

SENATE, No. 3800

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MAY 20, 2021

Sponsored by:

Senator DAWN MARIE ADDIEGO

District 8 (Atlantic, Burlington and Camden)

SYNOPSIS

Requires certain health insurers, Medicaid, NJ FamilyCare, SHBP, and SEHBP to cover naloxone without imposing prior authorization requirements.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning health benefits coverage of naloxone and
2 supplementing various parts of the statutory law.

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

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7 1. a. A carrier shall ensure that every contract to provide
8 prescription drug benefits, or to authorize the purchase of a contract
9 to provide prescription drug benefits, shall provide coverage for
10 naloxone to covered persons without the imposition of any prior
11 authorization or other utilization management requirements,
12 provided that the drug is:

13 (1) prescribed or administered to the covered person by a
14 licensed medical practitioner who is authorized to prescribe or
15 administer that treatment pursuant to State and federal law; or

16 (2) dispensed to the covered person by a licensed pharmacist
17 under a standing order to dispense an opioid antidote pursuant
18 P.L.2017, c.88 (C.45:14-67.2).

19 b. The provisions of this section shall not be construed to limit
20 the coverage of naloxone only when administered by a medical
21 practitioner.

22 c. As used in this section:

23 "Carrier" means an insurance company, health service
24 corporation, hospital service corporation, medical service
25 corporation, or health maintenance organization authorized to issue
26 health benefits plans in this State.

27 "Naloxone" means a drug or device containing naloxone
28 hydrochloride that is approved by the United States Food and Drug
29 Administration for the treatment of an opioid overdose, either in the
30 intramuscular or intranasal form and including a nasal atomizer if
31 required to administer the drug.

32

33 2. a. The Division of Medical Assistance and Health Services
34 in the Department of Human Services shall provide coverage for
35 naloxone under the Medicaid program and the NJ FamilyCare
36 program without the imposition of any prior authorization or other
37 utilization management requirements, provided that the drug is:

38 (1) prescribed or administered to an enrollee by a licensed
39 medical practitioner who is authorized to prescribe or administer
40 that treatment pursuant to State and federal law; or

41 (2) dispensed to an enrollee by a licensed pharmacist under a
42 standing order to dispense an opioid antidote pursuant P.L.2017,
43 c.88 (C.45:14-67.2).

44 b. The provisions of this section shall not be construed to limit
45 the coverage of naloxone only when administered by a medical
46 practitioner.

47 c. The division shall require each managed care organization
48 contracted with the division to provide pharmacy benefits to

1 Medicaid and NJ FamilyCare enrollees to comply with the
2 provisions of this section.

3 d. The Commissioner of Human Services shall apply for such
4 State plan amendments or waivers as may be necessary to
5 implement the provisions of this section and to secure federal
6 financial participation for State Medicaid expenditures under the
7 federal Medicaid program.

8 e. As used in this section:

9 “Medicaid program” means the program established pursuant to
10 P.L.1968, c.413 (C.30:4D-1 et seq.).

11 “Naloxone” means a drug or device containing naloxone
12 hydrochloride that is approved by the United States Food and Drug
13 Administration for the treatment of an opioid overdose, either in the
14 intramuscular or intranasal form and including a nasal atomizer if
15 required to administer the drug.

16 “NJ FamilyCare program” means the program established
17 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).
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19 3. a. Notwithstanding any law or regulation to the contrary, the
20 State Health Benefits Commission and the School Employees’
21 Health Benefits Commission shall ensure that every contract under
22 the State Health Benefits Program shall provide coverage for
23 naloxone to eligible members of the State Health Benefits Program
24 and the School Employees’ Health Benefits Program. The coverage
25 shall be provided without the imposition of any prior authorization
26 or other utilization management requirements, provided that the
27 treatment is:

28 (1) prescribed or administered to the eligible member by a
29 licensed medical practitioner who is authorized to prescribe or
30 administer that treatment pursuant to State and federal law; or

31 (2) dispensed to the eligible member by a licensed pharmacist
32 under a standing order to dispense an opioid antidote pursuant
33 P.L.2017, c.88 (C.45:14-67.2).

34 b. The provisions of this section shall not be construed to limit
35 the coverage of naloxone only when administered by a medical
36 practitioner.

37 c. Each commission shall develop and issue guidelines to
38 ensure the safety and efficacy of benefits provided pursuant to this
39 section.

40 d. As used in this section:

41 “Naloxone” means a drug or device containing naloxone
42 hydrochloride that is approved by the United States Food and Drug
43 Administration for the treatment of an opioid overdose, either in the
44 intramuscular or intranasal form and including a nasal atomizer if
45 required to administer the drug.
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47 4. This act shall take effect immediately and apply to every
48 contract issued, renewed, or issued for renewal on or after that date,

1 notwithstanding any federal approval required under the Medicaid
2 and NJ FamilyCare programs pursuant to section 2 of this act.

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5 STATEMENT

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7 This bill would require certain health benefits carriers and State
8 programs to provide coverage for naloxone without imposing prior
9 authorization requirements. The goal of this bill is to broaden and
10 expedite the availability of naloxone throughout the State, and to
11 save lives in doing so.

12 Generally, naloxone is an inexpensive drug that reverses the
13 effects of respiratory depression following heavy opioid use,
14 resulting in a significantly decreased likelihood of death following
15 an overdose. Under the bill, “naloxone” means a drug or device
16 containing naloxone hydrochloride that is approved by the United
17 States Food and Drug Administration for the treatment of an opioid
18 overdose, either in the intramuscular or intranasal form and
19 including a nasal atomizer if required to administer the drug.

20 Specifically, this bill requires an insurance company, health
21 service corporation, hospital service corporation, medical service
22 corporation, or health maintenance organization authorized to issue
23 health benefits plans in this State, as well as the Medicaid program,
24 the NJ FamilyCare Program, the State Health Benefits Program, and
25 the School Employees’ Health Benefits Program to provide
26 coverage for naloxone without imposing prior authorization
27 requirements or other utilization management requirements,
28 provided that the treatment is:

29 (1) prescribed or administered to the eligible member by a
30 licensed medical practitioner who is authorized to prescribe or
31 administer that treatment pursuant to State and federal law; or

32 (2) dispensed to the eligible member by a licensed pharmacist
33 under a standing order to dispense an opioid antidote pursuant to
34 P.L.2017, c.88 (C.45:14-67.2), which allows pharmacists to
35 dispense opioid antidotes to any person without an individual
36 prescription

37 The bill explicitly states that its provisions are not be construed
38 to limit the coverage of naloxone only when administered by a
39 medical practitioner.

40 Administration of naloxone in a medical setting is standard
41 practice for hospital medical staff and first responders caring for a
42 patient who has overdosed on opioids. Currently, Medicaid covers
43 naloxone, when administered in these settings, without prior
44 authorization. This bill codifies that policy in the statutes.

45 Naloxone can also be prescribed directly to individuals.
46 Currently, the New Jersey Board of Medical Examiners (BME) has
47 issued a certificate of waiver allowing physicians and other
48 prescribers to write a prescription for naloxone in the name of the

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1 person receiving the prescription, rather than the end user who will
2 be administered the agent. As such, this bill allows individuals
3 covered under the bill's provisions, who are at risk of an opioid
4 overdose or who may be in a position to assist others who are, to be
5 covered for naloxone without prior authorization.