall:

- 43 (1) cooperate with the director and the office in all matters
44 related to the program partner's implementation of the Coordinated
45 Statewide Substance Use Control Program and the comprehensive
46 substance use control strategy;
- 47 (2) provide the director with statistics, studies, reports, and other
48 data or information that has been prepared or collected by the

1 program partner agency, as well as a description of the substance
2 use control activities that are being undertaken by the program
3 partner agency, in accordance with the agency's responsibilities
4 under the comprehensive substance use control strategy;

5 (3) annually prepare, and submit to the director, in a form and
6 manner prescribed by the director, a written report evaluating the
7 progress that has been made by the program partner agency over the
8 prior fiscal year with respect to each of the goals, objectives, and
9 targets described in the comprehensive substance use control
10 strategy, including progress that has been achieved with respect to:
11 (a) expanding access to, and increasing the effectiveness of,
12 evidence-based prevention, treatment, and recovery programs,
13 services, and supports; (b) reducing crime associated with substance
14 use; (c) reducing the negative health and social consequences of
15 substance use in the State; (d) reducing access to, or the sources of,
16 Schedule I controlled dangerous substances and other substances
17 used for illicit purposes; (e) preventing the diversion and misuse of
18 prescription drugs; and (f) attaining any other goal, objective, or
19 target identified in the strategy. A report prepared pursuant to this
20 paragraph shall evaluate the agency's performance using the
21 agency-specific performance measures that have been developed by
22 the director pursuant to paragraph (3) of subsection b. of section 8
23 of P.L. , c. (C.) (pending before the Legislature as this
24 bill);

25 (4) annually prepare and submit to the director, in a form and
26 manner prescribed by the director, a detailed written accounting of
27 all funds expended by the agency for substance use control
28 activities during the prior fiscal year, including an indication as to
29 how those expenditures were consistent with the comprehensive
30 substance use control strategy and the budget recommendations
31 made by the director pursuant to paragraph (5) of subsection a. of
32 section 5 of P.L. , c. (C.) (pending before the Legislature
33 as this bill);

34 (5) in accordance with the provisions of section 11 of
35 P.L. , c. (C.) (pending before the Legislature as this bill),
36 annually prepare and submit to the director a copy of the agency's
37 substance use control budget request for the upcoming fiscal year;
38 and

39 (6) as deemed appropriate by the program partner agency,
40 periodically prepare, and submit to the director, written
41 recommendations, suggestions, or comments concerning changes to
42 the State's comprehensive substance use control strategy or changes
43 to the State's laws and regulations related to substance use control
44 or intoxicated driving.

45
46 10. (New section) a. (1) Except in exigent circumstances, as
47 provided by paragraph (2) of this subsection, each program partner
48 agency shall notify the director, in writing, regarding any proposed

1 change in the policies that are used by the agency either to
2 implement the Coordinated Statewide Substance Use Control
3 Program or to effectuate the agency's responsibilities under the
4 comprehensive substance use control strategy. The notice required
5 by this paragraph shall be submitted to the director, prior to the
6 agency's implementation of the proposed policy change, and the
7 director shall proceed as specified in subsection b. of this section.

8 (2) If exigent circumstances make it impracticable for a program
9 partner agency to provide the director with prior notice of a policy
10 change, as required by paragraph (1) of this subsection, the head of
11 the program partner agency shall notify the director of the policy
12 change, in writing, as soon as practicable after the change goes into
13 effect, and the director shall proceed as specified in subsection b. of
14 this section.

15 b. The director shall promptly review any written notice of
16 policy change that is submitted to the director pursuant to
17 subsection a. of this section in order to determine whether the
18 policy change is consistent with the comprehensive substance use
19 control strategy. If the director determines that the policy change is
20 consistent with the strategy, the director shall provide the head of
21 the program partner agency with written notice approving of and
22 certifying the policy change, and the program partner may proceed
23 to implement the change. If the director determines that the policy
24 change is inconsistent with the strategy, the director shall provide
25 the head of the program partner agency with written notice
26 disapproving of the policy change, and the program partner shall
27 not proceed with the implementation of the policy change or shall
28 revert to the original policy, as appropriate. The director shall
29 retain a copy of each written notice prepared pursuant to this
30 section, and shall submit a copy of each notice to the Governor and
31 the appropriate legislative committees.

32 c. The head of a program partner agency may appeal to the
33 Governor any determination made by the director under subsection
34 b. of this section that a policy change is inconsistent with the State's
35 comprehensive substance use control strategy.

36
37 11. (New section) a. For each fiscal year, the head of each
38 program partner agency shall transmit to the director a copy of the
39 agency's proposed substance use control budget request, in a form
40 and manner designated by the director with the concurrence of the
41 Director of the Office of Management and Budget in the
42 Department of the Treasury. Each budget request submitted
43 pursuant to this subsection shall be transmitted to the director
44 before the budget request is submitted to the Office of Management
45 and Budget for use in the preparation of the Governor's budget.

46 b. The head of each program partner agency shall ensure that
47 each budget request required under this section is developed, and
48 submitted to the director, in a timely manner.

1 c. A substance use control budget request transmitted by a
2 program partner agency under this section shall include all requests
3 for funds for any substance use control activity undertaken by that
4 program partner agency. The budget request shall contain separate
5 accounting sections for demand reduction activities and supply
6 reduction activities undertaken by the program partner. If a
7 particular activity also has a non-substance use control application,
8 the program partner agency shall estimate, using a documented
9 calculation, the total funds requested for that activity that will be
10 used for the purposes of substance use control, and shall set forth
11 the basis and method for making the estimate.

12 d. (1) The director shall review each budget request submitted
13 pursuant to subsection c. of this section, and shall confirm the
14 adequacy of each such budget request as provided in this
15 subsection.

16 (2) The director shall not confirm the adequacy of any budget
17 request that requests a level of funding that will not facilitate the
18 achievement of the goals, objectives, or targets identified in the
19 State's comprehensive substance use control strategy, including a
20 budget request that: (a) does not adequately compensate for
21 transfers of resources and personnel necessary to support substance
22 use control activities throughout the State; (b) does not provide
23 adequate performance or accountability measures to evaluate the
24 effectiveness of the substance use control activities being
25 conducted; or (c) is insufficient to adequately support and enhance,
26 or expand the capacity of, the State's substance use disorder
27 treatment or recovery programs, services, and supports.

28 (3) If the director concludes that a program partner's budget
29 request is inadequate, in whole or in part, to successfully achieve
30 the goals, objectives, and targets identified in the State's
31 comprehensive substance use control strategy in relation to the
32 program, policy, or service at issue for the year for which the
33 request is submitted, the director shall submit to the head of the
34 program partner agency written notice of funding inadequacy,
35 which notice shall include a description of the funding levels and
36 specific initiatives that would, in the director's determination, make
37 the request adequate to implement the strategy.

38 (4) If the director concludes that a program partner's budget
39 request is adequate to effectuate the goals and objectives identified
40 in the State's comprehensive substance use control strategy in
41 relation to the program, policy, or service at issue for the year for
42 which the request is submitted, the director shall submit to the head
43 of the program partner agency written notice of funding adequacy
44 certifying the adequacy of the request.

45 (5) The director shall maintain a record of each notice issued
46 pursuant to paragraph (3) or (4) of this subsection.

47 e. (1) The head of any program partner agency that receives a
48 notice of funding inadequacy pursuant to paragraph (3) of

1 subsection d. of this section shall indicate, in the agency's budget
2 submission to the Office of Management and Budget, the funding
3 levels and initiatives that were described by the director in the
4 notice. The head of any program partner agency that has altered its
5 budget submission in response to such notice shall include, as an
6 appendix to the agency's budget submission, an impact statement
7 that summarizes: (a) the changes that were made to the budget
8 submission under this section in response to the notice of funding
9 inadequacy; and (b) the impact of those changes on the ability of
10 the agency to perform its other responsibilities, including any
11 impact on the specific missions or programs of the agency.

12 (2) When a program partner agency annually submits its
13 proposed budget to the Office of Management and Budget, the
14 agency shall contemporaneously submit, to the appropriate budget
15 committees, a copy of any impact statement prepared under this
16 subsection.

17 f. Whenever the head of a program partner agency submits its
18 finalized budget request to the Office of Management and Budget,
19 the agency head shall also submit a copy of the budget submission
20 to the director, who shall review each such submission and make a
21 determination as to whether the budget submission includes
22 sufficient funding levels for the substance use control activities that
23 are proposed to be undertaken by the agency during the fiscal year.
24 In the case of an agency that has received a notice of funding
25 adequacy pursuant to paragraph (4) of subsection d. of this section,
26 the director shall confirm that the budget submission includes
27 funding as certified in the notice. In the case of an agency that has
28 received a notice of funding inadequacy pursuant to paragraph (3)
29 of subsection d. of this section, the director shall determine whether
30 the budget submission includes the changes recommended in the
31 notice. Upon completion of a review under this subsection, the
32 director shall submit to the Office of Management and Budget and
33 the appropriate budget committees:

34 (1) a written statement either certifying that the agency's budget
35 submission includes sufficient funding, or decertifying the budget
36 submission as not including sufficient funding;

37 (2) a copy of the notice of funding inadequacy, if any, which
38 was provided to the agency pursuant to paragraph (3) of subsection
39 d. of this section; and

40 (3) any budget recommendations that were provided to the
41 program partner agency pursuant to paragraph (5) of subsection a.
42 of section 5 of P.L. , c. (C.) (pending before the
43 Legislature as this bill).

44 g. (1) In each fiscal year, following the receipt of proposed
45 substance use control budget requests from all program partner
46 agencies pursuant to this section, the director, in consultation with
47 the head of each program partner agency, shall develop a
48 consolidated Coordinated Statewide Substance Use Control

1 Program budget proposal, which shall be designed to implement the
2 State's comprehensive substance use control strategy and inform the
3 Legislature and the public about the total amount that is proposed to
4 be spent on all demand reduction activities and supply reduction
5 activities, including substance use-related law enforcement
6 activities, which are being undertaken by all program partner
7 agencies in the State. Each consolidated budget proposal filed
8 under this section shall identify: (a) the current funding level for
9 each program partner agency, and for each substance use control
10 activity or program that is undertaken pursuant to the agency's
11 jurisdiction; and (b) alternative funding structures that could be
12 used to ensure the more efficient or effective achievement of goals,
13 objectives, and targets set out in the State's comprehensive
14 substance use control strategy.

15 (2) The director shall submit each consolidated budget proposal
16 to the Governor, the Office of Management and Budget, and the
17 appropriate budget committees for consideration in the preparation
18 of the annual budget.

19 h. No program partner agency shall submit a reprogramming or
20 funding transfer request with respect to any amount of appropriated
21 funds in an amount exceeding \$5 million or 10 percent of a specific
22 program or account that is included in the consolidated Coordinated
23 Statewide Substance Use Control Program budget submitted
24 pursuant to subsection g. of this section, unless the request has first
25 been approved by the director. If the director does not respond to a
26 request for the reprogramming or transfer of funds within 30 days
27 after receipt of the request therefor, the request shall be deemed
28 approved. The head of a program partner agency may appeal to the
29 Governor any disapproval by the director of a reprogramming or
30 transfer request under this paragraph.

31 i. The director shall appoint a budget coordinator to:

32 (1) ensure that the director has sufficient information necessary
33 to: (a) analyze the performance of each program partner agency, the
34 impact that prior funding has had, and the likely impact that future
35 funding will have, on the achievement of the goals, objectives, and
36 targets set forth in the State's comprehensive substance use control
37 strategy; and (b) make an independent assessment of each program
38 partner budget request submitted pursuant to this section;

39 (2) advise the director on agency budgets, performance
40 measures and targets, and additional data and research needed to
41 make informed monetary policy decisions under
42 P.L. , c. (C.) (pending before the Legislature as this bill);
43 and

44 (3) perform any other duties as may be authorized by the
45 director with respect to the measurement or assessment of program
46 partner agency budgets or fiscal performance.

47 j. Whenever the director submits a consolidated budget
48 proposal pursuant to subsection g. of this section, the director shall

1 simultaneously transmit, to the Office of Management and Budget,
2 a detailed statement of the budgetary needs of the Office of
3 Coordinated Substance Use Control Policy and Planning, as
4 necessary to execute the office's mission and the duties of the
5 director, based on the director's good-faith assessment.

6
7 12. (New section) a. Any transfer of funds effectuated pursuant
8 to paragraph (9) of subsection b. of section 5 of
9 P.L. , c. (C.) (pending before the Legislature as this bill) sh
10 all be subject to the following conditions:

11 (1) the director may transfer funds only after considering the
12 input and concerns of the head of each affected agency in relation to
13 such transfer;

14 (2) in the case of an interagency transfer of funds, the total
15 amount of funds transferred from one agency to another may not
16 exceed three percent of the total amount of funds that were received
17 by the former agency for substance use control activities;

18 (3) funds shall be transferred only as necessary to increase
19 available funding for programs or activities authorized by law, and
20 for the following purposes: (a) the expansion or improvement of
21 demand reduction activities or supply reduction activities; (b)
22 activities to facilitate and enhance the sharing of information among
23 program partner agencies, State and local governments, and State
24 and local law enforcement agencies; or (c) research related to any of
25 the activities listed in this paragraph; and

26 (4) prior to transferring any funds, the director shall submit a
27 written notice of such transfer to the State Comptroller.

28 b. The issuance of a fund control notice pursuant to paragraph
29 (10) of subsection b. of section 5 of P.L. , c. (C.) (pending
30 before the Legislature as this bill), shall be subject to the following
31 conditions:

32 (1) a fund control notice may direct that all or part of an amount
33 appropriated to the program partner agency's account be obligated:
34 (a) by months, fiscal year quarters, or other time periods; or (b) by
35 activities, functions, projects, or object classes;

36 (2) a fund control notice shall not direct that all or part of an
37 amount appropriated to a program partner agency account be
38 obligated, modified, or altered in any manner that is contrary, in
39 whole or in part, to a specific legislative appropriation or statute;

40 (3) a program partner agency officer or employee shall not make
41 or authorize an expenditure or obligation that is contrary to a fund
42 control notice issued by the director. If an officer or employee
43 violates the provisions of this paragraph, the head of the program
44 partner agency may, upon the request of, and in consultation with,
45 the director, subject the officer or employee to appropriate
46 administrative discipline, including, where appropriate, suspension
47 from duty without pay, or removal from office; and

1 (4) a copy of each fund control notice shall be transmitted by the
2 director to the State Comptroller concurrently with its issuance to
3 the respective program partner agency.

4
5 13. (New section) a. The State Attorney General shall prepare
6 and submit to the director, the Governor, and, pursuant to section 2
7 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, in a form and
8 manner prescribed by the director, a report on the supply reduction
9 activities that are being undertaken by State and local law
10 enforcement in accordance with the State strategy.

11 b. Each report submitted under this section shall include:

12 (1) data showing the number, type, and location of arrests
13 occurring over the preceding year, and prosecutions commenced
14 over the preceding year, for violations of State or federal laws
15 related to drugs or alcohol;

16 (2) data showing the number of law enforcement seizures of
17 drugs that occurred over the preceding year, by geographic region,
18 and the total weight of drugs seized in each region; and

19 (3) any other information required by the director.

20
21 14. (New section) a. The director shall annually submit to the
22 Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
23 19.1), to the Legislature, a written report describing the activities
24 undertaken pursuant to P.L. , c. (C.) (pending before the
25 Legislature as this bill).

26 b. Each annual report shall, at a minimum, contain the
27 following information:

28 (1) a substance use control assessment that evaluates, for the
29 prior fiscal year, the progress that has been made by each program
30 partner agency in reaching each goal, objective, and target
31 described in the comprehensive substance use control strategy, and
32 which includes: (a) a copy of each performance evaluation received
33 by the director from an agency pursuant to paragraph (3) of
34 subsection b. of section 9 of P.L. , c. (C.) (pending before
35 the Legislature as this bill); (b) a summary of the progress made by
36 each program partner agency, using the performance measures
37 established for that agency pursuant to paragraph (3) of subsection
38 b. of section 8 of P.L. , c. (C.) (pending before the
39 Legislature as this bill); (c) a description of each substance use
40 control activity that is being engaged in by each program partner, in
41 accordance with the comprehensive substance use control strategy,
42 and an evaluation showing, to the extent practicable, the impact of
43 each such activity on the availability of Schedule I controlled
44 dangerous substances and other substances used for illicit purposes
45 in the State, the regional and Statewide rates of substance use
46 disorder, and any other harm or factor associated with substance
47 use; and (d) a general assessment of the effectiveness of each
48 program partner agency, and of each relevant program administered

1 thereby, in achieving the goals, objectives, and targets described in
2 the comprehensive substance use control strategy, based on the
3 applicable performance measures established pursuant to paragraph
4 (3) of subsection b. of section 8 of P.L. , c. (C.) (pending
5 before the Legislature as this bill), including a specific evaluation of
6 whether the applicable goals, measures, objectives, and targets for
7 the previous year were met;

8 (2) information detailing how the office has consulted with and
9 assisted program partner agencies and other relevant persons and
10 entities with respect to the formulation and implementation of the
11 comprehensive substance use control strategy and with respect to
12 other relevant substance use control issues;

13 (3) a copy of the detailed accounting statement submitted by
14 each program partner agency pursuant to paragraph (4) of
15 subsection b. of section 9 of P.L. , c. (C.) (pending before
16 the Legislature as this bill);

17 (4) a description of all funding control notices issued, and all
18 funding transfers effectuated, pursuant to P.L. , c. (C.)
19 (pending before the Legislature as this bill) during the reporting
20 period, and the effects of such notices and transfers;

21 (5) a description of all grant programs established, and all grants
22 issued, pursuant to paragraph (19) of subsection a. of section 5 of
23 P.L. , c. (C.) (pending before the Legislature as this bill);

24 (6) a description of the findings in the most recent report
25 submitted by the Opioid Epidemic Activities Coordination
26 Committee pursuant to subsection g. of section 16 of
27 P.L. , c. (C.) (pending before the Legislature as this bill);

28 (7) a description of the findings in the most recent Substance
29 use treatment provider performance report submitted by the division
30 under section 29 of P.L. , c. (C.) (pending before the
31 Legislature as this bill);

32 (8) a description of recommendations submitted to the office by
33 the Governor's Council on Substance Use Control pursuant to
34 subsections d., e., and f. of section 4 of P.L.1989, c.51 (C.26:2BB-
35 4), concerning the allocation of State and federal funds for
36 substance use control purposes, the distribution of grant funds, and
37 the modification of funding mechanisms used to finance substance
38 use control activities in the State; an indication as to whether the
39 director agrees with such recommendations and deems them to be
40 consistent with the Statement of Executive Branch Substance Use
41 Control Policy Priorities and the comprehensive substance use
42 control strategy; and, in cases where the director disagrees with the
43 recommendations or finds them to be inconsistent with the
44 Statement of Executive Priorities or the State strategy, a description
45 of the director's basis for such determinations or findings;

46 (9) a list of existing emerging drug threats in the State
47 designated pursuant to subsection c. of section 15 of
48 P.L. , c. (C.) (pending before the Legislature as this bill);

1 an indication of any previously designated emerging drug threats
2 that have been terminated during the reporting period; and an
3 update on the implementation of any Emerging Drug Threat
4 Response Plan developed under subsections d. and e. of section 15
5 of P.L. , c. (C. and C.) (pending before the Legislature
6 as this bill) that is still in effect at the time of reporting;

7 (10) a description of the conclusions reached from the most
8 recent review of State and local laws and regulations conducted
9 pursuant to paragraph (12) of subsection a. of section 5 of
10 P.L. , c. (C.) (pending before the Legislature as this bill),
11 including any specific recommendations for changes in the present
12 laws and regulations that the director deems appropriate; and

13 (11) recommendations for legislative or other appropriate
14 actions that could be used to improve the Coordinated Statewide
15 Substance Use Control Program, address emerging drug threats, and
16 otherwise counteract the deleterious effects of substance use
17 disorders in the State.

18
19 15. (New section) a. The director shall establish, in the office,
20 an Emerging Drug Threats Committee to be composed of
21 representatives from program partner agencies, local governments,
22 and other entities as deemed by the director to be appropriate. The
23 director shall appoint a chairperson from among the committee's
24 members. The committee shall meet at least once per year and at
25 such additional times and locations as shall be designated by the
26 chair or the director.

27 b. The Emerging Drug Threats Committee shall:

28 (1) within 180 days after the committee's organizational
29 meeting, develop, and recommend to the director, criteria to be used
30 by the director in designating an emerging drug threat or in
31 terminating an emerging drug threat designation pursuant to
32 subsection c. of this section, which recommendations shall be based
33 on information, statistical data, and other evidence gathered by the
34 committee, and shall be revisited and revised by the committee, and
35 resubmitted to the director, as the committee deems to be
36 appropriate;

37 (2) work with the director to: (a) identify and designate
38 emerging drug threats and terminate emerging drug threat
39 designations as provided by subsection c. of this section; and (b)
40 develop and oversee the implementation of emerging drug threat
41 response plans as provided by subsection d. of this section;

42 (3) monitor the evolution of emerging drug threats and identify
43 trends in emerging and evolving drug threats using the criteria
44 approved by the director pursuant to paragraph (2) of subsection c.
45 of this section;

46 (4) provide such other advice to the director concerning the
47 State's strategy and policies for emerging drug threats as the
48 committee deems to be appropriate; and

1 (5) disseminate and facilitate the sharing, among program
2 partner agencies, local governments, State and local law
3 enforcement, health and safety officials, and other persons and
4 entities determined by the director or committee chair to be
5 appropriate, of pertinent information and data relating to: (a) drug
6 seizures and drug supply and demand; (b) fatal and non-fatal
7 overdoses; (c) the demand for, and availability of, evidence-based
8 substance use disorder treatment and recovery services, programs,
9 and supports, including the extent of unmet treatment and recovery
10 needs; and (d) other subject matters as determined by the director or
11 committee chair to be necessary and appropriate.

12 c. (1) The director, in consultation with, or on the
13 recommendation of, the Emerging Drug Threats Committee, may
14 designate an emerging drug threat in the State or terminate an
15 emerging drug threat designation in accordance with the provisions
16 of this subsection.

17 (2) The director shall promulgate, regularly revise and update,
18 as appropriate, and make publicly available, standards by which a
19 designation under paragraph (1) of this subsection, and a
20 termination of such designation, may be made. In developing or
21 revising such standards, the director shall consider the
22 recommendations of the Emerging Drug Threats Committee
23 submitted pursuant to paragraph (1) of subsection b. of this section
24 and any other criteria the director considers to be appropriate.

25 (3) When designating an emerging drug threat or terminating an
26 existing emerging drug threat designation, the director shall publish,
27 on the office's Internet website, a written public notice explaining
28 the designation or the termination of such designation, and shall
29 inform the Governor and the appropriate health committees that
30 such public notice has been posted.

31 d. Not later than 90 days after a public notice is posted
32 pursuant to paragraph (3) of subsection c. of this section
33 designating an emerging drug threat, the director, in consultation
34 with the Emerging Drug Threats Committee, shall publish on the
35 office's Internet website and otherwise make publicly available an
36 Emerging Drug Threat Response Plan to be used in addressing and
37 mitigating the threat. The director shall notify the Governor and the
38 appropriate health committees, in writing, of the plan's availability.

39 e. An Emerging Drug Threat Response Plan developed under
40 subsection d. of this section shall include, at a minimum:

41 (1) a comprehensive strategic assessment of the emerging drug
42 threat, including the current availability of, and demand for, the
43 drug, and the effectiveness of existing evidence-based prevention,
44 treatment, recovery, and law enforcement programs and other
45 efforts to respond to the emerging drug threat;

46 (2) comprehensive, research-based short-term and long-term
47 quantifiable goals for addressing the emerging drug threat,
48 including goals for reducing the supply of the drug and expanding

1 the availability and effectiveness of evidence-based substance use
2 disorder prevention, treatment, and recovery programs to reduce
3 demand for the drug;

4 (3) specific performance measures to be used in evaluating the
5 achievement of the short-term and long-term quantifiable goals
6 identified pursuant to paragraph (2) of this subsection;

7 (4) annual, and, to the extent practicable, quarterly objectives
8 and targets for each performance measure developed under
9 paragraph (3) of this subsection;

10 (5) the level of funding needed to implement the plan, including
11 whether funding is available to be reallocated or transferred to
12 support the plan's implantation, or whether additional
13 appropriations are necessary to implement the plan;

14 (6) the implementation strategy for the special media campaign
15 to be undertaken pursuant to subsection c. of section 19 of
16 P.L. , c. (C.) (pending before the Legislature as this bill),
17 including goals, as described in paragraph (2) of this subsection,
18 and performance measures, objectives, and targets, as described
19 under subparagraphs (3) and (4) of this subsection; and

20 (7) any other information necessary to inform the public of the
21 status and progress of the State's response to the emerging drug
22 threat.

23 f. The director may designate an Emerging and Evolving Drug
24 Threats Coordinator to oversee the work of the Emerging Drug
25 Threats Committee, and to perform such other duties, in relation to
26 emerging drug threats, as may be determined by the director to be
27 appropriate.

28 g. The office shall provide professional and clerical staff to the
29 Emerging Drug Threats Committee as may be necessary for the
30 committee's purposes, and the committee shall also be entitled to
31 call upon the services of any State, county, or municipal
32 department, board, commission, or agency, as may be made
33 available to it for its purposes.

34

35 16. (New section) a. The director shall establish, within the
36 office, an Opioid Epidemic Activities Coordination Committee to
37 be composed of representatives from program partner agencies,
38 local governments, and other entities, as deemed by the director to
39 be appropriate. The director shall appoint a chairperson from
40 among the committee's members. The committee shall meet at
41 least once per year, and at such additional times and places as shall
42 be designated by the chair or the director.

43 b. The purpose of the Opioid Epidemic Activities Coordination
44 Committee shall be to promote and facilitate collaboration and
45 cooperation among program partner agencies, local governments,
46 and State and local law enforcement agencies, consistent with the
47 State strategy, with respect to the development and implementation
48 of comprehensive and innovative policies, programs, services, and

1 supports that are specifically designed to address the opioid
2 epidemic in New Jersey.

3 c. The Opioid Epidemic Activities Coordination Committee
4 shall have the duty to:

5 (1) within 180 days after the committee's organizational
6 meeting, develop and recommend to the director criteria, metrics, or
7 other indicators to be used by the director, the office, program
8 partner agencies, State and local policymakers, and other relevant
9 individuals and entities, in evaluating the progress that has been
10 made by program partner agencies, and by other appropriate
11 persons and entities, in addressing the State's opioid epidemic.
12 Recommendations made pursuant to this paragraph shall be based
13 on information, statistical data, and other evidence gathered by the
14 committee, and shall be revisited and revised by the committee, and
15 resubmitted to the director, as the committee deems to be
16 appropriate;

17 (2) in consultation and cooperation with program partner
18 agencies, local governments, and State and local law enforcement:
19 (a) identify counties and other areas of the State that are being
20 particularly harmed by the opioid epidemic, including those that
21 have excessively high rates of opioid overdoses or opioid-related
22 crime; (b) identify populations that are at risk of developing a
23 substance use disorder involving opioids; (c) identify societal and
24 other factors that have contributed to, facilitated the continuation of,
25 or increased the severity of, the State's opioid epidemic; and (d)
26 assess existing opioid-related treatment and recovery resource
27 capacity in the State, and evaluate the unmet need for new or
28 innovative opioid-specific treatment and recovery programs,
29 services, and supports;

30 (3) monitor the evolution of the opioid epidemic in New Jersey
31 and identify trends in prescriptions for, and the use and diversion
32 of, opioid drugs;

33 (4) annually measure the effectiveness of opioid-related
34 substance use control activities taking place in the State, and the
35 success of such activities in mitigating the factors contributing to,
36 and the effects resulting from, the opioid epidemic in the State,
37 using the analysis of specific case examples and the standards and
38 metrics established by the director under subsection d. of this
39 section; and identify existing shortcomings and areas of inefficiency
40 in the provision of opioid-specific substance use disorder treatment
41 and recovery programs, services, and supports;

42 (5) promote and facilitate the establishment of collaborative
43 interagency and interjurisdictional agreements and coordinated
44 community response plans, including overdose response plans, and
45 the cross-agency adoption of uniform policies, protocols, rules, and
46 regulations, consistent with the State's comprehensive substance
47 use control strategy, to facilitate the creation of more efficient,
48 effective, and integrated opioid-specific treatment and recovery

1 service delivery systems, and the better organization, allocation,
2 and use of available assets and resources, as necessary to properly
3 address and respond to the unique issues facing persons who require
4 treatment for a substance use disorder involving opioid drugs,
5 particularly in those areas of the State that have been most
6 significantly affected by the opioid epidemic;

7 (6) provide members of the public with information, through the
8 office, on the status of the opioid epidemic in the State, available
9 opioid-specific treatment and recovery options, and the work of the
10 committee;

11 (7) disseminate and facilitate the sharing, among program
12 partner agencies, local governments, State and local law
13 enforcement, health and safety officials, and other persons and
14 entities determined by the director or the committee chair to be
15 appropriate, of pertinent information and data relating to: (a) opioid
16 seizures and supply and demand; (b) fatal and non-fatal opioid
17 overdoses; (c) the demand for, and availability of, evidence-based
18 opioid-specific substance use disorder treatment and recovery
19 services, programs, and supports, including the extent of unmet
20 treatment and recovery needs; and (d) other subject matters that the
21 director or the committee chair deems to be necessary and
22 appropriate; and

23 (8) annually submit a report of its activities to the director
24 pursuant to subsection g. of this section, and provide other advice to
25 the director in relation to the State strategy or the State's policies
26 and priorities related to the State's opioid epidemic as the
27 committee determines to be appropriate.

28 d. The director shall promulgate, regularly revise and update,
29 as appropriate, and make publicly available, standards and metrics
30 to be used by the director, the office, all program partner agencies,
31 State and local policymakers, and other relevant individuals and
32 entities to measure the progress that has been made by the State in
33 addressing the causes of, and the harms associated with, the opioid
34 epidemic in the State, and by which the opioid epidemic may be
35 deemed to have been successfully contained. In developing or
36 revising such standards, the director shall consider the
37 recommendations of the Opioid Epidemic Activities Coordination
38 Committee submitted pursuant to paragraph (1) of subsection c. of
39 this section and any other criteria the director considers to be
40 appropriate.

41 e. The office shall provide professional and clerical staff to the
42 Opioid Epidemic Activities Coordination Committee as may be
43 necessary for the committee's purposes, and the committee shall be
44 entitled to call upon the services of any State, county, or municipal
45 department, board, commission, or agency as may be made
46 available to it for its purposes.

47 f. In effectuating its purposes and duties under this section, the
48 Opioid Epidemic Activities Coordination Committee:

1 (1) shall consult with associations, organizations, and
2 individuals who are knowledgeable about: (a) the needs of persons
3 with an opioid-related substance use disorder; (b) the nature of, and
4 problems associated with, the State's current substance use disorder
5 prevention, treatment, and harm reduction systems and procedures,
6 particularly in relation to the treatment of a substance use disorder
7 involving opioids; and (c) the coordination and collaborative
8 provision of substance use disorder prevention, treatment, recovery,
9 and harm reduction services; and

10 (2) may appoint appropriate subcommittees to assist in carrying
11 out the committee's work, as well as regional or local policy
12 implementation task forces to ensure that the policies and programs
13 recommended by the committee are appropriately implemented at
14 the regional and local levels. The membership of any subcommittee
15 or regional or local policy implementation task force established
16 under this paragraph may include representatives from any
17 appropriate public or private department, agency, office, or advisory
18 committee, as well as private citizens who have relevant interest
19 and expertise in the areas of opioid-related substance use disorder
20 prevention, treatment, recovery, harm reduction, or research.

21 g. Commencing one year after its organizational meeting, and
22 annually thereafter, the Opioid Epidemic Activities Coordination
23 Committee shall prepare and submit to the director a report of its
24 activities under this section. Each report submitted pursuant to this
25 subsection shall be posted on the Internet website of the office, and
26 on the Internet websites of each program partner represented on the
27 committee, and shall indicate:

28 (1) the metrics and other indicators approved by the director
29 under subsection d. of this section, which are being used by the
30 committee to measure the success of the State's opioid-related
31 substance use control activities;

32 (2) the findings made by the committee pursuant to paragraph
33 (4) of subsection c. of this section;

34 (3) any system inefficiencies, indicators of ineffective service
35 provision, or other problems with opioid-related service provision
36 that have been identified by the committee during the reporting
37 period;

38 (4) the activities undertaken and policies recommended or
39 adopted by the committee during the reporting period to: (a)
40 enhance collaboration and cooperation among relevant program
41 partner agencies, local governments and offices, and State and local
42 law enforcement, in association with the provision of opioid-related
43 substance use disorder prevention, treatment, recovery, and harm
44 reduction programs, services, and supports; (b) increase the
45 coordination, integration, efficiency, or effectiveness of the State's
46 opioid-related substance use disorder treatment, recovery, and harm
47 reduction systems; or (c) otherwise address the systemic problems
48 identified by the committee; and

1 (5) any recommendations for action that can be undertaken by
2 the director, the Office of Coordinated Substance Use Control
3 Policy and Planning, the Governor, the Legislature, program partner
4 agencies, local governments, or State or local law enforcement to
5 further improve the cohesion, efficiency, and effectiveness of the
6 State's opioid-related substance use disorder prevention, treatment,
7 recovery, and harm reduction systems.

8 h. The director, and the heads of the program partner agencies
9 represented on the Opioid Epidemic Activities Coordination
10 Committee, shall each adopt rules and regulations, pursuant to the
11 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
12 1 et seq.), as may be necessary to implement any new or revised
13 policies, programs, and procedures that have been approved or
14 recommended by the committee pursuant to a report issued under
15 subsection g. of this section, or to otherwise effectuate the policy or
16 service goals identified by the committee, to the extent that such
17 policies, programs, procedures, and goals can be effectuated
18 through administrative action.

19
20 17. (New section) a. The director shall establish and maintain,
21 on the office's Internet website, a substance use control data
22 dashboard. To the extent practicable, data made available on the
23 dashboard shall be publicly available in a machine-readable,
24 sortable, and searchable format, and shall be searchable by year,
25 program partner agency, location, and type of substance use
26 disorder.

27 b. Data included on the dashboard shall be updated quarterly,
28 to the extent practicable, but not less frequently than annually, and
29 shall include the following information for the current calendar year
30 and for each of the three preceding calendar years:

31 (1) individualized data, as provided by subsection c. of this
32 section, on each substance that is identified by the director as
33 having a significant impact on the prevalence of substance use
34 disorders in the State;

35 (2) the number of fatal and non-fatal overdoses caused by each
36 substance identified in paragraph (1) of this subsection;

37 (3) the prevalence of substance use disorders in the State, by
38 county, region, and type of disorder;

39 (4) the total number of individuals who received substance use
40 disorder treatment, including medication-assisted treatment, and the
41 number and percentage of those individuals who received any such
42 treatment through publicly-financed programs;

43 (5) the number of individuals who are in a recovery program or
44 are receiving recovery support services following the completion of
45 treatment for a substance use disorder;

46 (6) the extent of the unmet need for substance use disorder
47 treatment, including medication-assisted treatment, and the extent
48 of the unmet need for recovery programs, services, housing, and

1 other supports, as evidenced by facility or program waiting lists or
2 other relevant data;

3 (7) data sufficient to show the prevalence and extent of the use,
4 diversion, and sale of prescription drugs for illicit purposes
5 throughout the State;

6 (8) a description of designated emerging drug threats and
7 terminated emerging drug threat designations;

8 (9) a hyperlink to the residential beds database maintained by
9 the division pursuant to section 28 of P.L. , c. (C.)
10 (pending before the Legislature as this bill); and

11 (10) any other quantifiable measures that the director deems to
12 be appropriate to detail progress toward the achievement of the
13 goals, objectives, and targets identified in the comprehensive
14 substance use control strategy.

15 c. For each substance identified, pursuant to paragraph (1) of
16 subsection b. of this section, as having a significant impact on the
17 prevalence of substance use disorder in the State, the dashboard
18 shall, to the extent practicable, contain the following information:

19 (1) data indicating the quantities of each such substance
20 available in the State, including: (a) the total amount of each such
21 substance that was seized by law enforcement; (b) the known and
22 estimated flows into and through the State from all sources; (c) the
23 total amount of known flows that could not be disrupted; and (d) the
24 average street price of the substance, including an indication of the
25 highest known street price during the preceding 10-year period;

26 (2) data indicating the frequency and effects of the use of each
27 such substance in the State, including: (a) the frequency of use of
28 each such substance in the workplace, and the estimated
29 productivity loss resulting from such use; (b) the frequency of use
30 of each substance by youth, and the educational and developmental
31 effects of such use; (c) the frequency of use of each such substance
32 by arrestees, prisoners, probationers, and parolees; and (d) the
33 nature and extent of criminal activity related to the use of each such
34 substance; and

35 (3) to the extent practicable, data indicating the number and
36 nature of prosecutions related to each such substance.

37

38 18. (New section) a. The office shall establish and operate, on a
39 24-hour per day, seven-day per week basis, a centralized Substance
40 Use Control Services Information Hotline, which shall be available
41 to assist members of the public in navigating the State's substance
42 use disorder treatment and recovery systems and in finding
43 appropriate care.

44 b. Hotline staff shall be trained and qualified to provide callers
45 with all relevant and requested information concerning the State's
46 substance use control operations and available treatment and
47 recovery options, including community housing, which are
48 available and appropriate for each caller's individual needs. To the

1 extent practicable, hotline staff shall work to connect callers
2 directly with appropriate service providers.

3 c. The office shall publicize the availability of the hotline as
4 part of the broader public awareness campaign undertaken pursuant
5 to section 19 of P.L. , c. (C.) (pending before the
6 Legislature as this bill). The office shall also publish, on its
7 Internet website, relevant fact sheets and notices highlighting the
8 availability of the hotline, and summarizing available treatment and
9 recovery options in the State.

10

11 19. (New section) a. The office, in coordination and
12 consultation with appropriate program partner agencies, shall
13 engage in an ongoing public awareness campaign related to
14 substance use disorders and available substance use disorder
15 treatment and recovery services.

16 b. The purpose of the public awareness campaign shall be to:

17 (1) prevent and discourage the use of Schedule I controlled
18 dangerous substances, and the use of other substances for illicit
19 purposes;

20 (2) educate the public about the dangers and negative
21 consequences of illicit substance use, including the characteristics
22 and hazards of substance use disorders and methods to safeguard
23 against the development of substance use disorders, including the
24 safe disposal of prescription drugs;

25 (3) support evidence-based prevention programs that target the
26 attitudes, perceptions, and beliefs that are associated with the
27 initiation or continuation of substance use, particularly among
28 members of at-risk populations;

29 (4) encourage individuals affected by substance use disorders to
30 seek treatment;

31 (5) publicize the availability of the Substance Use Control
32 Services Information Hotline established pursuant to section 18 of
33 P.L. , c. (C.) (pending before the Legislature as this bill),
34 and otherwise inform the public about: (a) how to recognize the
35 signs and symptoms of substance use disorders; (b) the types of
36 evidence-based treatment programs, services, and supports that are
37 available throughout the State; (c) the types of recovery programs,
38 services, supports, and housing that are available throughout the
39 State; and (d) how to access available treatment and recovery
40 programs, services, supports, and housing;

41 (6) combat and reduce the stigma associated with addiction and
42 substance use disorders, including the stigma associated with the
43 use of medication-assisted treatment; and

44 (7) inform the public about the particular dangers associated
45 with any emerging drug threat designated pursuant to subsection c.
46 of section 15 of P.L. , c. (C.) (pending before the
47 Legislature as this bill).

1 c. In addition to any information provided on emerging drug
2 threats pursuant to subsection b. of this section, the office, in
3 consultation with the Emerging Drug Threats Committee and
4 Emerging and Evolving Drug Threats Coordinator, shall develop
5 special, targeted emergency media campaigns in response to each
6 designated emerging drug threat. Each such campaign shall focus
7 on addressing and mitigating the specific factors that facilitated the
8 emergence and evolution of the designated drug threat, and shall be
9 targeted to those areas of the State that are being particularly
10 harmed by, and those populations that are particularly vulnerable to,
11 the emerging drug threat.

12 d. The director, in consultation and cooperation with the office
13 of the Attorney General, State and local law enforcement agencies,
14 the courts, the Department of Corrections, and other appropriate
15 program partner agencies, shall establish and oversee an educational
16 program for law enforcement officers, prosecuting attorneys, court
17 personnel, judges of the Superior Court, probation and parole
18 officers, corrections personnel, other law enforcement personnel,
19 and State welfare and vocational rehabilitation personnel, which
20 program shall be designed to train such individuals with respect to
21 the causes, effects, and treatment of intoxication and substance use
22 disorders.

23

24 20. (New section) a. No substance use disorder treatment
25 facility shall operate in this State unless the facility holds a valid
26 license or certificate of approval issued by the Department of
27 Health pursuant to subsection b. of this section. The Commissioner
28 of Health may elect to issue different kinds of licenses or
29 certifications under this section for different kinds of facilities.

30 b. (1) The department shall issue a license under this section to
31 any person, partnership, corporation, society, association, or other
32 agency or entity of any kind, other than a licensed general hospital
33 or a department, agency, or institution of government, upon
34 application therefor, and upon a determination that the applicant is
35 responsible, is of good character, is suitable to establish and
36 maintain a facility, and is capable of meeting the licensure
37 standards and requirements established by the department. A
38 license issued under this paragraph shall be valid for two years, may
39 be renewed on a biennial basis thereafter, and shall be subject to
40 suspension or revocation by the department, at any time, for cause.

41 (2) Any agency, department, or institution of State or local
42 government that wishes to operate a substance use disorder
43 treatment facility shall not be subject to the licensure requirements
44 of paragraph (1) of this subsection, but shall instead be required to
45 obtain, from the department, a certificate of approval authorizing
46 the operation of such facility. A certificate of approval issued
47 pursuant to this paragraph shall be valid for a term of two years,
48 may be renewed on a biennial basis thereafter, and shall be subject

1 to suspension or revocation by the department, at any time, for
2 cause.

3 c. (1) An application for licensure under paragraph (1) of
4 subsection b. of this section shall be submitted in a form and
5 manner prescribed by the commissioner, and shall: (a) identify the
6 location of the facility; (b) provide the name and credentials of the
7 person who will act as operator the facility; (c) describe the services
8 that will be provided by the facility; (d) provide evidence of the
9 facility's ability to comply with the applicable licensure standards
10 and requirements established by the commissioner; and (e) provide
11 evidence of the good character of the applicant and the proposed
12 facility operator.

13 (2) Any change in the facts set forth in the licensure application
14 shall be reported to the commissioner within 10 days after the
15 occurrence thereof.

16 (3) Upon receipt of an application under this subsection, the
17 commissioner shall cause an investigation to be made of the
18 applicant, and, pursuant to subsection g. of this section, of the
19 facility in question, in order to determine whether the applicant is of
20 good moral character, and whether the facility complies with the
21 provisions of this section and the department's associated
22 regulations and standards for licensure.

23 d. The department shall perform an evaluation, prior to the
24 issuance of a license or certification under this section, of the need
25 for the proposed facility in the community and of the financial and
26 other qualifications of the applicant.

27 e. A license or certificate of approval issued under this section
28 shall be conspicuously displayed within the facility at all times, and
29 shall not be transferrable, assignable, or applicable to any premises
30 or proprietor other than those specified in the license or
31 certification.

32 f. The commissioner shall adopt rules and regulations,
33 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
34 (C.52:14B-1 et seq.), establishing standards and requirements for
35 facility licensure and certification under this section. Except as
36 otherwise provided by subsection g. of this section, such standards
37 and requirements shall, at a minimum:

38 (1) provide standards and guidelines governing the proper
39 operation of facilities that are licensed or certified under this
40 section;

41 (2) identify the health and safety standards to be met by licensed
42 and certified facilities;

43 (3) identify the quality and type of treatment to be afforded to
44 patients at each type of facility;

45 (4) require the facility to accurately represent the treatment to be
46 afforded to patients at the facility, and provide for the imposition of
47 penalties or sanctions for misrepresentations concerning facility
48 services;

1 (5) establish appropriate fees in association with the initial
2 issuance and renewal of licenses and certifications under this
3 section; and

4 (6) identify the procedures that will be used by the department
5 to grant and revoke licenses and certifications issued pursuant to
6 this section.

7 g. Notwithstanding the provisions of subsection f. of this
8 section to the contrary, the standards and requirements adopted by
9 the department in relation to licensure of a private facility that
10 neither contracts with the State on a fee-for-service basis nor
11 accepts for treatment persons who are brought to the facility by law
12 enforcement pursuant to section 30 of P.L. , c. (C.)
13 (pending before the Legislature as this bill), shall concern only:

14 (1) the health and safety standards to be met by the facility;

15 (2) misrepresentations as to the treatment that is available to
16 patients at a facility;

17 (3) licensing fees; and

18 (4) procedures for submitting, reviewing, and approving license
19 applications.

20 h. (1) Prior to granting or renewing a license or certificate of
21 approval pursuant to this section, the department shall conduct an
22 initial on-site inspection of each proposed facility to determine the
23 facility's compliance with the provisions of this section and the
24 rules and regulations adopted pursuant thereto. The department
25 shall also provide for the periodic on-site visitation and inspection
26 of each licensed or certified facility as may be necessary to ensure
27 that the facility and its operator remain in compliance with the
28 provisions of this section and the rules and regulations adopted
29 pursuant thereto.

30 (2) The department may examine the books and accounts of any
31 facility if it deems such examination to be necessary for the
32 purposes of this subsection.

33 (3) The department may file a complaint with any court having
34 jurisdiction, and the court may thereupon issue a warrant to any
35 officers or employees of the department, authorizing them to enter
36 and inspect, at reasonable times, and examine the books and
37 accounts of, any private facility that refuses to consent to any
38 inspection or examination authorized under this subsection and
39 which the department has reason to believe is operating in violation
40 of the provisions of this section or of the rules or regulations
41 adopted pursuant thereto. Any facility owner or operator who fails
42 to allow entry and inspection by department officials in accordance
43 with a warrant issued under this paragraph shall be subject, for a
44 first offense, to a fine of not more than \$100, and, for each
45 subsequent offense, to a fine of not more than \$1,000 or
46 imprisonment for not more than two years, or both.

47 i. The department may require any public facility, any private
48 facility contracting on a fee-for-service basis with the State, and any

1 private facility accepting for treatment those persons who are
2 brought to the facility by a law enforcement officer pursuant to
3 section 30 of P.L. , c. (C.) (pending before the Legislature
4 as this bill), to admit, on an inpatient or outpatient basis, as
5 appropriate, any person who requires treatment for a substance use
6 disorder. The department shall promulgate rules and regulations
7 governing the extent to which it may require private facilities to
8 admit persons to inpatient or outpatient treatment under this
9 paragraph; provided, however, that no licensed general hospital
10 shall be authorized to refuse the provision of treatment for
11 intoxication or substance use disorders.

12 j. Each facility shall file with the department, from time to
13 time, on request, such data, statistics, schedules, or information as
14 the department may reasonably require for the purposes of this
15 section. Any licensee or operator of a private facility who fails to
16 furnish any requested data, statistics, schedules, or information, or
17 who submits fraudulent data, statistics, schedules, or information in
18 response to a request, shall be punished by a fine of not more than
19 \$500.

20 k. (1) The commissioner, after holding a hearing, may deny,
21 suspend, revoke, limit or restrict the applicability of, or refuse to
22 renew, any license or certificate of approval granted under this
23 section upon a finding that the facility, or its operator, has violated,
24 or failed to comply with, the provisions of this section or any rules
25 or regulations adopted pursuant thereto. However, in the case of
26 private facilities that neither contract on a fee-for-service basis with
27 the State nor accept for treatment persons who are brought to the
28 facility by law enforcement pursuant to section 30 of
29 P.L. , c. (C.) (pending before the Legislature as this bill),
30 the department, after holding a hearing, may refuse to grant,
31 suspend, revoke, limit or restrict the applicability of, or refuse to
32 renew, any license for the following reasons only: (a) failure to
33 meet the requirements of rules and regulations concerning the
34 health and safety standards of such facilities; or (b) if there is a
35 reasonable basis for the department to conclude that there is a
36 discrepancy between representations made by a facility as to the
37 treatment services that are available to patients and the treatment
38 services that are actually rendered.

39 (2) The commissioner may temporarily suspend a license or
40 certificate of approval issued under this section in an emergency,
41 without holding a prior hearing as required by this subsection;
42 provided, however, that, upon the request of an aggrieved party, a
43 hearing shall be held as soon as possible after the license or
44 certificate of approval is suspended.

45 (3) Any party aggrieved by a final decision of the department
46 issued pursuant to this section may petition for judicial review of
47 the final decision.

1 (4) Notice of a pending hearing on the revocation, suspension,
2 or denial of a license or certificate issued under this section,
3 together with a specification of the charges supporting the
4 revocation, suspension, or denial, shall be sent to the holder of the
5 license or certificate by registered mail. The denial, suspension, or
6 revocation shall become effective 30 days after mailing, unless the
7 holder of the license or certificate, within such 30-day period,
8 satisfies the requirements established by the commissioner or
9 provides notice to the commissioner of the holder's desire for a
10 hearing. Upon the receipt of a request for a hearing, the denial,
11 suspension, or revocation shall be held in abeyance until the hearing
12 has been concluded and a final decision rendered; provided,
13 however, that the holder of the license or certificate may appeal a
14 denial, suspension, or revocation to any court having jurisdiction.

15 (5) The commissioner shall arrange for prompt and fair hearings
16 under this subsection and shall render written decisions stating the
17 conclusions and reasons for each such decision, on each matter
18 heard, and shall be authorized to issue orders of denial, suspension,
19 or revocation consistent with the circumstances of each case.

20 1. (1) Any person who establishes or operates a private facility
21 without first obtaining a license under this section, or who operates
22 a private facility after revocation or suspension of the facility's
23 license, shall be liable, for the first offense, to a penalty of \$25 for
24 each day of operation in violation of this section, and, for any
25 subsequent offense, to a penalty of \$50 for each day of operation in
26 violation of this section. The penalties authorized by this
27 subsection shall be recovered in a summary proceeding instituted by
28 the Attorney General, at the request of the commissioner, pursuant
29 to the "Penalty Enforcement Law of 1999," P.L.1999, c.274
30 (C.2A:58-10 et seq.). Monetary penalties, when recovered pursuant
31 to this subsection, shall be payable to the General Fund.

32 (2) The commissioner may, in the manner provided by law,
33 maintain an action, in the name of the State of New Jersey, for
34 injunctive relief against any person who continues to conduct,
35 manage, or operate a private facility without a license issued
36 pursuant to this section or after such license has been suspended or
37 revoked.

38 m. The commissioner shall appoint and employ such
39 employees, advisers, and consultants, subject to the provisions of
40 Title 11A of the New Jersey Statutes, and do all other acts and
41 things necessary or convenient, to carry out the powers expressly
42 granted to the commissioner pursuant to P.L. , c. (C.)
43 (pending before the Legislature as this bill) and the responsibilities
44 of the department as specified in the comprehensive substance use
45 control strategy.

46
47 21. (New section) a. A substance use disorder treatment
48 program operating within a State correctional facility or county jail

1 that meets or substantially meets the requirements necessary to
2 obtain a certificate of approval as a residential substance use
3 disorder treatment facility under section 20 of P.L. , c. (C.)
4 (pending before the Legislature as this bill) shall be granted such
5 certification. The operations of, and provision of substance use
6 disorder treatment services by, any such certified program shall be
7 regulated and overseen by the Department of Human Services
8 pursuant to sections 22 and 23 of P.L. , c. (C. and C.)
9 (pending before the Legislature as this bill), in accordance with a
10 memorandum of understanding executed with the Department of
11 Corrections.

12 b. Any substance use disorder treatment program described
13 under subsection a. of this section that does not meet or
14 substantially meet the requirements necessary to obtain a certificate
15 of approval as a residential treatment facility shall be advised by the
16 Commissioner of Health, within 60 days of the determination, of
17 any specific requirements that the program fails to meet. If such
18 treatment program addresses all identified deficiencies, and can
19 meet or substantially meet the requirements for certification, the
20 program may be granted a certificate of approval pursuant to
21 subsection a. of this section.

22

23 22. (New section) a. (1) The Department of Human Services
24 shall be responsible for maintaining and overseeing the
25 establishment and operation of a comprehensive Statewide service
26 system for the prevention of substance use disorders and the
27 treatment of intoxicated persons and persons with a substance use
28 disorder, which service system shall be consistent with, and reflect
29 the goals and guiding principles outlined in, the Statement of
30 Executive Priorities and the State strategy.

31 (2) The comprehensive substance use disorder prevention and
32 treatment system established pursuant to paragraph (1) of this
33 subsection: (a) shall be designed to promote, develop, establish,
34 coordinate, and provide unified and coordinated education,
35 prevention, diagnosis, treatment, aftercare, community referral, and
36 rehabilitation programs, services, and supports to mitigate and
37 reduce the occurrence of substance use disorders throughout the
38 State; (b) may encourage the regionalization of services; and (c)
39 shall provide for the regulation and oversight of the operations of,
40 and the provision of programs and services by, all treatment
41 facilities that are licensed or certified pursuant to section 20 or 21
42 of P.L. , c. (C. or C.) (pending before the Legislature
43 as this bill).

44 b. To the extent possible, all appropriate State and local
45 resources, including community mental health centers, shall be
46 utilized in, and coordinated with, the substance use disorder
47 prevention and treatment system established and operated under this
48 section.

1 c. Each facility administrator shall annually prepare and submit
2 to the Commissioner of Human Services a written report of its
3 substance use control activities in a form and manner designated by
4 the commissioner, and the commissioner shall annually prepare and
5 submit to the director a consolidated report showing the substance
6 use control activities of all facilities, by county and region of the
7 State.

8 d. Substance use disorder treatment services delivered pursuant
9 to this section may be administered on the premises of any
10 institution operated, in whole or in part, by the Department of
11 Corrections, provided that the institutional program has been
12 certified to operate by the Department of Health pursuant to section
13 21 of P.L. , c. (C.) (pending before the Legislature as this
14 bill). Such treatment services shall be administered by the
15 Department of Human Services in the same manner as they are
16 administered in other facilities licensed pursuant to section 20 of
17 P.L. , c. (C.) (pending before the Legislature as this bill),
18 and shall, in all respects, be therapeutic rather than penal or
19 correctional in nature.

20 e. The department shall annually prepare and publish a list of
21 all substance use disorder treatment facilities operating in the State,
22 and shall:

23 (1) post the list on its Internet website;

24 (2) notify all law enforcement agencies and judges in the State
25 of the location and capacity of all such facilities operating in or near
26 their jurisdictions; and

27 (3) annually provide a copy of the list to the director for
28 consideration in the development of the State's comprehensive
29 substance use control strategy.

30

31 23. (New section) a. In effectuating the purposes of section 22
32 of P.L. , c. (C.) (pending before the Legislature as this
33 bill), the Commissioner of Human Services shall have the duty to:

34 (1) maintain, supervise, oversee, regulate, and control all
35 aspects of facility operations and program and service provision,
36 except as otherwise provided by section 20 of P.L. , c. (C.)
37 (pending before the Legislature as this bill);

38 (2) ensure that all treatment facilities in the State are providing
39 adequate programs and services, as appropriate, for intoxicated
40 persons and persons with a substance use disorder, and are staffed
41 with a sufficient number of qualified and trained personnel;

42 (3) serve in a consulting capacity to public and private agencies
43 in relation to their engagement in substance use disorder prevention
44 and treatment activities;

45 (4) work to coordinate the provision of substance use disorder
46 prevention and treatment services through available public
47 assistance programs;

1 (5) direct and conduct basic, clinical, epidemiological, social
2 science, and statistical research on substance use and substance use
3 disorders, either alone or in conjunction with other public or private
4 agencies, and develop pilot programs, including pilot clinic
5 programs, for the treatment of substance use disorders, within the
6 limits of appropriated funds;

7 (6) enhance public awareness of, disseminate information on,
8 and provide public education on, substance use and substance use
9 disorders and the facilities, programs, services, and supports that
10 are available to assist, and provide appropriate treatment to,
11 intoxicated persons, persons with substance use disorders, and
12 persons with potential substance use disorders;

13 (7) organize and foster the implementation of professional
14 training and certification programs for health care practitioners,
15 mental health care practitioners, students in health care, teachers,
16 and other appropriate professional and para-professional workers
17 who are involved with intoxicated persons or persons with a
18 substance use disorder;

19 (8) develop and implement an ongoing data collection, analysis,
20 and distribution system, consistent with the State strategy, for the
21 collection, analysis, and distribution of statistics on: (a) the
22 incidence and prevalence of illicit substance use, substance use
23 disorders, and ancillary substance use-related problems in the State,
24 with special emphasis on youth and other at-risk populations, and
25 on the relationship that exists between illicit substance use and
26 automobile accidents, crime, delinquency, homelessness, and other
27 social problems; and (b) the availability and use of treatment
28 facilities, programs, services, and supports in each county and
29 region of the State. The data collection system established under
30 this paragraph shall, at a minimum, provide for the collection,
31 analysis, and distribution of studies, surveys, random samplings,
32 and assessments from a variety of health care practitioners and
33 facilities, mental health care practitioners and facilities, program
34 partner agencies, local governments, State and local law
35 enforcement agencies, and private and nonprofit organizations that
36 are concerned and connected with substance use control activities
37 taking place in the State, including, but not limited to, the New
38 Jersey Motor Vehicle Commission, the Administrative Office of the
39 Courts, the youth bureaus, substance use disorder treatment
40 facilities and program providers, hospitals and mental health
41 centers, schools, law enforcement agencies, and the Division of
42 Alcoholic Beverage Control in the Department of Law and Public
43 Safety; and

44 (9) not later than January 15 of each year, submit to the director,
45 to the Governor, and, pursuant to section 2 of P.L.1991, c.164
46 (C.52:14-19.1), to the Legislature, an annual report of the
47 operations of the Division of Mental Health and Addiction Services,

1 which shall include specific recommendations pertaining to matters
2 that fall within the scope of the division's jurisdiction.

3 b. The Commissioner of Human Services shall be authorized,
4 empowered, and directed to:

5 (1) plan, construct, cause to be established, and maintain such
6 facilities as may be necessary or desirable for the conduct of the
7 substance use disorder prevention and treatment system developed
8 under section 22 of P.L. , c. (C.) (pending before the
9 Legislature as this bill);

10 (2) acquire any real property or interest therein, either by
11 purchase or lease, on such terms and conditions and in such manner
12 as may be deemed proper, or by exercising the power of eminent
13 domain in accordance with the provisions of Title 20 of the Revised
14 Statutes; and hold and dispose of such property or property interest,
15 as may be necessary and appropriate to effectuate the provisions of
16 section 22 of P.L. , c. (C.) (pending before the Legislature
17 as this bill);

18 (3) make and enter into all contracts and agreements necessary
19 or incidental to the performance of the commissioner's duties or the
20 execution of the functions of the Department of Human Services or
21 the division under P.L. , c. (C.) (pending before the
22 Legislature as this bill), including, but not limited to, contracts with
23 facilities, governmental entities, or public or private organizations
24 as are necessary to pay those facilities, entities, and organizations
25 for services actually rendered or furnished to intoxicated individuals
26 or individuals with a substance use disorder, at rates to be
27 established pursuant to law;

28 (4) solicit, contract for, accept, and use any gifts, grants, loans,
29 devises, or bequests of funds, facilities, property, services, or
30 assistance, in any form, from the federal government, or any
31 instrumentality thereof; from State or local government entities; or
32 from any private person or entity, and do all things necessary to
33 cooperate with the federal government or any of its agencies in
34 connection with the application for any federal grant or loan;
35 provided, however, that any money received under this subsection
36 shall be deposited with the State Treasurer to be kept in a separate
37 fund in the treasury for expenditure by the department or division,
38 as appropriate, in accordance with the conditions of the gift, grant,
39 loan, devise, or bequest, without specific appropriation;

40 (5) develop, encourage, and foster, in cooperation with
41 interested State and local agencies and private organizations and
42 individuals, and consistent with the State strategy, Statewide,
43 regional, and local plans and programs for the prevention, detection,
44 and treatment of substance use disorders, and provide technical
45 assistance and consultation services for these purposes;

46 (6) coordinate the efforts and enlist the assistance of all public
47 agencies and private organizations and individuals interested in the
48 prevention, detection, and treatment of substance use disorders,

1 consistent with the department's and division's responsibilities
2 under the Comprehensive Substance Use Disorder Strategy;

3 (7) cooperate with the Department of Corrections and other
4 appropriate agencies to establish and conduct programs for the
5 prevention and treatment of substance use disorders in incarcerated
6 individuals, and in parolees, probationers, and any other non-
7 incarcerated individuals who remain under criminal justice
8 supervision, which programs shall be therapeutic and non-punitive
9 in nature, and shall foster and provide for the coordination of a wide
10 range of diagnosis, counseling, and treatment services;

11 (8) work in consultation with schools, law enforcement, public
12 agencies, and private organizations and individuals, to establish
13 programs for the prevention and treatment of intoxication and
14 substance use disorders among juveniles and young adults;

15 (9) prepare, publish, and disseminate educational materials
16 concerning the prevention, nature, and effects of substance use
17 disorders, and describing the benefits of treatment, which materials
18 shall reflect the priorities identified in the Statement of Executive
19 Branch Substance Use Control Policy Priorities and be consistent
20 with the State's comprehensive substance use control strategy;

21 (10) encourage the use of substance use disorder prevention,
22 detection, and treatment programs in government and industry; and

23 (11) appoint and employ such employees, advisers, and
24 consultants, subject to the provisions of Title 11A of the New
25 Jersey Statutes, and do all other acts and things necessary or
26 convenient, to carry out the powers expressly granted to the
27 commissioner pursuant to P.L. , c. (C.) (pending before the
28 Legislature as this bill) and the responsibilities of the Department of
29 Human Services and the division, as specified in the comprehensive
30 substance use control strategy.

31 c. The commissioner shall adopt rules and regulations,
32 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
33 (C.52:14B-1 et seq.), as may be necessary to effectuate the purposes
34 of sections 21 and 22 of P.L. , c. , (C.) (pending before the
35 Legislature as this bill). Such rules and regulations shall include,
36 but need not be limited to, minimum standards and requirements for
37 the treatment of patients by licensed or certified substance use
38 disorder treatment facilities. As deemed by the commissioner to be
39 appropriate, the rules and regulations adopted pursuant to this
40 subsection may include different standards for each type of facility.

41

42 24. (New section) a. A facility that has obtained a license or
43 certificate of approval pursuant to section 20 or 21 of
44 P.L. , c. (C.) (pending before the Legislature as this bill)
45 shall provide appropriate treatment under the comprehensive
46 treatment system established pursuant to section 22 of
47 P.L. , c. (C.) (pending before the Legislature as this bill)
48 to:

- 1 (1) any intoxicated person or person with a substance use
2 disorder who voluntarily seeks treatment at the facility;
- 3 (2) any intoxicated person who is assisted to the facility by a
4 law enforcement officer or emergency medical responder pursuant
5 to section 30 of P.L. , c. (C.) (pending before the
6 Legislature as this bill); and
- 7 (3) any person who is committed to treatment in lieu of
8 prosecution pursuant to section 31 of P.L. , c. (C.)
9 (pending before the Legislature as this bill).
- 10 b. As soon as possible after a person is admitted to a facility,
11 the facility administrator shall cause such person to be examined by
12 a physician or other medically competent individual who is
13 operating under the supervision of a physician. If, upon
14 examination, a determination is made that the person is intoxicated
15 or has a substance use disorder, and adequate and appropriate
16 treatment is available at the facility, the person shall be admitted to
17 the facility.
- 18 c. (1) If any person is denied admission to a facility because
19 adequate and appropriate treatment is not available at the facility,
20 the facility administrator, with the assistance of the division, shall
21 refer the person to a facility at which adequate and appropriate
22 treatment is available.
- 23 (2) If an intoxicated person is denied admission to a facility, and
24 has no available funds, the administrator shall arrange for the
25 person to be assisted to the person's residence, or, if the person has
26 no residence, to a place where shelter will be provided.
- 27 d. Any person admitted to a facility under this section may
28 receive treatment at the facility for as long as the person wishes to
29 remain at the facility, or until the administrator determines that
30 treatment will no longer benefit the person; provided, however, that
31 any person who, at the time of admission, is intoxicated and
32 incapacitated, shall remain at the facility until the person is no
33 longer incapacitated, but in no event shall the person be required to
34 remain in the facility for a period of more than 48 hours.
- 35 e. The transportation of a person from one facility to another,
36 or from a facility to the person's residence, and the financing
37 thereof, shall be done in accordance with rules and regulations
38 adopted by the Department of Human Services.
- 39 f. When a patient is discharged or otherwise released from
40 treatment at a residential or inpatient facility, the patient shall be
41 encouraged to consent to appropriate outpatient or residential
42 aftercare treatment.
- 43 g. Each person who receives treatment at a facility pursuant to
44 P.L. , c. (C.) (pending before the Legislature as this bill)
45 shall be subject to the supervisory powers of the facility
46 administrator, as exercised in accordance with rules and regulations
47 of the Department of Human Services.

1 h. Each facility administrator shall keep a record of the
2 treatment provided to each patient under this section. A written,
3 comprehensive, individualized treatment plan shall be prepared for
4 each patient receiving treatment, and shall be retained in the
5 patient's treatment record. Each patient record maintained under
6 this subsection shall be confidential, and shall be made available
7 only upon proper judicial order in connection with a pending
8 judicial proceeding or otherwise.

9 i. No patient may be detained at any facility, without the
10 person's consent, except in accordance with the provisions of
11 subsection d. of this section.

12
13 25. (New section) No treatment facility, halfway house or other
14 residential aftercare facility, or recovery residence operating in the
15 State shall be permitted to deny admission to any person on the
16 basis that the person is currently receiving medication-assisted
17 treatment for a substance use disorder from a licensed treatment
18 provider.

19
20 26. (New section) a. Whenever a person is admitted to a
21 treatment facility, the facility administrator shall provide notice of
22 admission to the person's spouse, parent, legal guardian, designated
23 next of kin, or other designated emergency contact, as soon after the
24 admission occurs as possible, provided that the conditions specified
25 in subsection c. of this section are satisfied.

26 b. Whenever a person voluntarily withdraws, or is involuntarily
27 evicted, from a halfway house or other residential aftercare facility,
28 or from a recovery residence, the facility administrator or landlord
29 shall provide notice of the patient's discharge from care to the
30 person's spouse, parent, legal guardian, designated next of kin, or
31 other designated emergency contact, provided that the conditions
32 specified in subsection c. of this section are satisfied.

33 c. Notice may be provided under this section, provided that:

34 (1) such notice is provided in a manner that is consistent with
35 federal requirements under 42 CFR Part 2 and the federal health
36 privacy rule set forth at 45 CFR Parts 160 and 164; and

37 (2) the patient or resident, if an adult, has not withheld consent
38 for such notice or expressly requested that notification not be given.

39 d. If a person who is not incapacitated withholds consent for
40 notice under this section, or expressly requests that notification not
41 be given, the person's wishes shall be respected unless the person is
42 an unemancipated minor, in which case the minor's parent, legal
43 guardian, designated next of kin, or other designated emergency
44 contact shall be notified, provided that such notification is not
45 inconsistent with, and would not violate, federal requirements under
46 42 CFR Part 2 and the federal health privacy rule set forth at 45
47 CFR Parts 160 and 164.

1 27. (New section) a. No person shall be denied any right or
2 privilege under the Constitution of the United States or the New
3 Jersey State Constitution, including the right to vote, on the basis
4 that the person has a substance use disorder or is receiving, or has
5 received, treatment at a facility pursuant to P.L. , c. (C.)
6 (pending before the Legislature as this bill).

7 b. A patient shall have the following rights while receiving
8 treatment at a facility:

9 (1) the right to have an examination under subsection b. of
10 section 24 of P.L. , c. (C.) (pending before the Legislature
11 as this bill) performed by a physician who has been selected and
12 retained by the patient;

13 (2) the right to engage in private consultation with the patient's
14 family members and attorney; and the right to send and receive
15 private communications by mail, telephone, email, or other means,
16 without censorship. No communications of the patient shall be
17 censored, read, or otherwise intercepted by facility staff without the
18 patient's consent;

19 (3) the right to receive visitors during reasonable visiting hours,
20 as established by the facility administrator; and

21 (4) the right to receive adequate and appropriate treatment.

22 c. All of the rights under this section shall be afforded to minor
23 children and adolescents, except as otherwise provided by the law
24 applicable to minors.

25

26 28. (New section) a. (1) The division shall oversee the
27 development and maintenance of a residential beds database, which
28 shall collect and track the daily information received pursuant to
29 paragraph (2) of this subsection about the number of open beds that
30 are available for treatment in each residential substance use disorder
31 treatment facility that receives State or county funding.

32 (2) Each residential substance use disorder treatment facility
33 that receives State or county funding shall submit to the database
34 developed and maintained pursuant to paragraph (1) of this
35 subsection, not less than once a day, information indicating the
36 number of open beds that are available for treatment at the facility
37 on that day.

38 b. The information maintained in the database shall include, by
39 county:

40 (1) the address and telephone number of the residential
41 substance use disorder treatment facility;

42 (2) the types of services provided by the facility;

43 (3) the licensed bed capacity of the facility; and

44 (4) the number of open beds that are available for treatment at
45 the facility, based on the information received from the facility
46 pursuant to paragraph (2) of subsection a. of this section.

47 c. Information in the residential beds database established and
48 maintained pursuant to this section shall be:

1 (1) prominently displayed on the division's Internet website;

2 (2) made available to the public, upon request, through the
3 addictions telephone hotline and the Statewide 2-1-1 telephone
4 system;

5 (3) made available on the Substance Use Control Data
6 Dashboard, as provided by paragraph (9) of subsection b. of section
7 17 of P.L. , c. (C.) (pending before the Legislature as this
8 bill); and

9 (4) made available using any other means that the assistant
10 commissioner or the director deems appropriate.

11 d. The assistant commissioner shall be authorized to solicit,
12 contract for, accept, and use any gifts, grants, loans, devises, or
13 bequests of funds, facilities, property, services, or assistance, in any
14 form, from the federal government or any instrumentality thereof,
15 from State or local government entities, and from any private
16 person or entity, and do all things necessary to cooperate with the
17 federal government or any of its agencies in connection with the
18 application for any federal grant or loan for the purposes of
19 developing and maintaining the database pursuant to this section;
20 provided, however, that any money received under this subsection
21 shall be deposited with the State Treasurer to be kept in a separate
22 fund in the treasury for expenditure by the division in accordance
23 with the conditions of the gift, grant, loan, devise, or bequest,
24 without specific appropriation.

25

26 29. (New section) a. The division shall annually prepare, post
27 on its Internet website, and submit to the Commissioner of Human
28 Services and to the director a substance use treatment provider
29 performance report, as provided by this section.

30 b. Each performance report prepared under this section shall
31 show and compare the overall performance of each substance use
32 disorder treatment facility in the State with the Statewide average
33 performance of such facilities, based on:

34 (1) the national outcome measures, for each level of care, which
35 are identified in subsection c. of this section; and

36 (2) as appropriate, any other national outcome measures
37 identified by the federal Substance Abuse and Mental Health
38 Services Administration in the United States Department of Health
39 and Human Services.

40 c. The following national outcome measures shall be used in
41 preparing a performance report pursuant to this section:

42 (1) the percentage of patients who are abstinent from alcohol on
43 the dates of admission and discharge;

44 (2) the percentage of patients who are abstinent from drugs on
45 the dates of admission and discharge;

46 (3) the percentage of patients who are employed on the dates of
47 admission and discharge;

1 (4) the percentage of patients who are enrolled in school or a job
2 training program on the dates of admission and discharge;

3 (5) the percentage of patients who are homeless on the dates of
4 admission and discharge;

5 (6) the average length of treatment provided to patients; and

6 (7) any other information the assistant commissioner deems
7 appropriate.

8 d. The division shall make a hard copy of each substance use
9 treatment provider performance report available to the public upon
10 request.

11
12 30. (New section) a. (1) Any person who is intoxicated in a
13 public place may be assisted by a law enforcement officer, or by an
14 emergency medical responder at the officer's request, to the
15 person's residence, or to an intoxication treatment center or other
16 treatment facility.

17 (2) Any person who is intoxicated in a public place, and who a
18 law enforcement officer has reason to believe is incapacitated, shall
19 be assisted by the law enforcement officer, or by an emergency
20 medical responder at the officer's request, to an intoxication
21 treatment center or other treatment facility.

22 (3) Any person who is arrested for a violation of a municipal
23 ordinance or for a disorderly persons offense, who is not also
24 arrested for a misdemeanor or felony, and who the arresting officer
25 has reasonable cause to believe is intoxicated, may be taken by the
26 officer directly to an intoxication treatment center or other
27 treatment facility.

28 (4) If a law enforcement officer believes that an intoxicated
29 person is in immediate need of medical assistance, the officer, or an
30 emergency medical responder at the officer's request, shall provide
31 emergency first aid to the intoxicated person at the place where the
32 intoxicated person is located.

33 b. In order to determine whether a person is intoxicated for the
34 purposes of this section, a law enforcement officer may request that
35 the person submit to any reasonable test, including, but not limited
36 to, a test of the person's coordination, coherency of speech, and
37 breath.

38 c. A law enforcement officer, acting in accordance with the
39 provisions of this section, may use such force, other than that which
40 is likely to inflict physical injury, as is reasonably necessary to
41 carry out the officer's authorized responsibilities. If the officer
42 reasonably believes that the officer's safety, or the safety of other
43 persons present, so requires, the officer may conduct a search of the
44 intoxicated person and the intoxicated person's immediate
45 surroundings, but only to the extent necessary to discover and seize
46 any dangerous weapon, which may, on that occasion, be used
47 against the officer or other persons present.

1 d. All persons acting under the provisions of this section shall
2 be deemed to be acting in the conduct of their official duties, and
3 shall not be subject to criminal or civil liability for actions taken, in
4 good faith, in accordance with this section.

5 e. Any person who is brought to a facility pursuant to this
6 section shall receive treatment in accordance with section 24 of
7 P.L. , c. (C.) (pending before the Legislature as this bill).

8 f. If a person is brought to a facility by a law enforcement
9 officer pursuant to this section, and an examination conducted at the
10 facility determines that the person is intoxicated, the examining
11 physician or other medically competent individual shall certify this
12 determination, and a duplicate copy of the certification shall be
13 made available to the officer.

14 g. A person who is assisted to a facility under paragraph (1) or
15 (2) of subsection a. of this section shall not be deemed to have been
16 arrested, and no entry or other record shall be made to indicate that
17 the person has been arrested.

18 h. The State, and any county or municipality therein, shall be
19 authorized to establish service forces to assist law enforcement in
20 effectuating the requirements of this section. Such service forces
21 may, but need not, be a part of a law enforcement agency or police
22 department. Members of a service force shall be trained to carry
23 out the responsibilities of law enforcement set forth in this section
24 and section 31 of P.L. , c. (C.) (pending before the
25 Legislature as this bill), particularly with respect to the
26 administration of first aid to intoxicated persons who are in need of
27 medical assistance.

28 i. State and local law enforcement agencies and officers, in
29 cooperation with the division, shall provide temporary security at
30 facilities where arrestees are taken pursuant to paragraph (3) of
31 subsection a. of this section in cases where it is necessary that such
32 security be provided to secure the safety of the arrestee or other
33 persons present.

34

35 31. (New section) a. Whenever an arrestee is taken by a law
36 enforcement officer directly to a treatment facility pursuant to
37 paragraph (3) of subsection a. of section 30 of P.L. , c. (C.)
38 (pending before the Legislature as this bill), the facility
39 administrator shall, prior to discharging such person from
40 treatment:

41 (1) inform the person that, if a physician determines that the
42 patient has a substance use disorder and would benefit from
43 treatment, a court, in its discretion, may order the person to be
44 committed to treatment in lieu of prosecution, as provided by this
45 section;

46 (2) offer to examine the person at the facility, prior to discharge,
47 in order to determine whether the person has a substance use
48 disorder and would benefit from treatment. If the person consents

1 to an examination under this paragraph, the facility shall provide for
2 a physician to examine the person within 48 hours after the time
3 consent is given. Law enforcement shall maintain appropriate
4 security conditions at the facility during that time as may be
5 necessary; and

6 (3) notify law enforcement of the upcoming discharge, at which
7 point an officer shall escort and transport the patient from the
8 facility.

9 b. (1) If a person taken to a facility pursuant to paragraph (3)
10 of subsection a. of section 30 of P.L. , c. (C.) (pending
11 before the Legislature as this bill) is a patient of a facility at the
12 time that court proceedings are commenced against the person for
13 the violation of the municipal ordinance or for the disorderly
14 persons offense, and the person has not yet received a medical
15 examination to determine whether the person has a substance use
16 disorder and would benefit from treatment, as provided by
17 paragraph (2) of subsection a. of this section, the court shall inform
18 the person of: (a) the ability to request such a medical examination;
19 and (b) the consequences associated with a determination by a
20 physician, following such examination, that the person has a
21 substance use disorder and would benefit from treatment. If the
22 defendant wishes to request an examination, the request shall be
23 submitted to the court in writing. Upon receipt of a request, the
24 court shall stay the current proceedings for the period during which
25 the request is under judicial review, and shall appoint a physician to
26 conduct the examination of the defendant at an appropriate time and
27 location designated by the court.

28 (2) In no event shall any request for examination under this
29 subsection, any statement made during the course of such
30 examination, or any finding of a physician made pursuant to the
31 provisions of this section be admissible against the defendant in any
32 judicial proceeding.

33 c. (1) A physician who conducts an examination pursuant to
34 this section shall determine whether the defendant has a substance
35 use disorder and would benefit from treatment. The physician shall
36 report the physician's findings to the court, together with the facts
37 upon which the findings are based and the reasons for the
38 physician's determinations. Such report shall be submitted as soon
39 as possible, but in no case more than three days after the completion
40 of the examination.

41 (2) If the physician, following an examination, determines that
42 the defendant has a substance use disorder and would benefit from
43 treatment, the court shall inform the defendant of the defendant's
44 ability to request commitment to a facility for treatment under this
45 subsection and the consequences of such commitment, including the
46 fact that the current proceeding will be stayed for the term of the
47 commitment. If the defendant requests commitment, the court shall
48 proceed as specified by subsection d. of this section.

1 d. (1) If the court finds that the defendant has a substance use
2 disorder and would benefit from treatment, and the defendant has
3 requested commitment pursuant to paragraph (2) of subsection c. of
4 this section, the court may elect to grant the request and, in such
5 case, shall stay the current criminal proceeding and commit the
6 defendant to an inpatient or outpatient treatment facility, as deemed
7 by the court to be appropriate, in order to enable the defendant to
8 receive adequate and appropriate treatment. If the court determines
9 that no appropriate treatment space is available, and it is the
10 defendant's first offense, the proceedings shall be stayed until
11 adequate and appropriate treatment is available at, and is received
12 by the defendant from, a facility. If the court determines that no
13 appropriate treatment space is available, and the current case does
14 not represent the defendant's first offense, the court may elect, in its
15 discretion, to stay the proceedings until adequate and appropriate
16 treatment is available at, and is received by the defendant from, a
17 facility.

18 (2) Any term of inpatient treatment ordered pursuant to this
19 subsection shall not exceed 30 days, and any term of outpatient
20 treatment ordered pursuant to this subsection shall not exceed 60
21 days. In no case shall the total combined period of commitment,
22 including commitment for both inpatient and outpatient treatment,
23 exceed 90 days.

24 (3) In determining whether to grant a defendant's request for
25 commitment, the court shall consider the report of the physician, the
26 nature of the offense with which the defendant is charged, the
27 defendant's prior criminal history, if any, and any other relevant
28 evidence.

29 e. The defendant shall consent, in writing, to the terms of any
30 commitment that is ordered pursuant to this section.

31 f. If the court does not order the defendant to be committed to
32 treatment in lieu of prosecution as authorized by this section, any
33 stay of the proceedings imposed pursuant to this section shall be
34 vacated, and the court shall proceed with the case.

35 g. If a physician examining a defendant pursuant to this section
36 finds that the defendant does not have a substance use disorder or
37 would not benefit from treatment, the defendant, and the
38 defendant's counsel, shall be entitled to request a follow-up hearing
39 to enable the court to conduct a de novo evaluation to determine
40 whether the person has a substance use disorder and would benefit
41 from treatment. The court, upon receipt of a hearing request filed
42 pursuant to this subsection, or upon the court's own motion, may
43 appoint an independent physician to examine the defendant and
44 testify at the hearing. If the court determines, following a hearing
45 under this subsection, that the defendant has a substance use
46 disorder and would benefit from treatment, the procedures and
47 standards applicable under subsection d. of this section shall apply.

1 h. At any time during a term of commitment ordered by a court
2 pursuant to this section, the facility administrator may transfer the
3 defendant from an inpatient facility to an outpatient facility, if the
4 administrator finds that the patient is a proper subject for outpatient
5 treatment, and may transfer or retransfer the defendant from an
6 outpatient facility to an inpatient facility, if the administrator finds
7 that the patient is not suitable for outpatient treatment.

8 i. Any person committed pursuant to this section shall be
9 discharged from the facility to which the person has been admitted:

10 (1) at the termination of the period of commitment specified in
11 the court order; or

12 (2) at any other time, if the administrator determines that
13 treatment will no longer benefit the person.

14 j. When a defendant who has been committed to treatment is
15 discharged from the facility, either at the end of the ordered
16 commitment period or when treatment is otherwise terminated, the
17 division shall submit a written report to the court indicating whether
18 the defendant has successfully completed treatment and articulating
19 the basis for this conclusion. In determining whether a defendant
20 has successfully completed treatment, the division shall consider, at
21 a minimum, whether the defendant cooperated with the
22 administrator and complied with the terms and conditions imposed
23 on the defendant during the term of commitment. If the report
24 states that the defendant has successfully completed treatment, the
25 court shall dismiss the charges pending against the defendant. If the
26 report states that the defendant has not successfully completed
27 treatment, the court, based on the report and any other relevant
28 evidence, may take any action it deems to be appropriate, including
29 dismissing the charges or revoking the stay of the proceedings. In
30 the event that the court revokes the stay of proceedings, convicts a
31 defendant who has been committed in lieu of prosecution under this
32 section, and sentences the defendant to a term of incarceration, the
33 court shall reduce the term of incarceration by the period of time
34 during which the defendant was committed to treatment under this
35 section.

36

37 32. (New section) a. The division, in cooperation with State
38 and local law enforcement, and the New Jersey Motor Vehicle
39 Commission, shall conduct tests for alcohol and drugs in:

40 (1) the bodies of automobile drivers and pedestrians who die as
41 a result, and within four hours, of a traffic accident; and

42 (2) the bodies of automobile drivers who survive traffic
43 accidents that are fatal to others.

44 b. The division shall promulgate a written manual governing
45 the conduct of tests pursuant to this section, which manual shall
46 specify:

47 (1) the qualifications of personnel necessary to conduct such
48 tests;

1 (2) the methods and related details of specimen selection,
2 collection, preservation, and analysis; and

3 (3) the methods to be used in the tabulation and reporting of test
4 data.

5 c. If a test conducted pursuant to this section discloses the use
6 of alcohol, or of controlled dangerous substances or other habit-
7 producing drugs, the division shall, to the extent practicable, make a
8 determination as to whether a substance use disorder was a probable
9 factor contributing to the drinking or drug use of the tested
10 individual.

11 d. Test data collected and determinations made pursuant to this
12 section shall be tabulated, compiled, and published by the division
13 on at least a semi-annual basis.
14

15 33. (New section) a. Notwithstanding any other provision of
16 law to the contrary, no county, municipality, or other jurisdiction
17 within the State shall adopt an ordinance, resolution, by-law, or
18 regulation having the force of law, which establishes an offense or
19 violation for public intoxication, or imposes criminal or civil
20 penalties or sanctions of any kind on a person who is found to be
21 intoxicated in a public place, and any such existing ordinance,
22 resolution, by-law, or other regulation creating such an offense is
23 hereby repealed and obviated.

24 b. This section shall not apply to any ordinances, resolutions,
25 by-laws, or regulations that relate to the offense of intoxicated
26 driving, or other similar offenses that involve the operation of
27 motor vehicles, machinery, or other hazardous equipment while
28 under the influence of drugs or alcohol.
29

30 34. Section 3 of P.L.1982, c.81 (C.2A:4A-72) is amended to
31 read as follows:

32 3. a. Where court intake services recommends diverting the
33 juvenile, the reasons for the recommendation shall be submitted by
34 intake services and approved by the court before the case is deemed
35 diverted.

36 b. Where, in determining whether to recommend diversion,
37 court intake services has reason to believe that a parent or guardian
38 **【is a drug dependent person, as defined in section 2 of the "New**
39 **Jersey Controlled Dangerous Substances Act," P.L.1970, c. 226**
40 **(C.24:21-2) or an alcoholic as defined by P.L.1975, c. 305**
41 **(C.26:2B-8)】** has a substance use disorder, as defined by section 3
42 of P.L. , c. (C.) (pending before the Legislature as this bill,
43 the basis for 【this】 such determination shall be stated in its
44 recommendation to the court.

45 c. The county prosecutor shall receive a copy of each
46 complaint filed pursuant to section 11 of P.L.1982, c.77 (C.2A:4A-
47 30) promptly after the filing of the complaint.

1 d. Within **【5】** five days after receiving a complaint, the intake
2 services officer shall advise the presiding judge and the prosecuting
3 attorney of intake service's recommendation, as well as any other
4 recommendations or objections received as to the complaint. In
5 determining whether to divert, the court may hold a hearing to
6 consider the recommendations and any objections submitted by
7 court intake services in light of the factors provided in this section.
8 The court shall give notice of the hearing to the juvenile, **【his】** the
9 juvenile's parents or guardian, the prosecutor, the arresting police
10 officer, and the complainant or victim. Each party shall have the
11 right to be heard on the matter. If the court finds that not enough
12 information has been received to make a determination, a further
13 hearing may be ordered. The court may dismiss the complaint upon
14 a finding that the facts, as alleged, are not sufficient to establish
15 jurisdiction, or that probable cause has not been shown that the
16 juvenile committed a delinquent act.
17 (cf: P.L.1982, c.81, s.3)

18
19 35. Section 2 of P.L.1982, c.80 (C.2A:4A-77) is amended to
20 read as follows:

21 2. The purpose of the unit shall be to provide a continuous 24-
22 hour on call service designed to attend and stabilize juvenile-family
23 crises as defined pursuant to section 3 of P.L.1982, c.77 (C.2A:4A-
24 22). The juvenile-family crisis intervention unit shall respond
25 immediately to any referral, complaint, or information **【made】** filed
26 pursuant to section 5 or 6 of **【this act】** P.L.1982, c.80 (C.2A:4A-80
27 or C.2A:4A-81), except if, upon preliminary investigation, it
28 appears that a juvenile-family crisis within the meaning of **【this**
29 **act】** P.L.1982, c.80 (C.2A:4A-76 et seq.) does not exist, or that an
30 immediate referral to another agency would be more appropriate.

31 Upon the receipt of any referral pursuant to section 5 **【and】** or 6
32 of **【this act】** P.L.1982, c.80 (C.2A:4A-80 or C.2A:4A-81), the crisis
33 intervention unit shall request information through the use of a form
34 developed by the unit and approved by the Administrative Office of
35 the Courts concerning the juvenile-family crisis. The form shall
36 provide but shall not be limited to the following information:

37 a. The name, address, date of birth, and other appropriate
38 personal data of the juvenile and the juvenile's parents or guardian;

39 b. Facts concerning the conduct of the juvenile or family which
40 may contribute to the crisis, including evidence of **【alcoholism as**
41 **defined in section 2 of P.L.1975, c.305 (C.26:2B-8), drug**
42 **dependency as defined in section 2 of the "New Jersey Controlled**
43 **Dangerous Substances Act," P.L.1970, c.226 (C.24:21-2)】**
44 substance use disorder, as defined by section 3 of
45 P.L. , c. (C.) (pending before the Legislature as this bill),

1 or evidence that a juvenile is an "abused or neglected child" as
2 defined in section 1 of P.L.1974, c.119 (C.9:6-8.21).

3 (cf: P.L.1982, c.80, s.2)

4
5 36. Section 10 of P.L.1982, c.80 (C.2A:4A-85) is amended to
6 read as follows:

7 10. **【Alcoholic, drug-dependent parent】** Parent with substance
8 use disorder.

9 a. When a petition is filed and as a result of any information
10 supplied on the family situation by the crisis intervention unit, court
11 intake services has reason to believe that the juvenile's parent or
12 guardian **【is an alcoholic, as defined by P.L.1975, c.305 (C.26:2B-**
13 **8), or a drug-dependent person, as defined by section 2 of the "New**
14 **Jersey Controlled Dangerous Substances Act," P.L.1970, c.226**
15 **(C.24:21-2)】** has a substance use disorder, as defined by section 3
16 of P.L. , c. (C.) (pending before the Legislature as this
17 bill), intake services shall state the basis for this determination and
18 provide recommendations to the court.

19 b. When, as a result of any information supplied by the crisis
20 intervention unit, court intake services has reason to believe that a
21 juvenile is an "abused or neglected child," as defined in P.L.1974,
22 c.119 (C.9:6-8.21), they shall handle the case pursuant to the
23 procedure set forth in that law. The Division of Child Protection
24 and Permanency shall, upon disposition of any case originated
25 pursuant to this subsection, notify court intake services as to the
26 nature of the disposition.

27 c. (1) When, as a result of any information supplied with
28 regard to any juvenile by the crisis intervention unit or **【from】** by
29 any other source, court intake services has reason to believe that the
30 juvenile may have an auditory or vision problem, intake services
31 shall state the basis for this determination and provide
32 recommendations to the court. Before arriving at its determination,
33 intake services may request the court to order any appropriate
34 school medical records of the juvenile. On the basis of this
35 recommendation, or on its own motion, the court may order any
36 juvenile **【concerning whom】** who is the subject of a complaint **【is**
37 **filed】** to be examined by a physician, optometrist, audiologist, or
38 speech language pathologist.

39 (2) Any examination shall be made and the findings submitted
40 to the court within 30 days of the date the order is entered, but this
41 period may be extended by the court for good cause.

42 (3) Copies of any reports of findings submitted to the court shall
43 be available to counsel for all parties prior to an adjudication of
44 whether or not the juvenile is delinquent.

45 (cf: P.L.2012, c.16, s.2)

1 37. N.J.S.2C:35-15 is amended to read as follows:

2 2C:35-15. a. (1) In addition to any disposition authorized by
3 this title, every person convicted of a violation of any offense
4 defined in this chapter or chapter 36 of this title shall be assessed
5 for each offense a penalty fixed at:

6 (a) \$3,000 in the case of a crime of the first degree;

7 (b) \$2,000 in the case of a crime of the second degree;

8 (c) \$1,000 in the case of a crime of the third degree;

9 (d) \$750 in the case of a crime of the fourth degree;

10 (e) \$500 in the case of a disorderly persons or petty disorderly
11 persons offense.

12 (2) A person being sentenced for more than one offense set forth
13 in subsection a. of this section who is not placed in supervisory
14 treatment pursuant to this section or ordered to perform reformatory
15 service pursuant to subsection f. of this section may, in the
16 discretion of the court, be assessed a single penalty applicable to the
17 highest degree offense for which the person is convicted, if the
18 court finds that the defendant has established the following:

19 (a) the imposition of multiple penalties would constitute a
20 serious hardship that outweighs the need to deter the defendant
21 from future criminal activity; and

22 (b) the imposition of a single penalty would foster the
23 defendant's rehabilitation.

24 Every person placed in supervisory treatment pursuant to the
25 provisions of N.J.S.2C:36A-1 or N.J.S.2C:43-12 for a violation of
26 any offense defined in this chapter or chapter 36 of this title shall be
27 assessed the penalty prescribed in this section and applicable to the
28 degree of the offense charged, except that the court shall not impose
29 more than one such penalty regardless of the number of offenses
30 charged. If the person is charged with more than one offense, the
31 court shall impose as a condition of supervisory treatment the
32 penalty applicable to the highest degree offense for which the
33 person is charged.

34 All penalties provided for in this section shall be in addition to
35 and not in lieu of any fine authorized by law or required to be
36 imposed pursuant to the provisions of N.J.S.2C:35-12.

37 b. All penalties provided for in this section shall be collected as
38 provided for collection of fines and restitutions in section 3 of
39 P.L.1979, c.396 (C.2C:46-4), and shall be forwarded to the
40 Department of the Treasury as provided in subsection c. of this
41 section.

42 c. All moneys collected pursuant to this section shall be
43 forwarded to the Department of the Treasury to be deposited in a
44 nonlapsing revolving fund to be known as the "Drug Enforcement
45 and Demand Reduction Fund." Moneys in the fund shall be
46 appropriated by the Legislature on an annual basis for the purposes
47 of funding in the following order of priority: (1) the Office of
48 Coordinated Substance Use Control Policy and Planning; (2) the

1 Local Substance Use Control Alliance **【to Prevent Alcoholism and**
2 **Drug Abuse】** and its administration by the Governor's Council on
3 **【Alcoholism and Drug Abuse; (2) the "Alcoholism and Drug**
4 **Abuse】** Substance Use Control; (3) the "Substance Use Prevention
5 and Treatment Program for the Deaf, Hard of Hearing and
6 Disabled" established pursuant to section 2 of P.L.1995, c.318
7 (C.26:2B-37); **【(3)】** (4) the "Partnership for a Drug Free New
8 Jersey," the State affiliate of the "Partnership for a Drug Free
9 America"; and **【(4)】** (5) other **【alcohol and drug abuse】** substance
10 use control programs.

11 Moneys appropriated for the purpose of funding the
12 **"【Alcoholism and Drug Abuse】** Substance Use Prevention and
13 Treatment Program for the Deaf, Hard of Hearing and Disabled"
14 shall not be used to supplant moneys that are available to the
15 Department of Health **【and Senior Services】** as of the effective date
16 of P.L.1995, c.318 (C.26:2B-36 et al.), and that would otherwise
17 have been made available to provide **【alcoholism and drug abuse】**
18 substance use disorder treatment services for the deaf, hard of
19 hearing and disabled, nor shall the moneys be used for the
20 administrative costs of the program.

21 d. (Deleted by amendment, P.L.1991, c.329).

22 e. The court may suspend the collection of a penalty imposed
23 pursuant to this section; provided the person is ordered by the court
24 to participate in a drug or alcohol rehabilitation program approved
25 by the court; and further provided that the person agrees to pay for
26 all or some portion of the costs associated with the rehabilitation
27 program. In this case, the collection of a penalty imposed pursuant
28 to this section shall be suspended during the person's participation
29 in the approved, court-ordered rehabilitation program. Upon
30 successful completion of the program, as determined by the court
31 upon the recommendation of the treatment provider, the person may
32 apply to the court to reduce the penalty imposed pursuant to this
33 section by any amount actually paid by the person for participating
34 in the program. The court shall not reduce the penalty pursuant to
35 this subsection unless the person establishes to the satisfaction of
36 the court that the person has successfully completed the
37 rehabilitation program. If the person's participation is for any
38 reason terminated before successful completion of the rehabilitation
39 program, collection of the entire penalty imposed pursuant to this
40 section shall be enforced. Nothing in this section shall be deemed
41 to affect or suspend any other criminal sanctions imposed pursuant
42 to this chapter or chapter 36 of this title.

43 f. A person required to pay a penalty under this section may
44 propose to the court and the prosecutor a plan to perform
45 reformatory service in lieu of payment of up to one-half of the
46 penalty amount imposed under this section. The reformatory
47 service plan option shall not be available if the provisions of

1 paragraph (2) of subsection a. of this section apply or if the person
2 is placed in supervisory treatment pursuant to the provisions of
3 N.J.S.2C:36A-1 or N.J.S.2C:43-12. For purposes of this section,
4 "reformatory service" shall include training, education or work, in
5 which regular attendance and participation is required, supervised,
6 and recorded, and which would assist in the defendant's
7 rehabilitation and reintegration. "Reformatory service" shall
8 include, but not be limited to, substance **[abuse]** use disorder
9 treatment programs or services, other therapeutic treatment,
10 educational or vocational services, employment training or services,
11 family counseling, service to the community and volunteer work.
12 For the purposes of this section, an application to participate in a
13 court-administered **[alcohol and drug rehabilitation]** substance use
14 disorder treatment program shall have the same effect as the
15 submission of a reformatory service plan to the court.

16 The court, in its discretion, shall determine whether to accept the
17 plan, after considering the position of the prosecutor, the plan's
18 appropriateness and practicality, the defendant's ability to pay, and
19 the effect of the proposed service on the defendant's rehabilitation
20 and reintegration into society. The court shall determine the
21 amount of the credit that would be applied against the penalty upon
22 successful completion of the reformatory service, not to exceed one-
23 half of the amount assessed, except that the court may, in the case
24 of an extreme financial hardship, waive additional amounts of the
25 penalty owed by a person who has completed a court administered
26 **[alcohol and drug rehabilitation]** substance use disorder treatment
27 program if necessary to aid the person's rehabilitation and
28 reintegration into society. The court shall not apply the credit
29 against the penalty unless the person establishes to the satisfaction
30 of the court that the person has successfully completed the
31 reformatory service. If the person's participation is for any reason
32 terminated before **[his]** the person's successful completion of the
33 reformatory service, collection of the entire penalty imposed
34 pursuant to this section shall be enforced. Nothing in this
35 subsection shall be deemed to affect or suspend any other criminal
36 sanctions imposed pursuant to this chapter or chapter 36 of this
37 title.

38 Any reformatory service ordered pursuant to this section shall be
39 in addition to and not in lieu of any community service imposed by
40 the court or otherwise required by law. Nothing in this section shall
41 limit the court's authority to order a person to participate in any
42 activity, program, or treatment in addition to those proposed in a
43 reformatory service plan.

44 (cf: P.L.2019, c.363, s.4)

45

46 38. Section 1 of P.L.1968, c.230 (C.9:17A-4) is amended to read
47 as follows:

1 1. a. (1) The consent to the provision of medical or surgical
2 care or services or a forensic sexual assault examination by a
3 hospital or public clinic, or consent to the performance of medical
4 or surgical care or services or a forensic sexual assault examination
5 by a health care professional, when executed by a minor who is or
6 believes that he or she may have a sexually transmitted infection, or
7 who is at least 13 years of age and is or believes that he or she may
8 be infected with the human immunodeficiency virus or have
9 acquired immune deficiency syndrome, or by a minor who, in the
10 judgment of the treating health care professional, appears to have
11 been sexually assaulted, shall be valid and binding as if the minor
12 had achieved the age of majority. Any such consent shall not be
13 subject to later disaffirmance by reason of minority. In the case of
14 a minor who appears to have been sexually assaulted, the minor's
15 parents or guardian shall be notified immediately, unless the
16 treating healthcare professional believes that it is in the best
17 interests of the patient not to do so. Inability of the treating health
18 care professional, hospital, or clinic to locate or notify the parents
19 or guardian shall not preclude the provision of any emergency or
20 medical or surgical care to the minor or the performance of a
21 forensic sexual assault examination on the minor.

22 (2) As used in this subsection, "health care professional" means
23 a physician, physician assistant, nurse, or other health care
24 professional whose professional practice is regulated pursuant to
25 Title 45 of the Revised Statutes.

26 b. When a minor believes that he or she is adversely affected
27 by a substance use disorder **involving drugs or is a person with a**
28 **substance use disorder involving drugs**, as defined in section **2** of
29 **P.L.1970, c.226 (C.24:21-2)** **3 of P.L. , c. (C.) (pending**
30 **before the Legislature as this bill)** **or is adversely affected by an**
31 **alcohol use disorder or is a person with an alcohol use disorder as**
32 **defined in section 2 of P.L.1975, c.305 (C.26:2B-8)**, the minor's
33 consent to treatment under the supervision of a physician licensed
34 to practice medicine, or an individual licensed or certified to
35 provide treatment for **an alcohol** a substance use disorder, or in a
36 facility licensed by the State to provide for the treatment of **an**
37 **alcohol** a substance use disorder, shall be valid and binding as if
38 the minor had achieved the age of majority. Any such consent shall
39 not be subject to later disaffirmance by reason of minority.
40 Treatment for **an alcohol use disorder or** a substance use disorder
41 **involving drugs** that is consented to by a minor shall be
42 considered confidential information between the physician, the
43 treatment provider, or the treatment facility, as appropriate, and the
44 patient, and neither the minor nor the minor's physician, treatment
45 provider, or treatment facility, as appropriate, shall be required to
46 report such treatment when it is the result of voluntary consent,
47 except as may otherwise be required by law.

1 When a minor who is sixteen years of age or older believes that
2 he or she is in need of behavioral health care services for the
3 treatment of mental illness or emotional disorders, the minor's
4 consent to temporary outpatient treatment, excluding the use or
5 administration of medication, under the supervision of a physician
6 licensed to practice medicine, an advanced practice nurse, or an
7 individual licensed to provide professional counseling under Title
8 45 of the Revised Statutes, including, but not limited to, a
9 psychiatrist, licensed practicing psychologist, certified social
10 worker, licensed clinical social worker, licensed social worker,
11 licensed marriage and family therapist, certified psychoanalyst, or
12 licensed psychologist, or in an outpatient health care facility
13 licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), shall be
14 valid and binding as if the minor had achieved the age of majority.
15 Any such consent shall not be subject to later disaffirmance by
16 reason of minority. Treatment for behavioral health care services
17 for mental illness or emotional disorders that is consented to by a
18 minor shall be considered confidential information between the
19 physician, the individual licensed to provide professional
20 counseling, the advanced practice nurse, or the health care facility,
21 as appropriate, and the patient, and neither the minor nor the
22 minor's physician, professional counselor, nurse, or outpatient
23 health care facility, as appropriate, shall be required to report such
24 treatment when it is the result of voluntary consent.

25 The consent of no other person or persons, including but not
26 limited to, a spouse, parent, custodian, or guardian, shall be
27 necessary in order to authorize a minor to receive such hospital
28 services, facility, or clinical care or services, medical or surgical
29 care or services, or counseling services from a physician licensed to
30 practice medicine, an individual licensed or certified to provide
31 treatment for **an alcohol** a substance use disorder, an advanced
32 practice nurse, or an individual licensed to provide professional
33 counseling under Title 45 of the Revised Statutes, as appropriate,
34 except that behavioral health care services for the treatment of
35 mental illness or emotional disorders shall be limited to temporary
36 outpatient services only.

37 (cf: P.L.2017, c.131, s.7)

38
39 39. Section 3 of P.L.1952, c.157 (C.12:7-46) is amended to read
40 as follows:

41 3. a. No person shall operate a vessel on the waters of this
42 State while under the influence of intoxicating liquor, a narcotic,
43 hallucinogenic, or habit-producing drug, or with a blood alcohol
44 concentration of 0.08**[%]** percent or more by weight of alcohol.
45 No person shall permit another who is under the influence of
46 intoxicating liquor, a narcotic, hallucinogenic or habit-producing
47 drug, or who has a blood alcohol concentration of 0.08**[%]** percent

1 by weight of alcohol, to operate any vessel owned by the person or
2 in his custody or control.

3 As used in this section, "vessel" means a power vessel as defined
4 by section 2 of P.L.1995, c.401 (C.12:7-71) or a vessel which is 12
5 feet or greater in length.

6 A person who violates this section shall be subject to the
7 following:

8 (1) For a first offense:

9 (i) if the person's blood alcohol concentration is 0.08【%】
10 percent or higher but less than 0.10【%】 percent, or the person
11 operates a vessel while under the influence of intoxicating liquor, or
12 the person permits another person who is under the influence of
13 intoxicating liquor to operate a vessel owned by him or in his
14 custody or control or permits another person with a blood alcohol
15 concentration of 0.08【%】 percent or higher but less than 0.10【%】
16 percent to operate a vessel, to a fine of not less than \$250 nor more
17 than \$400; and to the revocation of the privilege to operate a vessel
18 on the waters of this State for a period of one year from the date of
19 conviction and to the forfeiting of the privilege to operate a motor
20 vehicle over the highways of this State for a period of three months;

21 (ii) if the person's blood alcohol concentration is 0.10【%】
22 percent or higher, or the person operates a vessel while under the
23 influence of a narcotic, hallucinogenic or habit-producing drug, or
24 the person permits another person who is under the influence of a
25 narcotic, hallucinogenic or habit-producing drug to operate a vessel
26 owned by him or in his custody or control, or permits another
27 person with a blood alcohol concentration of 0.10【%】 percent or
28 more to operate a vessel, to a fine of not less than \$300 nor more
29 than \$500; and to the revocation of the privilege to operate a vessel
30 on the waters of this State for a period of one year from the date of
31 conviction and to the forfeiting of the privilege to operate a motor
32 vehicle over the highways of this State for a period of not less than
33 seven months nor more than one year.

34 (2) For a second offense, to a fine of not less than \$500 nor
35 more than \$1,000; to the performance of community service for a
36 period of 30 days, in the form and on the terms as the court deems
37 appropriate under the circumstances; and to imprisonment for a
38 term of not less than 48 hours nor more than 90 days, which shall
39 not be suspended or served on probation; and to the revocation of
40 the privilege to operate a vessel on the waters of this State for a
41 period of two years after the date of conviction and to the forfeiting
42 of the privilege to operate a motor vehicle over the highways of this
43 State for a period of two years.

44 (3) For a third or subsequent offense, to a fine of \$1,000; to
45 imprisonment for a term of not less than 180 days, except that the
46 court may lower this term for each day not exceeding 90 days
47 during which the person performs community service, in the form

1 and on the terms as the court deems appropriate under the
2 circumstances; and to the revocation of the privilege to operate a
3 vessel on the waters of this State for a period of 10 years from the
4 date of conviction and to the forfeiting of the privilege to operate a
5 motor vehicle over the highways of this State for a period of 10
6 years.

7 Upon conviction of a violation of this section, the court shall
8 collect, forthwith, the New Jersey driver's license or licenses of the
9 person so convicted and forward such license or licenses to the
10 Chief Administrator of the New Jersey Motor Vehicle Commission.
11 In the event that a person convicted under this section is the holder
12 of any out-of-State motor vehicle driver's or vessel operator's
13 license, the court shall not collect the license but shall notify
14 forthwith the Chief Administrator of the New Jersey Motor Vehicle
15 Commission, who shall, in turn, notify appropriate officials in the
16 licensing jurisdiction. The court shall, however, revoke the
17 nonresident's driving privilege to operate a motor vehicle and the
18 nonresident's privilege to operate a vessel in this State.

19 b. A person who has been convicted of a previous violation of
20 this section need not be charged as a second or subsequent offender
21 in the complaint made against him in order to render him liable to
22 the punishment imposed by this section against a second or
23 subsequent offender. If a second offense occurs more than 10 years
24 after the first offense, the court shall treat a second conviction as a
25 first offense for sentencing purposes and, if a third offense occurs
26 more than 10 years after the second offense, the court shall treat a
27 third conviction as a second offense for sentencing purposes.

28 c. If a court imposes a term of imprisonment under this section,
29 the person may be sentenced to the county jail, to the workhouse of
30 the county where the offense was committed, or to an inpatient
31 **【rehabilitation】** substance use disorder treatment program approved
32 by the Chief Administrator of the New Jersey Motor Vehicle
33 Commission and the **【Director of the Division of Alcoholism and**
34 **Drug Abuse in the Department of Health and Senior Services】**
35 Assistant Commissioner of the Division of Mental Health and
36 Addiction Services in the Department of Human Services.

37 d. In the case of any person who at the time of the imposition
38 of sentence is less than 17 years of age, the period of the suspension
39 of driving privileges authorized herein, including a suspension of
40 the privilege of operating a motorized bicycle, shall commence on
41 the day the sentence is imposed and shall run for a period as fixed
42 by the court of not less than three months after the day the person
43 reaches the age of 17 years. If the driving or vessel operating
44 privilege of any person is under revocation, suspension, or
45 postponement for a violation of any provision of this title or Title
46 39 of the Revised Statutes at the time of any conviction of any
47 offense defined in this section, the revocation, suspension, or
48 postponement period imposed herein shall commence as of the date

1 of termination of the existing revocation, suspension, or
2 postponement. A second offense shall result in the suspension or
3 postponement of the person's privilege to operate a motor vehicle
4 for six months. A third or subsequent offense shall result in the
5 suspension or postponement of the person's privilege to operate a
6 motor vehicle for two years. The court before whom any person is
7 convicted of or adjudicated delinquent for a violation shall collect,
8 forthwith, the New Jersey driver's license or licenses of the person
9 and forward such license or licenses to the Chief Administrator of
10 the New Jersey Motor Vehicle Commission along with a report
11 indicating the first and last day of the suspension or postponement
12 period imposed by the court pursuant to this section. If the court is,
13 for any reason, unable to collect the license or licenses of the
14 person, the court shall cause a report of the conviction or
15 adjudication of delinquency to be filed with the chief administrator.
16 That report shall include the complete name, address, date of birth,
17 eye color, and sex of the person and shall indicate the first and last
18 day of the suspension or postponement period imposed by the court
19 pursuant to this section. The court shall inform the person orally
20 and in writing that if the person is convicted of personally operating
21 a motor vehicle or a vessel during the period of license suspension
22 or postponement imposed pursuant to this section, the person shall,
23 upon conviction, be subject to the penalties set forth in R.S.39:3-40
24 or section 14 of P.L.1995, c.401 (C.12:7-83), whichever is
25 appropriate. A person shall be required to acknowledge receipt of
26 the written notice in writing. Failure to receive a written notice or
27 failure to acknowledge in writing the receipt of a written notice
28 shall not be a defense to a subsequent charge of a violation of
29 R.S.39:3-40 or section 14 of P.L.1995, c.401 (C.12:7-83). If the
30 person is the holder of a driver's or vessel operator's license from
31 another jurisdiction, the court shall not collect the license but shall
32 notify, forthwith, the chief administrator, who shall notify the
33 appropriate officials in the licensing jurisdiction. The court shall,
34 however, in accordance with the provisions of this section, revoke
35 the person's non-resident driving or vessel operating privilege,
36 whichever is appropriate, in this State.

37 e. In addition to any other requirements provided by law, a
38 person convicted under this section shall satisfy the screening,
39 evaluation, referral program, and fee requirements of the Division
40 of **【Alcoholism's】** Mental Health and Addiction Services'
41 Intoxicated Driving 【Programs Unit】 Program. A fee of \$80 shall
42 be payable to the Alcohol Education, Rehabilitation and
43 Enforcement Fund established under section 3 of P.L.1983, c.531
44 (C.26:2B-32), by the convicted person in order to defray the costs
45 of the screening, evaluation and referral by the Intoxicated Driving
46 **【Programs Unit】** Program. Failure to satisfy this requirement shall
47 result in the immediate forfeiture of the privilege to operate a vessel

1 on the waters of this State or the continuation of revocation until the
2 requirements are satisfied.

3 f. In addition to any other requirements provided by law, a
4 person convicted under this section shall be required after
5 conviction to complete a boat safety course from the list approved
6 by the Superintendent of State Police pursuant to section 1 of
7 P.L.1987, c.453 (C.12:7-60), which shall be completed prior to the
8 restoration of the privilege to operate a vessel which may have been
9 revoked or suspended for a violation of the provisions of this
10 section. Failure to satisfy this requirement shall result in the
11 immediate revocation of the privilege to operate a vessel on the
12 waters of this State, or the continuation of revocation until the
13 requirements of this subsection are satisfied.

14 (cf: P.L.2004, c.80, s.1)

15

16 40. Section 9 of P.L.1986, c.39 (C.12:7-57) is amended to read
17 as follows:

18 9. a. A court shall revoke the privilege of a person to operate a
19 power vessel or a vessel which is 12 feet or greater in length, if
20 after being arrested for a violation of section 3 of P.L.1952, c.157
21 (C.12:7-46), the person refuses to submit to the chemical test
22 provided for in section 7 of P.L.1986, c.39 (C.12:7-55) when
23 requested to do so. The revocation shall be for one year unless the
24 refusal was in connection with a second offense under section 3 of
25 P.L.1952, c.157 (C.12:7-46), in which case the revocation period
26 shall be for two years. If the refusal was in connection with a third
27 or subsequent offense under section 3 of P.L.1952, c.157 (C.12:7-
28 46), the revocation shall be for 10 years. The court also shall
29 revoke the privilege of a person to operate a motor vehicle over the
30 highways of this State for a period of: not less than seven months
31 or more than one year for a first offense; two years for a second
32 offense; and 10 years for a third or subsequent offense. The court
33 shall also fine a person convicted under this section: not less than
34 \$300 nor more than \$500 for a first offense; not less than \$500 or
35 more than \$1,000 for a second offense; and \$1,000 for a third or
36 subsequent offense.

37 b. The court shall determine, by a preponderance of the
38 evidence, whether the arresting officer had probable cause to
39 believe that the person had been operating or was in actual physical
40 control of the vessel while under the influence of intoxicating
41 liquor, or a narcotic, hallucinogenic or habit-producing drug,
42 whether the person was placed under arrest, and whether the person
43 refused to submit to the test upon request of the officer. If these
44 elements of the violation are not established, no conviction shall
45 issue.

46 c. In addition to any other requirements provided by law, a
47 person whose privilege to operate a vessel is revoked for refusing to
48 submit to a chemical test shall satisfy the screening, evaluation,

1 referral and program requirements of the Bureau of Alcohol
2 Countermeasures in the Division of **【Alcoholism】** Mental Health
3 and Addiction Services in the Department of **【Health and Senior】**
4 Human Services. A fee of \$40 shall be payable to the Alcohol
5 Education, Rehabilitation and Enforcement Fund established under
6 section 3 of P.L.1983, c.531 (C.26:2B-32), by the convicted person
7 in order to defray the costs of the screening, evaluation and referral
8 by the Bureau of Alcohol Countermeasures and the cost of an
9 education or rehabilitation program. Failure to satisfy this
10 requirement shall result in the immediate revocation of the privilege
11 to operate a vessel on the waters of this State or the continuation of
12 revocation until the requirements are satisfied. The revocation for a
13 first offense may be concurrent with or consecutive to a revocation
14 imposed for a conviction under the provisions of section 3 of
15 P.L.1952, c.157 (C.12:7-46) arising out of the same incident; the
16 revocation for a second or subsequent offense shall be consecutive
17 to a revocation imposed for a conviction under the provisions of
18 section 3 of P.L.1952, c.157 (C.12:7-46).

19 d. In addition to any other requirements provided by law, a
20 person convicted under this section shall be required after
21 conviction to complete a boat safety course from the list approved
22 by the Superintendent of State Police pursuant to section 1 of
23 P.L.1987, c.453 (C.12:7-60), which shall be completed prior to the
24 restoration of the privilege to operate a vessel which may have been
25 revoked or suspended for a violation of the provisions of this
26 section. Failure to satisfy this requirement shall result in the
27 immediate revocation of the privilege to operate a vessel on the
28 waters of this State, or the continuation of revocation until the
29 requirements of this subsection are satisfied.

30 (cf: P.L.2004, c.80, s.4)

31

32 41. Section 2 of P.L.2001, c.48 (C.26:2B-9.2) is amended to
33 read as follows:

34 2. a. There is created within the Department of **【Health and**
35 **Senior】** Human Services a special nonlapsing revolving fund to be
36 known as the "**【Alcohol】** Substance Use Disorder Treatment
37 Programs Fund." The fund shall consist of such monies as are
38 deposited pursuant to section 12 of P.L.1994, c.57 (C.34:1B-21.12),
39 any other monies as may be appropriated to the fund by the
40 Legislature or otherwise provided to the fund, and interest or other
41 income derived from the investment of monies in the fund.

42 b. Except as provided in subsection c. of this section, monies in
43 the fund shall be used exclusively for making grants, approved by
44 the Director of the Division of Mental Health and Addiction
45 Services in the Department of **【Health and Senior】** Human
46 Services, to programs that provide substance use disorder treatment
47 **【for alcoholism, alcohol abuse and other conditions related to the**

1 excessive consumption of alcoholic beverages among] to persons
2 convicted of violating the State's [drunk] intoxicated driving laws,
3 and others.

4 c. An amount not to exceed \$150,000 in Fiscal Year 2002 and
5 five percent of the total annual revenue allocated to the fund in each
6 fiscal year thereafter may be expended from the fund to defray
7 actual expenses incurred by the department in the administration of
8 the fund, subject to approval by the [Director of the Division of
9 Budget and Accounting] Office of Management and Budget.

10 (cf: P.L.2001, c.48, s.2)

11
12 42. Section 3 of P.L.2001, c.48 (C.26:2B-9.3) is amended to
13 read as follows:

14 3. The [Director] Assistant Commissioner of the Division of
15 Mental Health and Addiction Services in the Department of [Health
16 and Senior] Human Services shall promulgate regulations pursuant
17 to the provisions of the "Administrative Procedure Act," P.L.1968,
18 c.410 (C.52:14B-1 et seq.) necessary to effectuate the provisions of
19 [this act] P.L.2001, c.48 (C.26:2B-9.2 et al.). The regulations shall
20 include, but need not be limited to, the following:

- 21 a. Criteria for grantee eligibility;
22 b. The form and manner in which application for grants from
23 the fund shall be made; and
24 c. The treatment services and treatment recipients for which
25 grant funds may be expended.

26 (cf: P.L.2001, c.48, s.3)

27
28 43. Section 4 of P.L.1983, c.531 (C.26:2B-33) is amended to
29 read as follows:

30 4. a. The governing body of each county [, in conjunction with
31 the county agency or individual designated by the county with the
32 responsibility for planning services and programs for the care or
33 rehabilitation of persons with alcohol use disorder and persons with
34 a substance use disorder involving drugs,] shall submit to the
35 [Deputy] Executive Director of the Office of Coordinated
36 Substance Use Control Policy and Planning, the Assistant
37 Commissioner for the Division of Mental Health and Addiction
38 Services, and the Governor's Council on [Alcoholism and Drug
39 Abuse] Substance Use Control, an annual comprehensive plan for
40 the provision of community services within the county to meet the
41 needs of persons with [alcohol use disorder and persons with] a
42 substance use disorder [involving drugs]. The plan shall be
43 developed in consultation with the county agency or individual who
44 is designated by the county as having responsibility for the planning
45 of community services and programs for the care or rehabilitation
46 of persons with substance use disorders.

1 b. The annual comprehensive plan developed under this section
2 shall address the needs of urban areas with a population of 100,000
3 or over, and shall demonstrate linkage with existing resources
4 **【which】** that are available to serve persons with 【alcohol use
5 disorder and persons with】 a substance use disorder and their
6 families. **【Special attention in the plan shall be given to alcohol use**
7 **disorder and】** The plan may provide for appropriate programs and
8 services to be made available by the county, by a State agency with
9 which the county has an agreement, by private organizations,
10 including volunteer groups, or by some specified combination of
11 these entities. The plan developed under this section shall
12 specifically address the following issues:

13 (1) substance use **【disorder and】** disorders in youth, women,
14 persons with disabilities, and other at-risk populations;

15 (2) intoxicated drivers and drivers with substance use disorder;
16 **【women and alcohol use disorder and substance use disorder;**
17 **persons with disabilities and alcohol use disorder and substance use**
18 **disorder; alcohol use disorder】**

19 (3) intoxication and substance use **【disorder on the job】**
20 disorders in the workplace; 【alcohol use disorder and】

21 (4) the relationship between substance use **【disorder】** disorders
22 and crime;

23 (5) the dissemination and availability of public information on
24 substance use, substance use disorders, and available treatment
25 options; and

26 (6) the availability of local educational programs, as defined in
27 subsection c. of this section.

28 Each county shall identify, within its annual comprehensive plan,
29 the Intoxicated Driver Resource Center **【which】** that shall service
30 its population, as is required under subsection (f) of R.S.39:4-50.
31 The plan may involve the provision of programs and services by the
32 county, by an agreement with a State agency, by private
33 organizations, including volunteer groups, or by some specified
34 combination of the above.

35 If the State in any year fails to deposit the amount of tax receipts
36 as is required under section 3 of P.L.1983, c.531 (C.26:2B-32), a
37 county may reduce or eliminate, or both, the operation of existing
38 programs currently being funded from the proceeds deposited in the
39 Alcohol Education, Rehabilitation and Enforcement Fund.

40 c. Programs established with the funding for education from
41 the fund shall include all courses in the public schools required
42 pursuant to P.L.1987, c.389 (C.18A:40A-1 et seq.), programs for
43 students that are included in the annual comprehensive plan for
44 each county, and in-service training programs for teachers and
45 administrative support staff, including nurses, guidance counselors,
46 child study team members, and librarians. All moneys dedicated to
47 education from the fund shall be allocated through the designated

1 county **【alcohol use disorder and substance use disorder】** agency or
2 individual having responsibility for the planning of community
3 services and programs for the care or rehabilitation of persons with
4 substance use disorders, and all programs shall be consistent with
5 the annual comprehensive county plan submitted **【to the Deputy**
6 **Commissioner for the Division of Mental Health and Addiction**
7 **Services and the Governor's Council on Alcoholism and Drug**
8 **Abuse】** pursuant to subsection a. of this section. Moneys dedicated
9 to education from the fund shall be first allocated in an amount not
10 to exceed 20 percent of the annual education allotment for the in-
11 service training programs, which shall be conducted in each county
12 through the office of the **【county alcohol use disorder and substance**
13 **use disorder coordinator】** agency or individual having responsibility
14 for the planning of community services and programs for the care or
15 rehabilitation of persons with substance use disorders, in
16 consultation with the county superintendent of schools, local boards
17 of education, local councils on **【alcohol use disorder and】**
18 **substance use disorder**, and institutions of higher learning, including
19 the Rutgers University Center of Alcohol Studies. The remaining
20 money in the education allotment shall be assigned to offset the
21 costs of programs such as those which assist employees, provide
22 intervention for staff members, assist and provide intervention for
23 students, and focus on research and education concerning youth and
24 **【alcohol use disorder and】** substance use disorder. These funds
25 shall not replace any funds being currently spent on education and
26 training by the county.

27 d. The governing body of each county, in conjunction with the
28 **【county】** agency **【,】** or individual**【,】** designated by the county
29 **【with】** as having responsibility for the planning of community
30 services and programs for the care or rehabilitation of persons with
31 **【alcohol use disorder and persons with】** substance use **【disorder】**
32 disorders, shall establish a Local Advisory Committee on **【Alcohol**
33 **Use Disorder and】** Substance Use **【Disorder】** Control to assist the
34 governing body in the development of the annual comprehensive
35 plan under this section. The advisory committee shall consist of
36 **【no】** not less than 10, nor more than 16, members **【and shall be】**
37 appointed by the governing body. At least two of the members
38 shall be persons who are recovering from a substance use disorder
39 involving alcohol **【use disorder】**, and at least two of the members
40 shall be persons who are recovering from a substance use disorder
41 involving drugs. The committee shall also include the county
42 prosecutor, or **【his】** the prosecutor's designee**【,】**; representatives
43 from a wide range of public and private organizations involved in
44 the treatment of **【alcohol use disorders and】** substance use disorder-
45 related problems; and other individuals with interest or experience
46 in issues concerning **【alcohol】** substance use **【disorder】** and

1 substance use **disorder** disorders. Each advisory committee
2 appointed pursuant to this subsection shall, to the maximum extent
3 feasible, represent the various socioeconomic, racial, and ethnic
4 groups of the county in which it serves.

5 Within 60 days of the effective date of P.L.1989, c.51
6 (C.26:2BB-1 et al.), the Local Advisory Committee on **Alcohol**
7 **Use Disorder and** Substance Use **Disorder** Control shall
8 organize and elect a **chairman** chair from among its members.

9 e. **The** (1) Each comprehensive community services plan
10 developed by a county shall be submitted to the Executive Director
11 of the Office of Coordinated Substance Use Control Policy and
12 Planning for approval, and to the Deputy Assistant Commissioner
13 for the Division of Mental Health and Addiction Services for
14 review. The director, in consultation with the assistant
15 commissioner, shall review the each county plan pursuant to a
16 procedure developed by the deputy commissioner director in
17 consultation with the assistant commissioner.

18 (2) In determining whether to approve an annual comprehensive
19 plan submitted under this **act** section, the **deputy commissioner**
20 director shall consider whether: (a) the plan is consistent with the
21 policies outlined in the Statement of Executive Branch Substance
22 Use Control Policy Priorities published pursuant to subsection a. of
23 section 6 of P.L. , c. (C.) (pending before the Legislature
24 as this bill); (b) the plan is designed to meet the goals and,
25 objectives of the "Alcoholism Treatment and Rehabilitation Act,"
26 P.L.1975, c.305 (C.26:2B-7 et seq.) and the "Narcotic and Drug
27 Abuse Control Act of 1969," P.L.1969, c.152 (C.26:2G-1 et seq.)
28 and targets established in the State's comprehensive substance use
29 control strategy developed pursuant to subsection b. of section 6 of
30 P.L. , c. (C.) (pending before the Legislature as this bill);
31 and whether (c) the implementation of the plan is feasible.

32 (3) Each county plan submitted **to the deputy commissioner**
33 pursuant to this section shall be presumed to be valid and consistent
34 with the Statement of Executive Priorities and the State strategy;
35 provided it that the plan is in substantial compliance with the
36 provisions of this **act** section. **Where the department fails to**
37 approve a county plan, the If the director determines, in
38 consultation with the assistant commissioner, that the plan is
39 inconsistent with the Statement of Executive Priorities or is
40 insufficient to attain the goals, objectives, and targets established in
41 the State strategy, the director shall reject the plan and provide the
42 county with recommendations for changes that would make the plan
43 adequate. A county may request a court hearing on that with
44 regard to any determination by the director that the plan is
45 inconsistent with the Statement of Executive Priorities or the State
46 strategy.

1 (4) A copy of any comprehensive plan approved by the director
2 pursuant to this subsection shall be provided to the Division of
3 Mental Health and Addiction Services and the Governor's Council
4 on Substance Use Control.

5 (cf: P.L.2017, c.131, s.81)

6
7 44. Section 1 of P.L.1995, c.318 (C.26:2B-36) is amended to
8 read as follows:

9 1. a. The Legislature finds and declares that:

10 (1) there is growing evidence that people with deafness, hearing
11 loss, or other disabilities are at greater risk of being involved with
12 alcohol or **【other】** drugs **【of abuse】** than the general population;
13 **【the】**

14 (2) persons who are deaf **【and】** or hard of hearing have a
15 communication disability, which prevents them from receiving and
16 communicating information that would enable them to make more
17 informed decisions about their own use, abuse of, or addiction to,
18 alcohol and **【other】** drugs; **【and】**

19 (3) the combined impact of physical impairment, attitudinal and
20 architectural barriers, societal discrimination, and the psychological
21 stresses that accompany disability may create a special vulnerability
22 **【for】** to substance **【abuse】** use disorders in people with
23 disabilities**【.**

24 The Legislature further finds and declares that:**【** ; and

25 (4) few rehabilitation centers and professionals working with
26 **【the】** people who are deaf **【,】** or hard of hearing and other
27 **【disabled】** persons with disabilities are adequately prepared or
28 trained to identify, recognize, or deal with the signs of substance
29 **【abuse; and New Jersey needs】** use disorder.

30 b. The Legislature therefore concludes that there is a need for
31 the State to encourage and facilitate the development of specialized
32 services for people with disabilities who **【abuse, misuse and are**
33 **addicted to alcohol and other drugs】** have a substance use disorder.

34 (cf: P.L.1995, c.318, s.1)

35
36 45. Section 2 of P.L. 1995, c.318 (C.26:2B-37) is amended to
37 read as follows:

38 2. a. The Commissioner of Health shall establish **【an “Alcohol**
39 **and Drug Abuse】** a “Substance Use Prevention and Treatment
40 Program for the Deaf, Hard of Hearing, and Disabled.” **【.]**

41 b. Pursuant to Reorganization Plan No. 002-2004, the
42 Commissioner of Human Services shall continue to operate the
43 program established pursuant to subsection a. of this section
44 through the Division of Mental Health and Addiction Services in
45 the Department of Human Services, in consultation with the

1 Governor's Council on **Alcoholism and Drug Abuse** Substance
2 Use Control.

3 c. Commencing on the date of enactment of
4 P.L. , c. (C.) (pending before the Legislature as this bill),
5 the Department of Human Services, through the Division of Mental
6 Health and Addiction Services, shall be the agency that is
7 responsible for operating and overseeing the program established
8 pursuant to subsection a. of this section.

9 (cf: P.L.2013, c.253, s.4)

10
11 46. Section 3 of P.L.1995, c.318 (C.26:2B-38) is amended to
12 read as follows:

13 3. The program operated pursuant to P.L.1995, c.318 (C.26:2B-
14 36 et seq.) shall **include, but not be limited to** , at a minimum, be
15 designed to: **providing** enhance public awareness of **the**, and
16 developing substance use disorders affecting persons who are deaf,
17 hard of hearing, or otherwise disabled; develop advocacy efforts for
18 **the** persons who are deaf **the**, persons with hard of hearing
19 impairments, and other persons with disabilities, or otherwise
20 disabled, and who are in need of treatment **services** for **alcohol**
21 use disorder and **a** substance use disorder~~the~~; and **developing**
22 develop appropriate treatment modalities and specialized training
23 programs for **this population** these populations. The
24 **commissioner** Department of Human Services shall incorporate
25 the services of community-based agencies to develop and
26 implement **this** the program.

27 (cf: P.L.2017, c.131, s.82)

28
29 47. Section 1 of P.L.1989, c.51 (C.26:2BB-1) is amended to read
30 as follows:

31 1. a. The Legislature finds and declares that: **alcoholism and**
32 **drug abuse are** the occurrence of substance use disorders is a major
33 health **problems** problem facing the residents of this State;
34 **aspects of these problems extend into many areas under various**
35 State departments; placement in, but not of, the State Department of
36 the Treasury is the most appropriate and logical location for
37 focusing a coordinated planning and review effort to ameliorate
38 these problems and for establishing **and it is reasonable and**
39 necessary to establish a Governor's Council on **Alcoholism and**
40 Drug Abuse as an independent coordinating, planning, research and
41 review body regarding all aspects of alcoholism and drug abuse;
42 and a merger of the Division of Alcoholism and the Division of
43 Narcotic and Drug Abuse Control within the State Department of
44 Health will **Substance Use Control, which will work in**
45 coordination with the Office of Coordinated Substance Use Control
46 Policy and Planning to enhance the effectiveness of the State's role

1 in formulating comprehensive and integrated **public** substance
2 use control policy and **providing effective** in ensuring the
3 effectiveness of substance use control prevention, treatment,
4 **prevention** recovery, and public awareness efforts **against**
5 alcoholism and drug abuse occurring throughout the State.

6 b. The Legislature further finds and declares that~~:~~ **as**,
7 because the cooperation and active participation of all communities
8 in the State is necessary to achieve long-term success under the
9 **goal of reducing alcoholism and drug abuse there should be**
10 **established** Coordinated Statewide Substance Use Control
11 Program, it is reasonable and necessary to establish, within the
12 Governor's Council on **Alcoholism and Drug Abuse** Substance
13 Use Control, **an** a Local Substance Use Control Alliance **to**
14 Prevent Alcoholism and Drug Abuse, which shall work, in
15 consultation with the Office of Coordinated Substance Use Control
16 Policy and Planning, to unite the local communities of this State in
17 a coordinated and comprehensive effort to implement the
18 Coordinated Statewide Substance Use Control Program and attain
19 the goals, objectives, and targets outlined in the State's
20 comprehensive substance use control strategy; and **that** mobilize
21 the full resources of **this State including** counties, municipalities,
22 and residents of the State **must be mobilized** in a persistent and
23 sustained manner, in order to achieve a local response that is
24 capable of meaningfully addressing not only the symptoms, but the
25 root causes, of this pervasive problem.

26 (cf: P.L.1989, c.51, s.1)

27
28 48. Section 2 of P.L.1989, c.51 (C.26:2BB-2) is amended to read
29 as follows:

30 2. There is created a 26-member council, in, but not of, the
31 Department of the Treasury, which shall be designated as the
32 Governor's Council on **Alcoholism and Drug Abuse** Substance
33 Use Control. For the purposes of complying with the provisions of
34 Article V, Section IV, paragraph 1 of the New Jersey Constitution,
35 the Governor's Council on **Alcoholism and Drug Abuse**
36 Substance Use Control is allocated to the Department of the
37 Treasury, but, notwithstanding the allocation, the **office** council
38 shall be independent of any supervision or control by the
39 department, or by any board or officer thereof.

40 The council shall consist of 12 ex officio members and 14 public
41 members.

42 a. The ex officio members of the council shall be: the Attorney
43 General, the Commissioners of Labor and Workforce Development,
44 Education, Human Services, Health, Children and Families,
45 Community Affairs, Personnel and Corrections, the chair of the
46 executive board of the New Jersey Presidents' Council, the

- 1 Administrative Director of the Administrative Office of the Courts,
2 and the Adjutant General. An ex officio member may designate an
3 officer or employee of the department or office which **[he]** the
4 member heads to serve as **[his]** the member's alternate and exercise
5 **[his]** the member's functions and duties as a member of the
6 Governor's Council on **[Alcoholism and Drug Abuse]** Substance
7 Use Control.
- 8 b. The 14 public members shall be residents of the State who
9 **[are selected for their]** have knowledge, competence, experience,
10 or interest in connection with **[alcohol or]** substance use **[disorder.**
11 **They]** disorders involving drugs or alcohol, and shall be appointed
12 as follows: two shall be appointed by the President of the Senate,
13 two shall be appointed by the Speaker of the General Assembly, and
14 10 shall be appointed by the Governor, with the advice and consent
15 of the Senate. At least two of the public members appointed by the
16 Governor shall be persons who have been rehabilitated from
17 **[alcohol]** a substance use disorder involving alcohol, and at least
18 two of the public members appointed by the Governor shall be
19 persons who have been rehabilitated from a substance use
20 **[disorders]** disorder involving drugs.
- 21 c. The term of office of each public member shall be three
22 years; except that of the first members appointed, four shall be
23 appointed for a term of one year, five shall be appointed for a term
24 of two years, and five shall be appointed for a term of three years.
25 Each member shall serve until **[his]** the member's successor has
26 been appointed and qualified, and vacancies in the membership
27 shall be filled, for the remainder of the unexpired term, in the same
28 manner **[as]** provided for the original appointments **[for the**
29 **remainder of the unexpired term]**. A public member **[is]** shall be
30 eligible for reappointment to the council.
- 31 d. The **[chairman]** chair of the council shall be appointed by
32 the Governor from among the public members of the council, and
33 shall serve at the pleasure of the Governor during the Governor's
34 term of office and until the appointment and qualification of the
35 **[chairman's]** chair's successor. The members of the council shall
36 elect a vice-**[chairman]** chair from among the members of the
37 council. The Governor may remove any public member for cause,
38 upon notice and opportunity to be heard.
- 39 e. The council shall meet at least monthly, and at such other
40 times as may be designated by the **[chairman]** chair. Fourteen
41 members of the council shall constitute a quorum. The council may
42 establish any advisory committees it deems advisable and feasible.
- 43 f. The **[chairman]** chair shall be the request officer for the
44 council within the meaning of such term as defined in section 6 of
45 article 3 of P.L.1944, c.112 (C.52:27B-15).

1 g. The public members of the council shall receive no
2 compensation for their services, but shall be reimbursed for their
3 expenses incurred in the discharge of their duties, within the limits
4 of funds appropriated or otherwise made available for this purpose.
5 (cf: P.L.2017, c.131, s.99)

6
7 49. Section 3 of P.L.1989, c.51 (C.26:2BB-3) is amended to read
8 as follows:

9 3. a. The Governor's Council on **【Alcoholism and Drug**
10 **Abuse】** Substance Use Control shall be administered by an
11 executive director who shall be appointed by the Governor, with the
12 advice and consent of the Senate, and shall serve at the pleasure of
13 the Governor during the Governor's term of office, and until the
14 appointment and qualification of the executive director's successor.

15 b. The executive director shall be a person qualified by training
16 and experience to perform the duties of the council.

17 c. The executive director shall have the authority to employ a
18 deputy executive director, who shall be in the unclassified service
19 of the Civil Service, and such staff as are necessary to accomplish
20 the work of the council, within the limits of available
21 appropriations. The executive director may delegate to subordinate
22 officers or employees of the council any of **【his】** the powers
23 **【which he】** the executive director deems desirable **【to】**, which
24 powers shall be exercised under **【his】** the executive director's
25 supervision and control. All employees of the council, except the
26 executive director and the deputy executive director, shall be in the
27 career service of the Civil Service.

28 d. The executive director shall attend all meetings of the
29 Governor's Council on **【Alcoholism and Drug Abuse】** Substance
30 Use Control.

31 (cf: P.L.1989, c.51, s.3)

32
33 50. Section 4 of P.L.1989, c.51 (C.26:2BB-4) is amended to read
34 as follows:

35 4. The Governor's Council on **【Alcoholism and Drug Abuse】**
36 Substance Use Control is authorized and empowered to:

37 a. Review **【and coordinate all State departments' efforts in**
38 **regard to the planning and】**, analyze, and provide recommendations
39 to the Office of Coordinated Substance Use Control Policy and
40 Planning on:

41 (1) the provision of substance use disorder prevention,
42 treatment, 【prevention】 recovery, research, evaluation, and
43 education services 【for,】 by program partner agencies under the
44 Coordinated Statewide Substance Use Control Program; and

45 (2) the status of public awareness 【of, alcoholism and drug
46 abuse】 on matters of substance use control;

1 b. **【Prepare by July 1 of each year, the State government**
2 **component of】** Provide assistance and recommendations to the
3 Office of Coordinated Substance Use Control Policy and Planning
4 with respect to the development of the 【Comprehensive Statewide
5 Alcoholism and Drug Abuse Master Plan for the treatment,
6 prevention, research, evaluation, education and public awareness of
7 alcoholism and drug abuse in this State, which plan shall include an
8 emphasis on prevention, community awareness, and family and
9 youth services】 comprehensive substance use control strategy
10 developed pursuant to subsection b. of section 6 of
11 P.L. , c. (C.) (pending before the Legislature as this bill),
12 particularly with respect to those aspects of the strategy that pertain
13 to State-level activities being undertaken by program partner
14 agencies;

15 c. **【Review】** Support the Office of Coordinated Substance Use
16 Control Policy and Planning in its review of each County Annual
17 Alliance Plan under paragraph (21) of subsection a. of section 5 of
18 P.L. , c. (C.) (pending before the Legislature as this bill),
19 and 【the】 in the office’s development of recommendations 【of the
20 Division of Alcoholism and Drug Abuse in the Department of
21 Health】, under paragraph (20) of subsection a. of section 5 of
22 P.L. , c. (C.) (pending before the Legislature as this bill),
23 for the awarding 【the】 of Alliance grants 【and, by October 1 of
24 each year, return the plan to the Local Advisory Committee on
25 Alcoholism and Drug Abuse with the council's proposed
26 recommendations for awarding Alliance grants】;

27 d. Submit to the 【Governor and the Legislature by December 1
28 of each year the Comprehensive Statewide Alcoholism and Drug
29 Abuse Master Plan which shall include recommended】 Office of
30 Coordinated Substance Use Control Policy and Planning, on an
31 annual basis, and in accordance with the regular budget cycle,
32 written recommendations as to the appropriate allocations of State
33 and federal funds that should be made to 【State departments】
34 program partner agencies, local governments 【and local agencies】,
35 State and local law enforcement agencies, and service providers 【of
36 all State and federal funds for】 in the upcoming fiscal year, in order
37 to enable or facilitate, consistent with the State’s comprehensive
38 substance use control strategy:

39 (1) the commencement, continuation, or expansion of substance
40 use disorder prevention, treatment, 【prevention】 recovery, research,
41 evaluation, and education 【and】 programs, services, and supports;

42 (2) the enhancement of public awareness 【of alcoholism and
43 drug abuse in accordance with the regular budget cycle,】 on all
44 issues related to illicit substance use, substance use disorders, and
45 available substance use disorder treatment and recovery programs,

- 1 services, supports, and housing; and **【shall incorporate and unify**
2 **all】**
- 3 (3) the coordination, consolidation, or more effective or
4 efficient implementation of State, county, **【local】** municipal, and
5 private **【alcohol and drug abuse】** substance use control initiatives;
- 6 e. **【Distribute】** Submit to the Office of Coordinated Substance
7 Use Control Policy and Planning, on an annual basis, written
8 recommendations for the distribution of grants **【**, upon the
9 recommendation of the executive director of the council, by August
10 1 of each year**】** to counties and municipalities **【for alcohol and drug**
11 **abuse】** as necessary to support and sustain local substance use
12 control programs established **【under】** in cooperation with the Local
13 Substance Use Control Alliance **【to Prevent Alcoholism and Drug**
14 Abuse**】**, pursuant to section 7 of P.L.1989, c.51 (C.26:2BB-7);
- 15 f. Evaluate the existing funding mechanisms **【for alcoholism**
16 **and drug abuse services】** that are used to finance substance use
17 control activities in the State, and **【recommend】** provide
18 recommendations to the **【Governor and the Legislature】** Office of
19 Coordinated Substance Use Control Policy and Planning regarding
20 any changes **【which】** in funding that may improve the coordination
21 of services to citizens in this State;
- 22 g. Encourage the development or expansion of substance use
23 control-related employee assistance programs for employees in both
24 government and the private sector;
- 25 h. Evaluate the need for, and feasibility of, including other
26 addictions, such as smoking and gambling, within the scope and
27 responsibility of the council;
- 28 i. Collect from any State, county, **【local】** or municipal
29 governmental entity, or from any other appropriate source, data,
30 reports, statistics, or other materials **【which】** that are necessary to
31 carry out the council's functions; and
- 32 j. Pursuant to the "Administrative Procedure Act," P.L.1968,
33 c.410 (C.52:14B-1 et seq.), adopt rules and regulations necessary to
34 carry out the purposes of **【this act】** P.L.1989, c.51 (C.26:2BB-
35 1 et al.).
- 36 The council shall not accept or receive moneys from any source
37 other than moneys deposited in, and appropriated from, the "Drug
38 Enforcement and Demand Reduction Fund" established pursuant to
39 N.J.S.2C:35-15 and any moneys appropriated by law for operating
40 expenses of the council or appropriated pursuant to section 19 of
41 P.L.1989, c.51.
42 (cf: P.L.1989, c.51, s.4)
43
- 44 51. Section 7 of P.L.1989, c.51 (C.26:2BB-7) is amended to read
45 as follows:

1 7. a. There is created **【an】** a Local Substance Use Control
2 Alliance **【to Prevent Alcoholism and Drug Abuse】**, hereinafter
3 referred to as the "Alliance," in the Governor's Council on
4 **【Alcoholism and Drug Abuse】 Substance Use Control.** The
5 purpose of the Alliance is to create a network, comprised of all the
6 local communities in New Jersey, which is dedicated to **【a】**
7 implementing comprehensive and coordinated **【effort against**
8 alcoholism and drug abuse】 efforts, at both the county and
9 municipal levels, to prevent substance use disorders. The Alliance
10 shall be a mechanism both for implementing policies, consistent
11 with the Executive Statement of Substance Use Control Priorities
12 issued pursuant to subsection a. of section 6 of
13 P.L. , c. (C.) (pending before the Legislature as this bill)
14 and the State's comprehensive substance use control strategy
15 developed pursuant to subsection b. of section 6 of
16 P.L. , c. (C.) (pending before the Legislature as this bill),
17 to reduce **【alcoholism and drug abuse】 the occurrence of substance**
18 use disorders at the municipal level, and for providing funds,
19 including moneys from mandatory penalties on drug offenders, to
20 member communities, consistent with the recommendations of the
21 Office of Coordinated Substance Use Control Policy and Planning,
22 to support appropriate county and municipal-based **【alcohol and**
23 drug abuse】 substance use disorder education and public awareness
24 activities.

25 b. The Office of Coordinated Substance Use Control Policy
26 and Planning, in consultation and cooperation with the Governor's
27 Council on **【Alcoholism and Drug Abuse】 Substance Use Control,**
28 shall adopt rules and regulations, consistent with the State's
29 comprehensive substance use control strategy, for the operation of,
30 and participation in, **【and the operation of,】** the Alliance, and for
31 the awarding of grants to municipalities and counties from funds
32 appropriated for such purposes pursuant to P.L.1989, c.51
33 (C.26:2BB-1 et al.)**【,】** and section 5 of P.L.1993, c.216 (C.54:43-
34 1.3), and from funds derived from the "Drug Enforcement and
35 Demand Reduction Fund" established pursuant to N.J.S.2C:35-15,
36 for the purpose of developing:

37 (1) Organized and coordinated efforts involving schools, law
38 enforcement, business groups, and other community organizations
39 for the purpose of reducing **【alcoholism and drug abuse】 illicit**
40 substance use and the occurrence of substance use disorders;

41 (2) In cooperation with local school districts, comprehensive
42 and effective **【alcoholism and drug abuse】 substance use disorder**
43 education programs in grades kindergarten through 12;

44 (3) In cooperation with local school districts, procedures for the
45 intervention, treatment, and discipline of students **【abusing】**
46 engaging in the illicit use of alcohol or drugs;

1 (4) Comprehensive **【alcoholism and drug abuse】** substance use
2 disorder education, support, and outreach efforts for parents in the
3 community; and

4 (5) Comprehensive **【alcoholism and drug abuse】** substance use
5 disorder community awareness programs.

6 c. Funds disbursed under this section shall not supplant local
7 funds that would have otherwise been made available for
8 **【alcoholism and drug abuse】** substance use control initiatives.
9 Communities shall provide matching funds when and to the extent
10 required by the regulations adopted pursuant to this section.

11 d. The county agency or individual designated by the
12 governing body of each county, pursuant to subsection a. of section
13 4 of P.L.1983, c.531 (C.26:2B-33), **【is】** shall be authorized to
14 receive **【from the Governor's Council on Alcoholism and Drug**
15 **Abuse】** moneys made available pursuant to this section. The
16 designated county agency or individual shall establish a separate
17 fund for the receipt and disbursement of these moneys.
18 (cf: P.L.1993, c.216, s.4)
19

20 52. Section 8 of P.L.1989, c.51 (C.26:2BB-8) is amended to read
21 as follows:

22 8. a. Each Local Advisory Committee on **【Alcoholism and**
23 **Drug Abuse】** Substance Use Control, established pursuant to
24 section 4 of P.L.1983, c.531 (C.26:2B-33), shall establish a County
25 Alliance Steering Subcommittee in conjunction with regulations
26 adopted by the Governor's Council on **【Alcoholism and Drug**
27 **Abuse】** Substance Use Control. The members of the subcommittee
28 shall include, but not be limited to, private citizens and
29 representatives of the:

30 (1) Local Advisory Committee on **【Alcoholism and Drug**
31 **Abuse】** Substance Use Control;

32 (2) County Human Services Advisory Council;

33 (3) County Superintendent of Schools;

34 (4) Existing county council on **【alcoholism】** substance use
35 disorders, if any;

36 (5) County Prosecutor's office;

37 (6) Family part of the Chancery Division of the Superior Court;

38 (7) Youth Services Commission;

39 (8) County School Board Association;

40 (9) County health agency;

41 (10) County mental health agency;

42 (11) Local businesses;

43 (12) County affiliate of the New Jersey Education Association;
44 and

45 (13) Other service providers.

46 b. The functions of the County Alliance Steering Subcommittee
47 shall include:

1 (1) Development and submission of a County Annual Alliance
2 Plan for the expenditure of funds derived from the "Drug
3 Enforcement and Demand Reduction Fund," established pursuant to
4 N.J.S.2C:35-15;

5 (2) Development of programs and fiscal guidelines, consistent
6 with **【**directives of the Governor's Council on Alcoholism and Drug
7 Abuse**】** the rules and regulations adopted under subsection b. of
8 section 7 of P.L.1989, c.51 (C.26:2BB-7), for the awarding of funds
9 to counties and municipalities for **【**drug and alcohol**】** Alliance
10 activities;

11 (3) Identification of a network of community leadership for the
12 expansion, replication, and development of successful community
13 model programs throughout the county; and

14 (4) Coordination of projects among and within municipalities to
15 assure cost effectiveness and avoid fragmentation and duplication.

16 c. **【**The County Alliance Steering Subcommittee shall ensure
17 that the funds dedicated to education pursuant to section 2 of
18 P.L.1983, c.531 (C.54:32C-3.1) do not duplicate the Alliance
19 effort.**】** (Deleted by amendment, P.L. , c.) (pending before the
20 Legislature as this bill)

21 d. The Local Advisory Committee on **【**Alcoholism and Drug
22 Abuse**】** Substance Use Control shall review and approve the County
23 Annual Alliance Plan and submit this plan by July 1 of each year to
24 the Executive Director of the Office of Coordinated Substance Use
25 Control Policy and Planning, to the Division of **【**Alcoholism and
26 Drug Abuse**】** Mental Health and Addiction Services in the
27 Department of **【**Health**】** Human Services, and to the Governor's
28 Council on **【**Alcoholism and Drug Abuse**】** Substance Use Control.

29 e. After the County Annual Alliance Plan is returned by the
30 **【**Governor's Council on Alcoholism and Drug Abuse**】** Office of
31 Coordinated Substance Use Control Policy and Planning to the
32 Local Advisory Committee on **【**Alcoholism and Drug Abuse**】**
33 Substance Use Control with the **【**council's**】** office's proposed
34 recommendations for awarding the Alliance grants, **【**pursuant to
35 subsection c. of section 4 of this amendatory and supplementary
36 act**】** as provided by paragraph (21) of subsection a. of section 5 of
37 P.L. , c. (C.) (pending before the Legislature as this bill),
38 the committee, in conjunction with the council, may revise its plan
39 in accordance with the **【**council's**】** proposed recommendations.

40 The revised plan shall be completed in such time that it can be
41 included in the council's recommendations to the **【**Governor and the
42 Legislature that are due on December 1 of each year**】** Office of
43 Coordinated Substance Use Control Policy and Planning, which are
44 submitted in accordance with subsection d. of section 4 of
45 P.L.1989, c.51 (C.26:2BB-4).

46 (cf: P.L.1989, c.51, s.8)

1 53. Section 9 of P.L.1989, c.51 (C.26:2BB-9) is amended to read
2 as follows:

3 9. The governing body of each municipality may appoint a
4 Municipal Alliance Committee, or join with one or more
5 municipalities to appoint a Municipal Alliance Committee.
6 Membership on the Municipal Alliance Committee may include the
7 chief of police; the president of the school board; the superintendent
8 of schools; a student assistance coordinator; a representative of the
9 parent-teacher association; a representative of the local bargaining
10 unit for teachers; a representative of the Chamber of Commerce; a
11 municipal court judge; representatives of local civic associations;
12 representatives of local religious groups; and private citizens.

13 The Municipal Alliance Committee, in consultation with the
14 Local Advisory Committee on **Alcoholism and Drug Abuse**
15 Substance Use Control, shall identify **alcoholism and drug**
16 substance use disorder prevention, education, and community
17 needs. The committee also shall implement the Alliance programs
18 formulated pursuant to section 8 of P.L.1989, c.51 (C.26:2BB-8).
19 The governing body of a municipality may match any funds it
20 receives from the Alliance.

21 (cf: P.L.1989, c.51, s.9)

22

23 54. Section 3 of P.L.2017, c.294 (C.26:2H-5.1g) is amended to
24 read as follows:

25 3. a. Pursuant to the "Administrative Procedure Act,"
26 P.L.1968, c.410 (C.52:14B-1 et seq.), the Commissioner of Health
27 shall adopt regulations necessary to develop an integrated licensing
28 system in which facilities licensed or certified under the authority
29 of P.L.1971, c.136 (C.26:2H-1 et seq.); P.L.1957, c.146 (C.30:9A-1
30 et seq.); **P.L.1975, c.305 (C.26:2B-7 et seq.)** section 20
31 of P.L. , c. (C.) (pending before the Legislature as this
32 bill); or sections 5 and 6 of P.L.1989, c.51 (C.26:2BB-5 and
33 C.26:2BB-6) **;** P.L.1969, c.152 (C.26:2G-1 et seq.); or
34 Reorganization Plan No. 001-2017**]** may provide primary care,
35 mental health care, or substance use disorder treatment services, or
36 a combination of such services, under a single license.

37 b. The regulations shall:

38 (1) identify services authorized to be provided as primary care,
39 mental health care, or substance use disorder treatment pursuant to
40 an integrated health care facility license;

41 (2) require a single integrated health care facility license for a
42 facility, which license shall specify the scope of primary care,
43 mental health care, and substance use disorder treatment services
44 that the facility is authorized to provide under the integrated health
45 care facility license;

46 (3) permit a facility to hold a designation as an ambulatory care
47 facility, community mental health program, substance use disorder

1 treatment facility, or other type of facility recognized under State or
2 federal law under the integrated health care facility license without
3 requiring a separate license;

4 (4) identify staffing requirements consistent with staff members'
5 scope of professional practice and credentials;

6 (5) establish standards for information sharing among providers
7 and among core and non-core team members;

8 (6) establish requirements for collection of data on identified
9 outcome measures;

10 (7) permit sharing of clinical space, administrative staff,
11 medical records storage, and other facility resources among
12 different categories of services, unless a separation is necessary to
13 protect the health and safety of patients or the public or to comply
14 with federal or State health privacy laws and regulations; and

15 (8) establish application requirements, compliance inspections,
16 investigations, and enforcement actions, including but not limited to
17 fees and penalties.

18 c. In developing the regulations, the commissioner shall:

19 (1) consult with the Division of Medical Assistance and Health
20 Services in the Department of Human Services to develop policies
21 that minimize barriers to participation and reimbursement in the
22 Medicaid and NJ FamilyCare programs faced by licensed facilities
23 for all qualifying services; and

24 (2) promote policies that:

25 (a) support an effective and efficient administration of a full
26 range of integrated, comprehensive health care;

27 (b) support providers' identification of risk factors for mental
28 illness and substance use disorders, which may include physical
29 health diagnoses;

30 (c) support an increased awareness of prevention and treatment;

31 (d) reduce the stigma associated with receiving behavioral
32 health treatment;

33 (e) will lead to improved access to mental health care and
34 substance use disorder treatment services for all persons;

35 (f) will lead to improved general health and wellness, including
36 physical health, mental health, and substance use disorders, and
37 prevent chronic disease; and

38 (g) will leverage partnerships with local health authorities,
39 employers, faith-based organizations, and others involved in
40 promoting community health.

41 (cf: P.L.2017, c.294, s.3)

42
43 55. Section 1 of P.L.1982, c.149 (C.26:2H-11.1) is amended to
44 read as follows:

45 1. In the case of an application for a certificate of need or
46 initial licensure, as applicable, for a **【narcotic and drug abuse】**
47 substance use disorder treatment **【center】** facility to be located
48 within 500 feet from any building in this State used for the

1 instruction of children between the ages of five and 18 years, the
2 applicant shall notify the governing body of the municipality within
3 which the applicant proposes to locate the treatment **center**
4 facility of the applicant's intention to apply for the certificate of
5 need or licensure, and of the proposed location of the **center**
6 facility. Documentation of the notice shall be filed with the
7 certificate of need or license application. The Commissioner of
8 Health is hereby authorized to adopt reasonable rules and
9 regulations, in accordance with the provisions of the
10 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
11 1 et seq.), to effectuate the purposes of this **act** section. For the
12 purposes of this **act**, the definition of "narcotic and drug abuse
13 treatment center" shall be identical to the definition in subsection
14 (a) of section 2 of P.L.1970, c.334 (C.26:2G-22) **section**,
15 "substance use disorder treatment facility" means the same as that
16 term is defined by section 3 of P.L. , c. (C.) (pending
17 before the Legislature as this bill). This **act** section shall not
18 apply to any **narcotic and drug abuse** substance use disorder
19 treatment **center** facility for which an application was filed prior
20 to the effective date of **this act** P.L.1982, c.149.

21 (cf: P.L.2012, c.17, s.177)

22
23 56. Section 4 of P.L.1996, c.29 (C.26:2H-18.58a) is amended to
24 read as follows:

25 4. The Commissioner of Health shall transfer to the Division of
26 **Alcoholism, Drug Abuse** Mental Health and Addiction Services
27 in the Department of **Health** Human Services from the Health
28 Care Subsidy Fund, \$10 million in Fiscal Year 1997, and \$20
29 million in Fiscal Year 1998 and each fiscal year thereafter, or such
30 sums as are made available pursuant to section 5 of P.L.1996, c.29
31 (C.52:18A-2a), whichever amount is less, according to a schedule to
32 be determined by the Commissioner of Health, in order to fund
33 community-based **drug abuse** substance use disorder treatment
34 programs in the following order of priority: residential, inpatient,
35 intensive day, and outpatient treatment.

36 (cf: P.L.1996, c.29, s.4)

37
38 57. Section 1 of P.L.1997, c.215 (C.30:4-123.47a) is amended to
39 read as follows:

40 1. There is hereby established a Parole Advisory Board in, but
41 not of, the State Parole Board. Notwithstanding the allocation of
42 the board within the State Parole Board, the State Parole Board or
43 any employee thereof shall not exercise any control over the Parole
44 Advisory Board. The advisory board shall consist of 23 members.
45 It shall include in its membership the Chairman of the State Parole
46 Board or **this** a designee, who shall serve ex officio; one member
47 representing each of the following organizations and groups, who

1 shall be appointed by the Governor: the Department of Corrections,
2 the Department of Health **【and Senior Services】**, the Department of
3 Law and Public Safety, Office of the Governor, the Administrative
4 Office of the Courts, the Victims of Crime Compensation Board,
5 the New Jersey Chapter of the American Correctional Association,
6 the County Prosecutors Association of New Jersey, the Sheriffs'
7 Association of New Jersey, the New Jersey County Jail Wardens
8 Association, the New Jersey State Association of Chiefs of Police,
9 the American **【Parole and】** Probation and Parole Association,
10 Governor's Council on **【Alcoholism and Drug Abuse】** Substance
11 Use Control, the community at large, treatment providers, victims'
12 rights groups and former inmates who have successfully completed
13 parole. Two members of the Senate, who shall not be of the same
14 political party and who shall serve during their terms of office, shall
15 be appointed by the President of the Senate. Two members of the
16 General Assembly, who shall not be of the same political party and
17 who shall serve during their terms of office, shall be appointed by
18 the Speaker of the General Assembly.

19 Members of the advisory board shall be appointed with the
20 advice and consent of the Senate, and serve a term of three years,
21 except for the initial gubernatorial appointees, six of whom shall
22 serve for two years and six of whom shall serve for four years.
23 Each member shall serve for the term of appointment and until a
24 successor is appointed. A member may be reappointed to the
25 advisory board. A member appointed to fill a vacancy occurring in
26 the membership of the advisory board for any reason other than the
27 expiration of the term shall serve a term of appointment for the
28 unexpired term only. All vacancies shall be filled in the same
29 manner as the original appointments. Any appointed member of the
30 advisory board, except the legislative members, may be removed
31 from the advisory board by the Governor, for cause, after a hearing,
32 and may be suspended by the Governor pending the completion of
33 the hearing. Legislative members may be removed for cause by the
34 leader of their respective houses. Motions and resolutions may be
35 adopted by the advisory board at a board meeting by an affirmative
36 vote of not less than 12 members.

37 Members of the advisory board shall serve without compensation
38 but shall be entitled to reimbursement for actual expenses of serving
39 on the board, to the extent that funds are available for this purpose.

40 The advisory board shall organize as soon as possible after the
41 appointment of its members. The members shall select a chair from
42 among their number.

43 (cf: P.L.2001, c.79, s.3)

44

45 58. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read
46 as follows:

47 6. a. Subject to the requirements of Title XIX of the federal
48 Social Security Act, the limitations imposed by **【this act】** P.L.1968,

1 c.413 (C.30:4D-1 et seq.) and by the rules and regulations
2 promulgated pursuant thereto, the department shall provide medical
3 assistance to qualified applicants, including authorized services
4 within each of the following classifications:

- 5 (1) Inpatient hospital services;
- 6 (2) Outpatient hospital services;
- 7 (3) Other laboratory and X-ray services;
- 8 (4) (a) Skilled nursing or intermediate care facility services;
- 9 (b) Early and periodic screening and diagnosis of individuals
10 who are eligible under the program and are under age 21, to
11 ascertain their physical or mental health status and the health care,
12 treatment, and other measures to correct or ameliorate defects and
13 chronic conditions discovered thereby, as may be provided in
14 regulations of the Secretary of the federal Department of Health and
15 Human Services and approved by the commissioner;
- 16 (5) Physician's services furnished in the office, the patient's
17 home, a hospital, a skilled nursing, or intermediate care facility or
18 elsewhere.

19 As used in this subsection, "laboratory and X-ray services"
20 includes HIV drug resistance testing, including, but not limited to,
21 genotype assays that have been cleared or approved by the federal
22 Food and Drug Administration, laboratory developed genotype
23 assays, phenotype assays, and other assays using phenotype
24 prediction with genotype comparison, for persons diagnosed with
25 HIV infection or AIDS.

26 b. Subject to the limitations imposed by federal law, by **[this**
27 **act]** P.L.1968, c.413 (C.30:4D-1 et seq.), and by the rules and
28 regulations promulgated pursuant thereto, the medical assistance
29 program may be expanded to include authorized services within
30 each of the following classifications:

- 31 (1) Medical care not included in subsection a.(5) above, or any
32 other type of remedial care recognized under State law, furnished
33 by licensed practitioners within the scope of their practice, as
34 defined by State law;
- 35 (2) Home health care services;
- 36 (3) Clinic services;
- 37 (4) Dental services;
- 38 (5) Physical therapy and related services;
- 39 (6) Prescribed drugs, dentures, and prosthetic devices; and
40 eyeglasses prescribed by a physician skilled in diseases of the eye
41 or by an optometrist, whichever the individual may select;
- 42 (7) Optometric services;
- 43 (8) Podiatric services;
- 44 (9) Chiropractic services;
- 45 (10) Psychological services;
- 46 (11) Inpatient psychiatric hospital services for individuals under
47 21 years of age, or under age 22 if they are receiving such services
48 immediately before attaining age 21;

- 1 (12) Other diagnostic, screening, preventive, and rehabilitative
2 services, and other remedial care;
- 3 (13) Inpatient hospital services, nursing facility services, and
4 intermediate care facility services for individuals 65 years of age or
5 over in an institution for mental diseases;
- 6 (14) Intermediate care facility services;
- 7 (15) Transportation services;
- 8 (16) Services in connection with the inpatient or outpatient
9 treatment or care of substance use disorder, when the treatment is
10 prescribed by a physician and provided in a licensed hospital, or in
11 a **["narcotic and"]** substance use disorder treatment **["center**
12 **approved"]** facility that is licensed or certified by the Department of
13 Health pursuant to **["P.L.1970, c.334 (C.26:2G-21 et seq.)"]** section
14 20 of P.L. , c. (C.) (pending before the Legislature as this
15 bill), and whose staff includes a medical director, and limited to
16 those services eligible for federal financial participation under Title
17 XIX of the federal Social Security Act;
- 18 (17) Any other medical care and any other type of remedial care
19 recognized under State law, specified by the Secretary of the federal
20 Department of Health and Human Services, and approved by the
21 commissioner;
- 22 (18) Comprehensive maternity care, which may include: the
23 basic number of prenatal and postpartum visits recommended by the
24 American College of Obstetrics and Gynecology; additional
25 prenatal and postpartum visits that are medically necessary;
26 necessary laboratory, nutritional assessment and counseling, health
27 education, personal counseling, managed care, outreach, and
28 follow-up services; treatment of conditions which may complicate
29 pregnancy; doula care; and physician or certified nurse-midwife
30 delivery services. For the purposes of this paragraph, "doula"
31 means a trained professional who provides continuous physical,
32 emotional, and informational support to a mother before, during,
33 and shortly after childbirth, to help her to achieve the healthiest,
34 most satisfying experience possible;
- 35 (19) Comprehensive pediatric care, which may include:
36 ambulatory, preventive, and primary care health services. The
37 preventive services shall include, at a minimum, the basic number
38 of preventive visits recommended by the American Academy of
39 Pediatrics;
- 40 (20) Services provided by a hospice which is participating in
41 the Medicare program established pursuant to Title XVIII of the
42 Social Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.).
43 Hospice services shall be provided subject to approval of the
44 Secretary of the federal Department of Health and Human Services
45 for federal reimbursement;
- 46 (21) Mammograms, subject to approval of the Secretary of the
47 federal Department of Health and Human Services for federal
48 reimbursement, including one baseline mammogram for women

1 who are at least 35 but less than 40 years of age; one mammogram
2 examination every two years or more frequently, if recommended
3 by a physician, for women who are at least 40 but less than 50 years
4 of age; and one mammogram examination every year for women
5 age 50 and over;

6 (22) Upon referral by a physician, advanced practice nurse, or
7 physician assistant of a person who has been diagnosed with
8 diabetes, gestational diabetes, or pre-diabetes, in accordance with
9 standards adopted by the American Diabetes Association:

10 (a) Expenses for diabetes self-management education or training
11 to ensure that a person with diabetes, gestational diabetes, or pre-
12 diabetes can optimize metabolic control, prevent and manage
13 complications, and maximize quality of life. Diabetes self-
14 management education shall be provided by an in-State provider
15 who is:

16 (i) a licensed, registered, or certified health care professional
17 who is certified by the National Certification Board of Diabetes
18 Educators as a Certified Diabetes Educator, or certified by the
19 American Association of Diabetes Educators with a Board
20 Certified-Advanced Diabetes Management credential, including, but
21 not limited to: a physician, an advanced practice or registered nurse,
22 a physician assistant, a pharmacist, a chiropractor, a dietitian
23 registered by a nationally recognized professional association of
24 dietitians, or a nutritionist holding a certified nutritionist specialist
25 (CNS) credential from the Board for Certification of Nutrition
26 Specialists; or

27 (ii) an entity meeting the National Standards for Diabetes Self-
28 Management Education and Support, as evidenced by a recognition
29 by the American Diabetes Association or accreditation by the
30 American Association of Diabetes Educators;

31 (b) Expenses for medical nutrition therapy as an effective
32 component of the person's overall treatment plan upon a: diagnosis
33 of diabetes, gestational diabetes, or pre-diabetes; change in the
34 beneficiary's medical condition, treatment, or diagnosis; or
35 determination of a physician, advanced practice nurse, or physician
36 assistant that reeducation or refresher education is necessary.
37 Medical nutrition therapy shall be provided by an in-State provider
38 who is a dietitian registered by a nationally-recognized professional
39 association of dietitians, or a nutritionist holding a certified
40 nutritionist specialist (CNS) credential from the Board for
41 Certification of Nutrition Specialists, who is familiar with the
42 components of diabetes medical nutrition therapy;

43 (c) For a person diagnosed with pre-diabetes, items and services
44 furnished under an in-State diabetes prevention program that meets
45 the standards of the National Diabetes Prevention Program, as
46 established by the federal Centers for Disease Control and
47 Prevention; and

1 (d) Expenses for any medically appropriate and necessary
2 supplies and equipment recommended or prescribed by a physician,
3 advanced practice nurse, or physician assistant for the management
4 and treatment of diabetes, gestational diabetes, or pre-diabetes,
5 including, but not limited to: equipment and supplies for self-
6 management of blood glucose; insulin pens; insulin pumps and
7 related supplies; and other insulin delivery devices.

8 c. Payments for the foregoing services, goods, and supplies
9 furnished pursuant to **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.)
10 shall be made to the extent authorized by **[this act]** P.L.1968, c.413
11 (C.30:4D-1 et seq.), the rules and regulations promulgated pursuant
12 thereto and, where applicable, subject to the agreement of insurance
13 provided for under **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.).
14 The payments shall constitute payment in full to the provider on
15 behalf of the recipient. Every provider making a claim for payment
16 pursuant to **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.) shall
17 certify, in writing, on the claim submitted, that no additional
18 amount will be charged to the recipient, the recipient's family, the
19 recipient's representative, or others on the recipient's behalf, for the
20 services, goods, and supplies furnished pursuant to **[this act]**
21 P.L.1968, c.413 (C.30:4D-1 et seq.).

22 No provider whose claim for payment pursuant to **[this act]**
23 P.L.1968, c.413 (C.30:4D-1 et seq.) has been denied because the
24 services, goods, or supplies were determined to be medically
25 unnecessary shall seek reimbursement from the recipient, **[his]** the
26 recipient's family, **[his]** the recipient's representative, or others on
27 **[his]** the recipient's behalf for such services, goods, and supplies
28 provided pursuant to **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.);
29 provided, however, that a provider may seek reimbursement from a
30 recipient for services, goods, or supplies not authorized by **[this**
31 **act]** P.L.1968, c.413 (C.30:4D-1 et seq.), if the recipient elected to
32 receive the services, goods or supplies with the knowledge that they
33 were not authorized.

34 d. Any individual eligible for medical assistance (including
35 drugs) may obtain such assistance from any person qualified to
36 perform the service or services required (including an organization
37 which provides such services, or arranges for their availability on a
38 prepayment basis), who undertakes to provide the individual such
39 services.

40 No copayment or other form of cost-sharing shall be imposed on
41 any individual eligible for medical assistance, except as mandated
42 by federal law as a condition of federal financial participation.

43 e. Anything in **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.)
44 to the contrary notwithstanding, no payments for medical assistance
45 shall be made under **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.)
46 with respect to care or services for any individual who:

1 (1) Is an inmate of a public institution (except as a patient in a
2 medical institution); provided, however, that an individual who is
3 otherwise eligible may continue to receive services for the month in
4 which he becomes an inmate, should the commissioner determine to
5 expand the scope of Medicaid eligibility to include such an
6 individual, subject to the limitations imposed by federal law and
7 regulations, or

8 (2) Has not attained 65 years of age and who is a patient in an
9 institution for mental diseases, or

10 (3) Is over 21 years of age and **【who】** is receiving inpatient
11 psychiatric hospital services in a psychiatric facility; provided,
12 however, that an individual who was receiving such services
13 immediately prior to attaining age 21 may continue to receive such
14 services until the individual reaches age 22. Nothing in this
15 subsection shall prohibit the commissioner from extending medical
16 assistance to all eligible persons receiving inpatient psychiatric
17 services; provided that there is federal financial participation
18 available.

19 f. (1) A third party as defined in section 3 of P.L.1968, c.413
20 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
21 this or another state when determining the person's eligibility for
22 enrollment or the provision of benefits by that third party.

23 (2) In addition, any provision in a contract of insurance, health
24 benefits plan, or other health care coverage document, will, trust,
25 agreement, court order, or other instrument which reduces or
26 excludes coverage or payment for health care-related goods and
27 services to or for an individual because of that individual's actual or
28 potential eligibility for or receipt of Medicaid benefits shall be null
29 and void, and no payments shall be made under **【this act】** P.L.1968,
30 c.413 (C.30:4D-1 et seq.) as a result of any such provision.

31 (3) Notwithstanding any provision of law to the contrary, the
32 provisions of paragraph (2) of this subsection shall not apply to a
33 trust agreement that is established pursuant to 42 U.S.C.
34 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
35 provided by government entities to a person who is disabled as
36 defined in section 1614(a)(3) of the federal Social Security Act (42
37 U.S.C. s.1382c (a)(3)).

38 g. The following services shall be provided to eligible
39 medically needy individuals as follows:

40 (1) Pregnant women shall be provided prenatal care and delivery
41 services and postpartum care, including the services cited in
42 subsection a.(1), (3), and (5) of this section and subsection b.(1)-
43 (10), (12), (15), and (17) of this section, and nursing facility
44 services cited in subsection b.(13) of this section.

45 (2) Dependent children shall be provided with services cited in
46 subsections a.(3) and (5) of this section and subsection b.(1), (2),
47 (3), (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and
48 nursing facility services cited in subsection b.(13) of this section.

1 (3) Individuals who are 65 years of age or older shall be
2 provided with services cited in subsection a.(3) and (5) of this
3 section and subsection b.(1)-(5), (6) excluding prescribed drugs, (7),
4 (8), (10), (12), (15), and (17) of this section, and nursing facility
5 services cited in subsection b.(13) of this section.

6 (4) Individuals who are blind or disabled shall be provided with
7 services cited in subsection a.(3) and (5) of this section and
8 subsection b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),
9 (12), (15), and (17) of this section, and nursing facility services
10 cited in subsection b.(13) of this section.

11 (5) (a) Inpatient hospital services, subsection a.(1) of this
12 section, shall only be provided to eligible medically needy
13 individuals, other than pregnant women, if the federal Department
14 of Health and Human Services discontinues the State's waiver to
15 establish inpatient hospital reimbursement rates for the Medicare
16 and Medicaid programs under the authority of section 601(c)(3) of
17 the Social Security Act Amendments of 1983, Pub.L.98-21 (42
18 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
19 extended to other eligible medically needy individuals if the federal
20 Department of Health and Human Services directs that these
21 services be included.

22 (b) Outpatient hospital services, subsection a.(2) of this section,
23 shall only be provided to eligible medically needy individuals if the
24 federal Department of Health and Human Services discontinues the
25 State's waiver to establish outpatient hospital reimbursement rates
26 for the Medicare and Medicaid programs under the authority of
27 section 601(c)(3) of the Social Security Amendments of 1983,
28 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital
29 services may be extended to all or to certain medically needy
30 individuals if the federal Department of Health and Human Services
31 directs that these services be included. However, the use of
32 outpatient hospital services shall be limited to clinic services and to
33 emergency room services for injuries and significant acute medical
34 conditions.

35 (c) The division shall monitor the use of inpatient and outpatient
36 hospital services by medically needy persons.

37 h. In the case of a qualified disabled and working individual
38 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the
39 only medical assistance provided under **【this act】** P.L.1968, c.413
40 (C.30:4D-1 et seq.) shall be the payment of premiums for Medicare
41 part A under 42 U.S.C. ss.1395i-2 and 1395r.

42 i. In the case of a specified low-income Medicare beneficiary
43 pursuant to 42 U.S.C. s.1396a(a)(10)(E)iii, the only medical
44 assistance provided under **【this act】** P.L.1968, c.413 (C.30:4D-
45 1 et seq.) shall be the payment of premiums for Medicare part B
46 under 42 U.S.C. s.1395r as provided for in 42 U.S.C.
47 s.1396d(p)(3)(A)(ii).

1 j. In the case of a qualified individual pursuant to
2 42 U.S.C. s.1396a(aa), the only medical assistance provided under
3 **【this act】** P.L.1968, c.413 (C.30:4D-1 et seq.) shall be payment for
4 authorized services provided during the period in which the
5 individual requires treatment for breast or cervical cancer, in
6 accordance with criteria established by the commissioner.

7 k. In the case of a qualified individual pursuant to
8 42 U.S.C. s.1396a(ii), the only medical assistance provided under
9 **【this act】** P.L.1968, c.413 (C.30:4D-1 et seq.) shall be payment for
10 family planning services and supplies as described at
11 42 U.S.C. s.1396d(a)(4)(C), including medical diagnosis and
12 treatment services that are provided pursuant to a family planning
13 service in a family planning setting.
14 (cf: P.L.2019, c.85, s.1)

15
16 59. Section 3 of P.L.1995, c.321 (C.30:9A-20) is amended to
17 read as follows:

18 3. Nothing in **【this act】** P.L.1995, c.321 (C.30:9A-18 et seq.)
19 shall be construed to:

20 a. limit the authority of the Department of Health **【and Senior**
21 **Services】** with respect to:

22 (1) the licensure of a health care facility pursuant to P.L.1971,
23 c.136 (C.26:2H-1 et seq.), regardless of whether the facility
24 operates a separate psychiatric unit or service**【,】**; or **【limit the**
25 **authority of the Department of Human Services with respect to】**

26 (2) the licensure or certification of **【an alcohol】** a substance use
27 disorder treatment facility, pursuant to **【P.L.1975, c.305 (C.26:2B-7**
28 **et seq.), or the issuance of a certificate of approval to a narcotic and**
29 **drug abuse treatment center pursuant to P.L.1970, c.334 (C.26:2G-**
30 **21 et seq.)】** section 20 or 21 of P.L. , c. (C. or C.)
31 (pending before the Legislature as this bill);

32 b. require the licensure of any facility **【or center】** referenced in
33 subsection a. of this section by the Department of Human Services;
34 or

35 c. require licensure of a mental health agency which does not
36 provide a mental health program that is subject to regulations
37 adopted by the commissioner or the Commissioner of Children and
38 Families, as applicable.

39 (cf: P.L.2006, c.47, s.173)

40
41 60. Section 7 of P.L.1994, c.57 (C.34:1B-21.7) is amended to
42 read as follows:

43 7. There is created within the authority a special nonlapsing
44 fund, to be known as the "Market Transition Facility Revenue
45 Fund." The Facility Revenue Fund shall consist of:

1 a. Such moneys as may be transferred to the Facility Revenue
2 Fund by the State Treasurer, upon appropriation by the Legislature,
3 pursuant to section 14 of P.L.1994, c.57 (C.34:1B-21.14);

4 b. Such moneys as may be appropriated to the Facility Revenue
5 Fund by the Legislature from surcharges levied pursuant to the
6 provisions of subsection b. of section 6 of P.L.1983, c.65
7 (C.17:29A-35), except that any such moneys in excess of the
8 amounts required to be used by the authority pursuant to any bond
9 resolutions authorizing the issuance of Market Transition Facility
10 bonds and notes, the authority's agreement with the State Treasurer
11 authorized by section 13 of P.L.1994, c.57 (C.34:1B-21.13) and any
12 bond resolutions authorizing the issuance of Motor Vehicle
13 Commission bonds and notes shall be at least annually remitted;

14 (1) in each fiscal year commencing prior to July 1, 2006, to the
15 General Fund, provided that the first \$7,500,000 of such moneys so
16 transferred in each such fiscal year shall be remitted to the
17 "**Alcohol** Substance Use Disorder Treatment Programs Fund"
18 created in section 2 of P.L.2001, c.48 (C.26:2B-9.2); and

19 (2) in each fiscal year commencing on or after July 1, 2006, to
20 the Motor Vehicle Surcharges Revenue Fund established pursuant
21 to section 6 of the "Motor Vehicle Surcharges Securitization Act of
22 2004," P.L.2004, c.70 (C.34:1B-21.28), to be applied as set forth
23 therein, until such time as all bonds, notes and other obligations
24 issued or entered into pursuant to section 4 of P.L.2004, c.70
25 (C.34:1B-21.26) and the costs thereof are discharged and no longer
26 outstanding;

27 c. Interest or other income derived from the investment of
28 moneys in the Facility Revenue Fund; and

29 d. Any other moneys as may be deposited from time to time,
30 except that such moneys shall not be appropriated from the General
31 Fund.

32 Moneys in the Facility Revenue Fund shall be managed and
33 invested by the Division of Investment in the Department of the
34 Treasury.

35 (cf: P.L.2004, c.70, s.8)

36
37 61. Section 6 of P.L.2004, c.70 (C.34:1B-21.28) is amended to
38 read as follows:

39 6. a. There is created within the authority a special nonlapsing
40 fund, to be known as the "Motor Vehicle Surcharges Revenue
41 Fund." The Motor Vehicle Surcharges Revenue Fund shall consist
42 of:

43 (1) such moneys as may be appropriated to the Motor Vehicle
44 Surcharges Revenue Fund by the Legislature and paid to the
45 authority by the State Treasurer from Dedicated Motor Vehicle
46 Surcharges Revenues;

47 (2) interest or other income derived from the investment of
48 moneys in the Motor Vehicle Surcharges Revenue Fund; and

1 (3) any other moneys as may be deposited from time to time,
2 except that such moneys shall not be appropriated from the General
3 Fund.

4 b. In each State fiscal year during which the authority has
5 outstanding bonds or refunding bonds which have been issued
6 pursuant to **【this act】** P.L.2004, c.70 (C.34:1B-21.23 et al.), moneys
7 in the Motor Vehicle Surcharges Revenue Fund may be used by the
8 authority, in accordance with the provisions of any bond resolutions
9 authorizing the issuance of bonds or refunding bonds pursuant to
10 **【this act】** P.L.2004, c.70 (C.34:1B-21.23 et al.), and any contract
11 between the authority and the State Treasurer authorized and
12 entered into pursuant to section 7 of **【this act】** P.L.2004, c.70
13 (C.34:1B-21.29), to pay debt service payable on the authority's then
14 outstanding bonds or refunding bonds issued pursuant to **【this act】**
15 P.L.2004, c.70 (C.34:1B-21.23 et al.), and any amounts due in
16 connection with any agreements entered into pursuant to subsection
17 c. of section 4 of **【this act】** P.L.2004, c.70 (C.34:1B-21.26), which
18 are due in such fiscal year, to replenish any reserve or other fund
19 established for such bonds or refunding bonds issued in accordance
20 with subsection a. of section 4 of **【this act】** P.L.2004, c.70
21 (C.34:1B-21.26), and to pay any and all other additional amounts as
22 shall be authorized by **【this act】** P.L.2004, c.70 (C.34:1B-
23 21.23 et al.) and required to be paid by the authority during such
24 fiscal year, provided however, that the payment of all such amounts
25 to the authority by the State Treasurer shall be subject to and
26 dependent upon appropriations being made from time to time by the
27 Legislature of the amounts thereof for the purposes of **【this act】**
28 P.L.2004, c.70 (C.34:1B-21.23 et al.). Notwithstanding any other
29 provision of any law, rule, regulation, or order to the contrary, the
30 authority shall be paid only such amounts as shall be required by
31 the provisions of any contract between the authority and the State
32 Treasurer authorized and entered into pursuant to section 7 of **【this**
33 **act】** P.L.2004, c.70 (C.34:1B-21.29), and the incurrence of any
34 obligation of the State under any such contract, including any
35 payments to be made thereunder, shall be subject to and dependent
36 upon appropriations being made from time to time by the
37 Legislature for the purposes of **【this act】** P.L.2004, c.70 (C.34:1B-
38 21.23 et al.).

39 c. In each fiscal year beginning on or after July 1, 2006, all
40 amounts on deposit in the Motor Vehicle Surcharges Revenue Fund
41 in excess of the amount necessary to pay any amounts required to
42 be paid by the authority pursuant to any bond resolutions
43 authorizing the issuance of bonds or refunding bonds pursuant to
44 **【this act】** P.L.2004, c.70 (C.34:1B-21.23 et al.), or pursuant to any
45 contract between the authority and the State Treasurer authorized or
46 entered into pursuant to section 7 of **【this act】** P.L.2004, c.70
47 (C.34:1B-21.29) and payable during such fiscal year shall be

1 transferred to the General Fund, provided that the first \$7,500,000
2 of such moneys so transferred in each fiscal year shall be remitted
3 to the "[Alcohol] Substance Use Disorder Treatment Programs
4 Fund" created in section 2 of P.L.2001, c.48 (C.26:2B-9.2).
5 (cf: P.L.2004, c.70, s.6)

6
7 62. R.S.39:4-50 is amended to read as follows:

8 39:4-50. (a) A person who operates a motor vehicle while
9 under the influence of intoxicating liquor, narcotic, hallucinogenic
10 or habit-producing drug, or operates a motor vehicle with a blood
11 alcohol concentration of 0.08% or more by weight of alcohol in the
12 defendant's blood or permits another person who is under the
13 influence of intoxicating liquor, narcotic, hallucinogenic or habit-
14 producing drug to operate a motor vehicle the person owns or which
15 is in the person's custody or control or permits another to operate a
16 motor vehicle with a blood alcohol concentration of 0.08% or more
17 by weight of alcohol in the defendant's blood shall be subject:

18 (1) For the first offense:

19 (i) if the person's blood alcohol concentration is 0.08% or
20 higher but less than 0.10%, or the person operates a motor vehicle
21 while under the influence of intoxicating liquor, or the person
22 permits another person who is under the influence of intoxicating
23 liquor to operate a motor vehicle owned by him or in his custody or
24 control or permits another person with a blood alcohol
25 concentration of 0.08% or higher but less than 0.10% to operate a
26 motor vehicle, to a fine of not less than \$250 nor more than \$400
27 and a period of detainment of not less than 12 hours nor more than
28 48 hours spent during two consecutive days of not less than six
29 hours each day and served as prescribed by the program
30 requirements of the Intoxicated Driver Resource Centers established
31 under subsection (f) of this section and, in the discretion of the
32 court, a term of imprisonment of not more than 30 days. In addition,
33 the court shall order the person to forfeit the right to operate a
34 motor vehicle over the highways of this State until the person
35 installs an ignition interlock device in one motor vehicle the person
36 owns, leases, or principally operates, whichever the person most
37 often operates, for the purpose of complying with the provisions of
38 P.L.1999, c.417 (C.39:4-50.16 et al.);

39 (ii) if the person's blood alcohol concentration is 0.10% or
40 higher, or the person operates a motor vehicle while under the
41 influence of a narcotic, hallucinogenic or habit-producing drug, or
42 the person permits another person who is under the influence of a
43 narcotic, hallucinogenic or habit-producing drug to operate a motor
44 vehicle owned by him or in his custody or control, or permits
45 another person with a blood alcohol concentration of 0.10% or more
46 to operate a motor vehicle, to a fine of not less than \$300 nor more
47 than \$500 and a period of detainment of not less than 12 hours nor
48 more than 48 hours spent during two consecutive days of not less

1 than six hours each day and served as prescribed by the program
2 requirements of the Intoxicated Driver Resource Centers established
3 under subsection (f) of this section and, in the discretion of the
4 court, a term of imprisonment of not more than 30 days;

5 in the case of a person who is convicted of operating a motor
6 vehicle while under the influence of a narcotic, hallucinogenic or
7 habit-producing drug or permitting another person who is under the
8 influence of a narcotic, hallucinogenic or habit-producing drug to
9 operate a motor vehicle owned by the person or under the person's
10 custody or control, the person shall forfeit the right to operate a
11 motor vehicle over the highways of this State for a period of not
12 less than seven months nor more than one year;

13 in the case of a person whose blood alcohol concentration is
14 0.10% or higher but less than 0.15%, the person shall forfeit the
15 right to operate a motor vehicle over the highways of this State until
16 the person installs an ignition interlock device in one motor vehicle
17 the person owns, leases, or principally operates, whichever the
18 person most often operates, for the purpose of complying with the
19 provisions of P.L.1999, c.417 (C.39:4-50.16 et al.);

20 in the case of a person whose blood alcohol concentration is
21 0.15% or higher, the person shall forfeit the right to operate a motor
22 vehicle over the highways of this State for a period of not less than
23 four months or more than six months following installation of an
24 ignition interlock device in one motor vehicle the person owns,
25 leases, or principally operates, whichever the person most often
26 operates, for the purpose of complying with the provisions of
27 P.L.1999, c.417 (C.39:4-50.16 et al.);

28 (iii) (Deleted by amendment, P.L.2019, c.248)

29 (2) For a second violation, a person shall be subject to a fine of
30 not less than \$500 nor more than \$1,000, and shall be ordered by
31 the court to perform community service for a period of 30 days,
32 which shall be of such form and on terms the court shall deem
33 appropriate under the circumstances, and shall be sentenced to
34 imprisonment for a term of not less than 48 consecutive hours,
35 which shall not be suspended or served on probation, or more than
36 90 days, and shall forfeit the right to operate a motor vehicle over
37 the highways of this State for a period of not less than one year or
38 more than two years upon conviction.

39 After the expiration of the license forfeiture period, the person
40 may make application to the Chief Administrator of the New Jersey
41 Motor Vehicle Commission for a license to operate a motor vehicle,
42 which application may be granted at the discretion of the chief
43 administrator, consistent with subsection (b) of this section. For a
44 second violation, a person also shall be required to install an
45 ignition interlock device under the provisions of P.L.1999, c.417
46 (C.39:4-50.16 et al.).

47 (3) For a third or subsequent violation, a person shall be subject
48 to a fine of \$1,000, and shall be sentenced to imprisonment for a

1 term of not less than 180 days in a county jail or workhouse, except
2 that the court may lower such term for each day, not exceeding 90
3 days, served participating in a drug or alcohol inpatient
4 rehabilitation program approved by the Intoxicated Driver Resource
5 Center and shall thereafter forfeit the right to operate a motor
6 vehicle over the highways of this State for eight years.

7 For a third or subsequent violation, a person also shall be
8 required to install an ignition interlock device under the provisions
9 of P.L.1999, c.417 (C.39:4-50.16 et al.).

10 As used in this section, the phrase "narcotic, hallucinogenic or
11 habit-producing drug" includes an inhalant or other substance
12 containing a chemical capable of releasing any toxic vapors or
13 fumes for the purpose of inducing a condition of intoxication, such
14 as any glue, cement or any other substance containing one or more
15 of the following chemical compounds: acetone and acetate, amyl
16 nitrite or amyl nitrate or their isomers, benzene, butyl alcohol, butyl
17 nitrite, butyl nitrate or their isomers, ethyl acetate, ethyl alcohol,
18 ethyl nitrite or ethyl nitrate, ethylene dichloride, isobutyl alcohol or
19 isopropyl alcohol, methyl alcohol, methyl ethyl ketone, nitrous
20 oxide, n-propyl alcohol, **【pentachlorophenol】** phencyclidine,
21 petroleum ether, propyl nitrite or propyl nitrate or their isomers,
22 toluene, toluol or xylene or any other chemical substance capable of
23 causing a condition of intoxication, inebriation, excitement,
24 stupefaction or the dulling of the brain or nervous system as a result
25 of the inhalation of the fumes or vapors of such chemical substance.

26 Whenever an operator of a motor vehicle has been involved in an
27 accident resulting in death, bodily injury or property damage, a
28 police officer shall consider that fact along with all other facts and
29 circumstances in determining whether there are reasonable grounds
30 to believe that person was operating a motor vehicle in violation of
31 this section.

32 A conviction of a violation of a law of a substantially similar
33 nature in another jurisdiction, regardless of whether that jurisdiction
34 is a signatory to the Interstate Driver License Compact pursuant to
35 P.L.1966, c.73 (C.39:5D-1 et seq.), shall constitute a prior
36 conviction under this subsection unless the defendant can
37 demonstrate by clear and convincing evidence that the conviction in
38 the other jurisdiction was based exclusively upon a violation of a
39 proscribed blood alcohol concentration of less than 0.08%.

40 If the driving privilege of any person is under revocation or
41 suspension for a violation of any provision of this Title or Title 2C
42 of the New Jersey Statutes at the time of any conviction for a
43 violation of this section, the revocation or suspension period
44 imposed shall commence as of the date of termination of the
45 existing revocation or suspension period. In the case of any person
46 who at the time of the imposition of sentence is less than 17 years
47 of age, the forfeiture, suspension or revocation of the driving
48 privilege imposed by the court under this section shall commence

1 immediately, run through the offender's seventeenth birthday and
2 continue from that date for the period set by the court pursuant to
3 paragraphs (1) through (3) of this subsection. A court that imposes
4 a term of imprisonment for a first or second offense under this
5 section may sentence the person so convicted to the county jail, to
6 the workhouse of the county wherein the offense was committed, to
7 an inpatient rehabilitation program or to an Intoxicated Driver
8 Resource Center or other facility approved by the chief of the
9 Intoxicated Driving Program Unit in the Division of Mental Health
10 and Addiction Services in the Department of **Health** Human
11 Services. For a third or subsequent offense a person shall not serve
12 a term of imprisonment at an Intoxicated Driver Resource Center as
13 provided in subsection (f).

14 A person who has been convicted of a previous violation of this
15 section need not be charged as a second or subsequent offender in
16 the complaint made against him in order to render him liable to the
17 punishment imposed by this section on a second or subsequent
18 offender, but if the second offense occurs more than 10 years after
19 the first offense, the court shall treat the second conviction as a first
20 offense for sentencing purposes and if a third offense occurs more
21 than 10 years after the second offense, the court shall treat the third
22 conviction as a second offense for sentencing purposes.

23 (b) A person convicted under this section must satisfy the
24 screening, evaluation, referral, program and fee requirements of the
25 Division of Mental Health and Addiction Services' Intoxicated
26 Driving Program Unit, and of the Intoxicated Driver Resource
27 Centers and a program of alcohol and drug education and highway
28 safety, as prescribed by the chief administrator. The sentencing
29 court shall inform the person convicted that failure to satisfy such
30 requirements shall result in a mandatory two-day term of
31 imprisonment in a county jail and a driver license revocation or
32 suspension and continuation of revocation or suspension until such
33 requirements are satisfied, unless stayed by court order in
34 accordance with the Rules Governing the Courts of the State of
35 New Jersey, or R.S.39:5-22. Upon sentencing, the court shall
36 forward to the Division of Mental Health and Addiction Services'
37 Intoxicated Driving Program Unit a copy of a person's conviction
38 record. A fee of \$100 shall be payable to the Alcohol Education,
39 Rehabilitation and Enforcement Fund established pursuant to
40 section 3 of P.L.1983, c.531 (C.26:2B-32) to support the
41 Intoxicated Driving Program Unit.

42 (c) Upon conviction of a violation of this section, the court shall
43 collect forthwith the New Jersey driver's license or licenses of the
44 person so convicted and forward such license or licenses to the
45 chief administrator. The court shall inform the person convicted
46 that if he is convicted of personally operating a motor vehicle
47 during the period of license suspension imposed pursuant to
48 subsection (a) of this section, he shall, upon conviction, be subject

1 to the penalties established in R.S.39:3-40. The person convicted
2 shall be informed orally and in writing. A person shall be required
3 to acknowledge receipt of that written notice in writing. Failure to
4 receive a written notice or failure to acknowledge in writing the
5 receipt of a written notice shall not be a defense to a subsequent
6 charge of a violation of R.S.39:3-40. In the event that a person
7 convicted under this section is the holder of any out-of-State
8 driver's license, the court shall not collect the license but shall
9 notify forthwith the chief administrator, who shall, in turn, notify
10 appropriate officials in the licensing jurisdiction. The court shall,
11 however, revoke the nonresident's driving privilege to operate a
12 motor vehicle in this State, in accordance with this section. Upon
13 conviction of a violation of this section, the court shall notify the
14 person convicted, orally and in writing, of the penalties for a
15 second, third or subsequent violation of this section. A person shall
16 be required to acknowledge receipt of that written notice in writing.
17 Failure to receive a written notice or failure to acknowledge in
18 writing the receipt of a written notice shall not be a defense to a
19 subsequent charge of a violation of this section.

20 (d) The chief administrator shall promulgate rules and
21 regulations pursuant to the "Administrative Procedure Act,"
22 P.L.1968, c.410 (C.52:14B-1 et seq.) in order to establish a program
23 of alcohol education and highway safety, as prescribed by **[this act]**
24 P.L.1977, c.29.

25 (e) Any person accused of a violation of this section who is
26 liable to punishment imposed by this section as a second or
27 subsequent offender shall be entitled to the same rights of discovery
28 as allowed defendants pursuant to the Rules Governing the Courts
29 of the State of New Jersey.

30 (f) The counties, in cooperation with the Division of Mental
31 Health and Addiction Services and the commission, but subject to
32 the approval of the Division of Mental Health and Addiction
33 Services, shall designate and establish on a county or regional basis
34 Intoxicated Driver Resource Centers. These centers shall have the
35 capability of serving as community treatment referral centers and as
36 court monitors of a person's compliance with the ordered treatment,
37 service alternative or community service. All centers established
38 pursuant to this subsection shall be administered by a counselor
39 certified by the Addiction Professionals Certification Board of New
40 Jersey or other professional with a minimum of five years'
41 experience in the treatment of alcoholism. All centers shall be
42 required to develop individualized treatment plans for all persons
43 attending the centers; provided that the duration of any ordered
44 treatment or referral shall not exceed one year. It shall be the
45 center's responsibility to establish networks with the community
46 alcohol and drug education, treatment and rehabilitation resources
47 and to receive monthly reports from the referral agencies regarding
48 a person's participation and compliance with the program. Nothing

1 in this subsection shall bar these centers from developing their own
2 education and treatment programs; provided that they are approved
3 by the Division of Mental Health and Addiction Services.

4 Upon a person's failure to report to the initial screening or any
5 subsequent ordered referral, the Intoxicated Driver Resource Center
6 shall promptly notify the sentencing court of the person's failure to
7 comply.

8 Required detention periods at the Intoxicated Driver Resource
9 Centers shall be determined according to the individual treatment
10 classification assigned by the Intoxicated Driving Program Unit.
11 Upon attendance at an Intoxicated Driver Resource Center, a person
12 shall be required to pay a per diem fee of \$75 for the first offender
13 program or a per diem fee of \$100 for the second offender program,
14 as appropriate. Any increases in the per diem fees after the first full
15 year shall be determined pursuant to rules and regulations adopted
16 by the Commissioner of **Health** Human Services in consultation
17 with the Governor's Council on **Alcoholism and Drug Abuse**
18 Substance Use Control pursuant to the "Administrative Procedure
19 Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

20 The centers shall conduct a program of alcohol and drug
21 education and highway safety, as prescribed by the chief
22 administrator.

23 The Commissioner of **Health** Human Services shall adopt rules
24 and regulations pursuant to the "Administrative Procedure Act,"
25 P.L.1968, c.410 (C.52:14B-1 et seq.), in order to effectuate the
26 purposes of this subsection.

27 (g) (Deleted by amendment, P.L.2019, c.248)

28 (h) A court also may order a person convicted pursuant to
29 subsection (a) of this section, to participate in a supervised
30 visitation program as either a condition of probation or a form of
31 community service, giving preference to those who were under the
32 age of 21 at the time of the offense. Prior to ordering a person to
33 participate in such a program, the court may consult with any
34 person who may provide useful information on the defendant's
35 physical, emotional and mental suitability for the visit to ensure that
36 it will not cause any injury to the defendant. The court also may
37 order that the defendant participate in a counseling session under
38 the supervision of the Intoxicated Driving Program Unit prior to
39 participating in the supervised visitation program. The supervised
40 visitation program shall be at one or more of the following facilities
41 which have agreed to participate in the program under the
42 supervision of the facility's personnel and the probation department:

43 (1) a trauma center, critical care center or acute care hospital
44 having basic emergency services, which receives victims of motor
45 vehicle accidents for the purpose of observing appropriate victims
46 of drunk drivers and victims who are, themselves, drunk drivers;

47 (2) a facility which cares for patients who have advanced
48 **alcoholics or drug abusers** alcohol or drug use disorders, to

1 observe persons in the advanced stages of **【alcoholism or drug**
2 **abuse】** an alcohol or drug use disorder; or

3 (3) if approved by a county medical examiner, the office of the
4 county medical examiner or a public morgue to observe appropriate
5 victims of vehicle accidents involving drunk drivers.

6 As used in this section, "appropriate victim" means a victim
7 whose condition is determined by the facility's supervisory
8 personnel and the probation officer to be appropriate for
9 demonstrating the results of accidents involving drunk drivers
10 without being unnecessarily gruesome or traumatic to the
11 defendant.

12 If at any time before or during a visitation the facility's
13 supervisory personnel and the probation officer determine that the
14 visitation may be or is traumatic or otherwise inappropriate for that
15 defendant, the visitation shall be terminated without prejudice to the
16 defendant. The program may include a personal conference after
17 the visitation, which may include the sentencing judge or the judge
18 who coordinates the program for the court, the defendant,
19 defendant's counsel, and, if available, the defendant's parents to
20 discuss the visitation and its effect on the defendant's future
21 conduct. If a personal conference is not practicable because of the
22 defendant's absence from the jurisdiction, conflicting time
23 schedules, or any other reason, the court shall require the defendant
24 to submit a written report concerning the visitation experience and
25 its impact on the defendant. The county, a court, any facility visited
26 pursuant to the program, any agents, employees, or independent
27 contractors of the court, county, or facility visited pursuant to the
28 program, and any person supervising a defendant during the
29 visitation, are not liable for any civil damages resulting from injury
30 to the defendant, or for civil damages associated with the visitation
31 which are caused by the defendant, except for willful or grossly
32 negligent acts intended to, or reasonably expected to result in, that
33 injury or damage.

34 The Supreme Court may adopt court rules or directives to
35 effectuate the purposes of this subsection.

36 (i) In addition to any other fine, fee, or other charge imposed
37 pursuant to law, the court shall assess a person convicted of a
38 violation of the provisions of this section a surcharge of \$125, of
39 which amount \$50 shall be payable to the municipality in which the
40 conviction was obtained, \$50 shall be payable to the Treasurer of
41 the State of New Jersey for deposit into the General Fund, and \$25
42 which shall be payable as follows: in a matter where the summons
43 was issued by a municipality's law enforcement agency, to that
44 municipality to be used for the cost of equipping police vehicles
45 with mobile video recording systems pursuant to the provisions of
46 section 1 of P.L.2014, c.54 (C.40A:14-118.1); in a matter where the
47 summons was issued by a county's law enforcement agency, to that

1 county; and in a matter where the summons was issued by a State
2 law enforcement agency, to the General Fund.

3 (cf: P.L.2019, c.248, s.2)

4
5 63. Section 1 of P.L.1984, c.4 (C.39:4-50.8) is amended to read
6 as follows:

7 1. Upon a conviction of a violation of R.S.39:4-50 or section 2
8 of P.L.1981, c.512 (C.39:4-50.4a), the court shall collect from the
9 defendant a surcharge of **[\$100.00]** \$100 in addition to and
10 independently of any fine imposed on that defendant. The court
11 shall forward the surcharge to the Director of the Division of Motor
12 Vehicles, who shall deposit **[\$95.00]** \$95 of the surcharge into **[a**
13 **"Drunk]** an "Intoxicated Driving Enforcement Fund" (hereinafter
14 referred to as the "fund"). This fund shall be used to establish a
15 Statewide **[drunk]** intoxicated driving enforcement program to be
16 supervised by the director. The remaining **[\$5.00]** \$5 of each
17 surcharge shall be deposited by the director into a separate fund for
18 administrative expenses.

19 A municipality shall be entitled to periodic grants from the
20 **["Drunk]** Intoxicated Driving Enforcement Fund" in amounts
21 representing **[its]** the municipality's proportionate contribution to
22 the fund.

23 A municipality shall be deemed to have contributed, to the fund,
24 the portion of the surcharge allocated to the fund, collected pursuant
25 to this section if the violation of R.S.39:4-50 or section 2 of
26 P.L.1981, c.512 (C.39:4-50.4a) occurred within the municipality
27 and the arrest resulting in conviction was made by the member of a
28 municipal police force. **[The grants]** Grants from the fund shall be
29 used by the municipality to increase enforcement of R.S.39:4-50 by
30 subsidizing additional law enforcement patrols and through other
31 measures approved by the director.

32 The Division of State Police, interstate law enforcement agencies
33 and county law enforcement agencies shall be entitled to periodic
34 grants from the fund, in amounts representing their proportionate
35 contribution to the fund. The Division of State Police or county or
36 interstate law enforcement agency shall be in deemed to have
37 contributed to the fund the portion of the surcharge allocated to the
38 fund collected pursuant to this section if the arrest resulting in a
39 conviction was made by a member of the Division of State Police or
40 county or interstate law enforcement agency. **[The grants]** Grants
41 from the fund shall be used by the Division of State Police or
42 county or interstate law enforcement agency to increase
43 enforcement of R.S.39:4-50 by subsidizing additional law
44 enforcement patrols and through other measures approved by the
45 director.

46 The surcharge described herein shall not be considered a fine,
47 penalty, or forfeiture to be distributed pursuant to R.S.39:5-41.

1 The director shall promulgate rules and regulations in order to
2 effectuate the purposes of this section.

3 (cf: P.L.1994, c.184, s.3)

4
5 64. Section 2 of P.L.1974, c.120 (C.40:9B-4) is amended to read
6 as follows:

7 2. The governing body of any county or municipality may
8 annually appropriate funds to any **【approved,】** privately operated,
9 nonprofit **【narcotic and】** substance use disorder treatment **【center**
10 **certified by the Commissioner of Health】** facility licensed pursuant
11 to **【P.L.1970, c.334 (C.26:2G-21 et seq.)】** section 20 of
12 P.L. , c. (C.) (pending before the Legislature as this bill),
13 for the purpose of helping to defray expenses incurred in the
14 provision **【of】** by such facilities of programs and services to
15 prevent and control substance use **【disorder】** disorders, and to
16 provide for the diagnosis, treatment, rehabilitation, and aftercare
17 **【to】** of persons with substance use disorders who are residents of
18 **【any】** the county or municipality making such appropriations.

19 (cf: P.L.2017, c.131, s.167)

20
21 65. Section 5 of P.L.1997, c.14 (C.44:10-48) is amended to read
22 as follows:

23 5. a. Only those persons who are United States citizens or
24 eligible aliens shall be eligible for benefits under the Work First
25 New Jersey program. Single adults or couples without dependent
26 children who are legal aliens who meet federal requirements and
27 have applied for citizenship, shall not receive benefits for more than
28 six months unless (1) they attain citizenship, or (2) they have passed
29 the English language and civics components for citizenship, and are
30 awaiting final determination of citizenship by the federal
31 Immigration and Naturalization Service.

32 b. The following persons shall not be eligible for assistance and
33 shall not be considered to be members of an assistance unit:

34 (1) non-needy caretakers, except that the eligibility of a
35 dependent child shall not be affected by the income or resources of
36 a non-needy caretaker;

37 (2) Supplemental Security Income recipients, except for the
38 purposes of receiving emergency assistance benefits pursuant to
39 section 8 of P.L.1997, c.14 (C.44:10-51);

40 (3) illegal aliens;

41 (4) other aliens who are not eligible aliens;

42 (5) a person absent from the home who is incarcerated in a
43 federal, State, county or local corrective facility or under the
44 custody of correctional authorities, except as provided by regulation
45 of the commissioner;

46 (6) a person who: is fleeing to avoid prosecution, custody or
47 confinement after conviction, under the laws of the jurisdiction

1 from which the person has fled, for a crime or an attempt to commit
2 a crime which is a felony or a high misdemeanor under the laws of
3 the jurisdiction from which the person has fled; or is violating a
4 condition of probation or parole imposed under federal or state law;

5 (7) a person convicted on or after August 22, 1996 under federal
6 or state law of any offense which is classified as a felony or crime,
7 as appropriate, under the laws of the jurisdiction involved and
8 which has as an element the possession, use, or distribution of a
9 controlled substance as defined in section 102(6) of the federal
10 "Controlled Substances Act" (21 U.S.C. s.802 (6)), who would
11 otherwise be eligible for general public assistance pursuant to
12 P.L.1947, c.156 (C.44:8-107 et seq.); except that such a person who
13 is convicted of any such offense which has as an element the
14 possession or use only of such a controlled substance may be
15 eligible for Work First New Jersey general public assistance
16 benefits if the person enrolls in or has completed a licensed or
17 certified residential or outpatient **【drug】 substance use disorder**
18 treatment program. An otherwise eligible individual who has a past
19 drug conviction shall be eligible for general public assistance
20 without enrolling in or completing a **【drug】 substance use disorder**
21 treatment program if either: (1) an appropriate treatment program is
22 not available; or (2) the person is excused from enrolling in a
23 treatment program for good cause pursuant to regulation.

24 Eligibility for benefits for a person entering a licensed **【drug】 or**
25 certified substance use disorder treatment program **【which does】**
26 that is not 【operate】 operating in a State correctional facility or
27 county jail shall commence upon the person's enrollment in the
28 **【drug】 substance use disorder** treatment program, and shall
29 continue during the person's active participation in, and upon
30 completion of, the **【drug】 substance use disorder** treatment
31 program, except that, during the person's active participation in a
32 **【drug】 substance use disorder** treatment program, and during the
33 first 60 days **【after】 following** completion of **【a drug】 the** treatment
34 program, the commissioner shall provide for testing of the person to
35 determine if the person is free of any controlled substance. If the
36 person is determined to not be free of any controlled substance
37 during the 60-day period following the completion of treatment, the
38 person's eligibility for benefits pursuant to this paragraph shall be
39 terminated; except that this provision shall not apply to the use of
40 prescription drugs by a person who is actively participating in a
41 **【drug】 substance use disorder** treatment program, **【as】 when such**
42 drugs are prescribed by the **【drug】 treatment 【program】 provider**.
43 The commissioner shall adopt regulations to carry out the
44 provisions of this paragraph, which shall include the criteria for
45 determining active participation in, and completion of, a **【drug】**
46 substance use disorder treatment program.

1 Eligibility for benefits for a person who completes a **licensed**
2 residential **drug** substance use disorder treatment program
3 **which** that operates in a State correctional facility or county jail,
4 in accordance with section **1** of P.L.2014, c.1 (C.26:2B-40) **21** of
5 P.L. , c. (C.) (pending before the Legislature as this bill),
6 shall commence upon the person's release from incarceration.

7 Cash benefits, less a personal needs allowance, for a person
8 receiving general public assistance benefits under the Work First
9 New Jersey program who is enrolled in and actively participating in
10 a licensed **drug** or certified substance use disorder treatment
11 program shall be issued directly to the **drug** substance use
12 disorder treatment provider to offset the cost of treatment. Upon
13 completion of the **drug** substance use disorder treatment program,
14 the cash benefits shall be then issued to the person. In the case of a
15 delay in issuing cash benefits to a person receiving Work First New
16 Jersey general public assistance benefits who has completed the
17 **drug** substance use disorder treatment program, the **drug**
18 treatment provider shall transmit to the person, those funds received
19 on behalf of that person after **completion of** the person completes
20 the **drug** substance use disorder treatment program;

21 (8) a person found to have fraudulently misrepresented **this** the
22 person's residence in order to obtain means-tested, public benefits
23 in two or more states or jurisdictions, who shall be ineligible for
24 benefits for a period of 10 years from the date of conviction in a
25 federal or state court; or

26 (9) a person who intentionally makes a false or misleading
27 statement or misrepresents, conceals, or withholds facts for the
28 purpose of receiving benefits, who shall be ineligible for benefits
29 for a period of six months for the first violation, 12 months for the
30 second violation, and permanently for the third violation.

31 c. A person who makes a false statement with the intent to
32 qualify for benefits and by reason thereof receives benefits for
33 which the person is not eligible is guilty of a crime of the fourth
34 degree.

35 d. Pursuant to the authorization provided to the states under 21
36 U.S.C. s.862a(d)(1), this State elects to exempt from the application
37 of 21 U.S.C. s.862a(a):

38 (1) needy persons and their dependent children domiciled in
39 New Jersey for the purposes of receiving benefits under the Work
40 First New Jersey program and food assistance under the federal
41 "Food and Nutrition Act of 2008," Pub.L.110-234 (7 U.S.C. s.2011
42 et seq.); and

43 (2) single persons and married couples without dependent
44 children domiciled in New Jersey for the purposes of receiving food
45 assistance under Pub.L.110-234.

46 (cf: P.L.2016, c.69, s.1)

1 The director will be responsible for publishing on the office's
2 Internet website, and submitting to the appropriate legislative health
3 and budget committees, not later than April 1 of any year in which
4 there is a gubernatorial inauguration, a Statement of Executive
5 Branch Substance Use Control Policy Priorities for the Coordinated
6 Statewide Substance Use Control Program overseen by the office,
7 which statement is to reflect the Governor's goals and priorities in
8 relation to the issue of substance use control in the State, and is to
9 present the guiding principles that are to be used in effectuating the
10 Coordinated Statewide Substance Use Control Program. The
11 director will also be responsible for publishing, on the office's
12 Internet website, and submitting to the appropriate legislative health
13 and budget committees by February 1 of any year following the
14 year in which there is a gubernatorial inauguration, a
15 comprehensive substance use control strategy that is designed to
16 implement the policy priorities of the executive branch as identified
17 in the Statement of Executive Priorities.

18 The comprehensive substance use control strategy is to be
19 revised and updated whenever a new Governor is inaugurated; on at
20 least a biennial basis following the initial publication of the
21 strategy; and at any other time the Governor, in consultation with
22 the director, determines that the current strategy is insufficient or
23 ineffective.

24 The director, through the office, will also have the duty to:

25 1) consult with, advise, and assist program partner agencies,
26 local governments, State and local law enforcement agencies, and
27 other appropriate persons and entities in implementing and
28 achieving the goals, objectives, and targets of the comprehensive
29 strategy;

30 2) coordinate and oversee program partner compliance with,
31 and adherence to, the comprehensive strategy, and make
32 recommendations to program partners with respect to the
33 implementation of appropriate substance use control programs and
34 services, including the use of funds appropriated for these purposes;

35 3) provide annual budget recommendations to the heads of each
36 program partner agency that include requests for specific funding
37 initiatives that are consistent with the priorities identified in the
38 comprehensive strategy;

39 4) monitor and evaluate the effectiveness of substance use
40 control efforts by program partner agencies through the use of
41 specific performance measures and targets, conducting audits and
42 evaluations, and monitoring spending;

43 5) facilitate the use of collaborative efforts to identify
44 duplication, overlap, or gaps in funding to ensure the most efficient
45 and effective allocation of funding for substance use control
46 purposes;

47 6) facilitate the broad-scale sharing of information on substance
48 use control efforts and activities, and the standardization of data

- 1 compilation and reporting requirements among program partner
2 agencies, law enforcement agencies, and local government units, in
3 order to support the Coordinated Statewide Substance Use Control
4 Program and achieve the goals, objectives, and targets identified in
5 the comprehensive strategy;
- 6 7) consult with and assist local governments and State and local
7 law enforcement agencies with respect to their interactions with
8 program partner agencies;
- 9 8) develop standards, policies, and procedures to support
10 program partner agencies and other entities that enter into contracts
11 with treatment facilities to ensure compliance the contracts and to
12 further ensure that contracts are being properly closed out and
13 claims promptly and properly processed;
- 14 9) provide recommendations to the Governor and Legislature
15 regarding changes in the organization, management, and budgets of
16 program partner agencies, and changes in the allocation of
17 personnel to and within those program partner agencies, as
18 necessary to implement the comprehensive strategy and effectuate
19 the policies, goals, objectives, and priorities of the Coordinated
20 Statewide Substance Use Control Program;
- 21 10) in consultation and cooperation with the Office of the
22 Attorney General, the Department of Law and Public Safety, and
23 other appropriate program partner agencies, biennially review
24 existing State and local laws and regulations governing intoxicated
25 driving, the manufacture, sale, and consumption of alcoholic
26 beverages, and the administration, prescription, use, and diversion
27 and misuse of prescription drugs, in order to determine whether
28 those laws are consistent with the purposes of the bill, the priorities
29 of the Coordinated Statewide Substance Use Control Program, and
30 the goals, objectives, and targets of the comprehensive strategy;
- 31 11) notify any program partner agency if its policies are not in
32 compliance with the agency's stated responsibilities under the
33 comprehensive strategy;
- 34 12) serve as a spokesperson for the executive branch on all
35 matters related to substance use control, and appear and testify
36 before appropriate legislative committees on all issues related to the
37 Coordinated Statewide Substance Use Control Program, the
38 implementation of the comprehensive strategy, and the substance
39 use control policies of the executive branch;
- 40 13) ensure that current research and information on matters
41 related to substance use control is effectively disseminated to
42 stakeholders and to the public;
- 43 14) coordinate with individuals and entities in the private sector
44 to promote private research into substance use control
45 methodologies, including, but not limited to, research regarding the
46 development of new approaches to substance use disorder
47 treatment, and the development of new addiction treatment
48 medications;

1 15) designate, terminate the designation of, and respond to
2 emerging drug threats as provided under the bill;

3 16) work with the State Attorney General to identify and obtain
4 statistical information concerning substance use in the counties and
5 regions of the State particularly affected by substance use disorders
6 and illicit drug use;

7 17) within the limits of appropriated funds, administer
8 appropriate grant programs to support community-based substance
9 use control activities, research projects, and public information
10 outreach efforts; and

11 18) issue annual reports to the Governor and the Legislature.

12 The bill transfers some authority from the existing Governor's
13 Council on Alcohol and Drug Abuse, which is renamed under the
14 bill as the Governor's Council on Substance Use Control, and the
15 Alliance to Prevent Alcoholism and Drug Abuse, which is renamed
16 as the Local Substance Use Control Alliance. In particular, the bill
17 provides that the office will work in consultation with the Division
18 of Mental Health and Addiction Services in the Department of
19 Human Services, and with the Governor's Council, to establish
20 recommendations for grant awards made by the Local Substance
21 Use Control Alliance. The bill also provides for County Annual
22 Alliance Plans to be submitted to and reviewed by the office;
23 currently the plans are reviewed by the Governor's Council. The
24 Governor's Council's powers are further revised under the bill to
25 ensure that the council will provide a supportive and advisory role
26 to the office, rather than acting independently in matters of
27 substance use control.

28 The bill authorizes the director to:

29 1) select, appoint, employ, and fix the compensation of officers
30 and employees of the office as may be necessary to carry out the
31 duties of the director and functions of the office;

32 2) establish and consult with advisory councils, working
33 groups, or research committees, and hire or appoint appropriate
34 policy or service coordinators, as the director deems necessary to
35 effectuate the priorities of the Coordinated Statewide Substance Use
36 Control Program and achieve the goals, objectives, and targets
37 identified in the comprehensive strategy;

38 3) request the head of any program partner agency to place
39 department or agency staff who are engaged in substance use
40 control activities on temporary detail to another program partner
41 agency as necessary to ensure the most efficient and effective
42 implementation of the comprehensive strategy;

43 4) transfer funds within and among program partner agencies
44 for the purposes of furthering the comprehensive strategy; and

45 5) control the use of funds by program partner agencies as
46 necessary to ensure compliance with the comprehensive strategy.

47 The comprehensive strategy is to set forth a comprehensive
48 cross-agency plan to reduce illicit substance use, the occurrence of

1 substance use disorders, and the ancillary problems associated with
2 substance use disorders throughout the State, and is to facilitate
3 interagency and interjurisdictional collaboration, and the best use of
4 each agency's resources and subject-matter expertise, on all matters
5 related to substance use control. To this end, the bill specifies that
6 the Governor may transfer oversight authority and responsibility for
7 any program, system, service, or initiative to the entity that is in the
8 best position to effectively implement the program, system, service,
9 or initiative, regardless of any statutory or regulatory designation of
10 authority to the contrary. The Governor may effectuate these
11 transfers through the use of executive reorganization plans or any
12 other administrative action as is appropriate.

13 The comprehensive strategy is to include, among other things, a
14 mission statement detailing the major functions of the office in
15 effectuating the priorities of the Coordinated Statewide Substance
16 Use Control Program and in implementing the comprehensive
17 strategy; comprehensive short- and long-term quantifiable goals for
18 reducing the incidence and deleterious effects of substance use
19 disorders in New Jersey; and a description of how each goal will be
20 achieved. The strategy is also to include a comprehensive
21 performance evaluation plan to be used by the office in evaluating
22 the progress made by program partner agencies with respect to
23 achieving the goals established under the strategy. The strategy
24 will include a five-year fiscal projection and budget priorities for
25 the Coordinated Statewide Substance Use Control Program; a
26 systemic data collection plan; a strategic overdose response plan
27 developed in consultation with the Opioid Epidemic Activities
28 Coordination Committee being established under the bill; and a
29 strategic plan to expand treatment and recovery options for
30 individuals with substance use disorders in the State.

31 When formulating the comprehensive strategy, the director will
32 be required to consult with, seek input from, and, to the extent
33 possible, obtain support for the strategy and a commitment to
34 undertake actions in accordance with the strategy, from the heads of
35 program partner agencies, local government units, and other
36 relevant individuals and entities.

37 Under the bill, the head of each program partner agency will be
38 required to: 1) cooperate with the director and the office in all
39 matters related to the program partner's implementation of the
40 Coordinated Statewide Substance Use Control Program and the
41 comprehensive strategy; 2) provide the director with statistics,
42 studies, reports, and other data or information that has been
43 prepared or collected by the program partner under the
44 comprehensive strategy; 3) annually prepare and submit to the
45 director a written progress evaluation using agency-specific
46 performance measures developed by the director; 4) annually
47 prepare and submit to the director a detailed written accounting of
48 all funds expended by the agency for substance use control

1 activities; 5) annually submit to the director a copy of the agency's
2 substance use control budget request for the upcoming fiscal year,
3 which the director will review and certify as to appropriateness and
4 sufficiency in light of the policies of the program and the goals of
5 the comprehensive strategy; and 6) periodically submit to the
6 director written recommendations, suggestions, or comments
7 concerning changes to the comprehensive strategy or State laws and
8 regulations related to substance use control or intoxicated driving.
9 Changes in a program partner agency's substance use control
10 policies will be subject to approval by the director.

11 The bill requires the director to establish, within the Office of
12 Coordinated Substance Use Control Policy and Planning, an
13 Emerging Drug Threats Committee and an Opioid Epidemic
14 Activities Coordination Committee. The Emerging Drug Threats
15 Committee will assist the director in designating and terminating
16 the designation of emerging drug threats in the State, and in
17 developing Emerging Drug Threat Response Plans to address and
18 mitigate identified threats. The Opioid Epidemic Activities
19 Coordination Committee will promote and facilitate collaboration
20 and cooperation among program partner agencies, local
21 governments, and State and local law enforcement agencies in
22 developing and implementing comprehensive and innovative
23 policies, programs, services, and supports to help control and
24 mitigate the State's opioid epidemic.

25 The bill requires the director and office to: 1) operate a 24-hour
26 centralized Substance Use Control Services Information Hotline to
27 assist members of the public in navigating the State's substance use
28 disorder treatment and recovery systems; 2) engage in an ongoing
29 public awareness campaign to deter illicit substance use, increase
30 public awareness of the issues associated with illicit substance use
31 and substance use disorders, and the available treatment and
32 recovery facilities, programs, services, and supports that exist
33 throughout the State; 3) engage in special, targeted media
34 campaigns in response to the designation of any emerging drug
35 threats in the State; 4) work with appropriate law enforcement
36 partners to develop substance use disorder educational programs for
37 law enforcement, prosecuting attorneys, court personnel, judges of
38 the Superior Court, probation and parole officers, corrections
39 personnel, and State welfare and vocational rehabilitation
40 personnel; and 5) establish and maintain, on the office's Internet
41 website, a substance use control data dashboard, which will provide
42 searchable data on substance use, substance use disorders, treatment
43 resources, including open residential bed space, and emerging drug
44 threats.

45 The bill, in addition to establishing a centralized Office of
46 Coordinated Substance Use Control Policy and Planning and
47 articulating the duties and responsibilities of the director and the
48 office, will consolidate and clarify the existing laws pertaining to

1 substance use disorder treatment to make those laws comport with
2 the comprehensive substance use control system being established
3 under the bill. To that end, the bill repeals the bulk of existing
4 statutory provisions in Chapters 2B and 2G of Title 26 of the
5 Revised Statutes, which pertain, respectively, to treatment for
6 alcoholism and drug abuse, and will combine, reconstitute, and
7 consolidate those provisions as new sections of law.

8 In reorganizing the existing statutes, consistent with the
9 provisions of Reorganization Plan 001-2018 (Murphy), the bill
10 requires the Department of Health to oversee the licensure or
11 certification and inspection of all substance use disorder treatment
12 facilities; and provides that the Division of Mental Health and
13 Addiction Services in the Department of Human Services will
14 perform all other regulatory tasks related treatment programs and
15 services operated by licensed or certified facilities.
16 Notwithstanding these designations, the Governor will retain the
17 authority to transfer oversight or authority over any aspect of the
18 Coordinated Statewide Substance Use Control Program in the state
19 to any entity the Governor deems most appropriate to carry out
20 those functions, which transfers may be accomplished through an
21 executive reorganization plan or other administrative action.