

**ASSEMBLY, No. 628**

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**STATE OF NEW JERSEY**

**220th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

**Sponsored by:**

**Assemblyman SEAN T. KEAN**

**District 30 (Monmouth and Ocean)**

**Assemblyman EDWARD H. THOMSON**

**District 30 (Monmouth and Ocean)**

**SYNOPSIS**

Establishes certain protocols for prescribing and dispensing benzodiazepine.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



1    **AN ACT** concerning benzodiazepines and supplementing Title 24 of  
2       the Revised Statutes.

3

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

6

7       1.   As used in this act:

8       “Benzodiazepine” means any substance or drug, including  
9       alprazolam, clonazepam, diazepam, lorazepam, and temazepam,  
10       which: contains a benzene ring fused to a seven member diazepam  
11       ring; results in the depression of the central nervous system; and is  
12       primarily intended to treat insomnia, convulsions, anxiety, muscle  
13       relaxation, and for pre-operation treatment.

14       “Long-term care facility” means a nursing home, assisted living  
15       residence, comprehensive personal care home, residential health  
16       care facility, or dementia care home licensed pursuant to P.L.1971,  
17       c.136 (C.26:2H-1 et seq.).

18       “Non-benzodiazepine hypnotic” means any substance or drug  
19       which produces effects similar to benzodiazepine and is primarily  
20       intended to treat insomnia, including zaleplon, zopiclone, and  
21       zolpidem.

22       “Pharmacist” means an individual currently licensed by this State  
23       to engage in the practice of pharmacy who does not dispense  
24       medication to patients in long-term care facilities.

25       “Practitioner” means an individual currently licensed, registered,  
26       or otherwise authorized by this State to prescribe drugs in the  
27       course of professional practice who does not treat patients in long-  
28       term care facilities.

29

30       2.   The Department of Health shall:

31       (a) establish protocols for practitioners to follow including a  
32       slow, patient controlled tapering and encouraging the use of the  
33       Ashton manual to safely discontinue patients’ use of  
34       benzodiazepines and non-benzodiazepines hypnotics to minimize  
35       patients’ symptoms of withdrawal, and permitting patients with  
36       long-term use of benzodiazepines, who are dependent on the  
37       medication, to remain on the medication or to safely taper at a rate  
38       that is determined by the patient’s symptoms;

39       (b) produce and distribute in written or electronic form to  
40       pharmacies and practitioners to distribute to patients, a cautionary  
41       pamphlet for consumers regarding benzodiazepines and non-  
42       benzodiazepine hypnotics on:

43       (1) misuse and abuse by adults and children;

44       (2) risk of dependency and addiction;

45       (3) proper storage and disposal; and

46       (4) addiction support and treatment resources;

47       (c) prohibit a practitioner or pharmacist from prescribing or  
48       dispensing a benzodiazepine or a non-benzodiazepine hypnotic

1 unless pharmacist and practitioner has furnished the patient the  
2 pamphlet provided for in paragraph (b) of this section, and has  
3 collected the patient's signed consent form, as determined by the  
4 Department of Health;

5 (d) require bold lettering labels on benzodiazepine or non-  
6 benzodiazepine hypnotic prescriptions to alert patients to the risk of  
7 dependence, addiction, or both; and

8 (e) prohibit one benzodiazepine or one non-benzodiazepine  
9 hypnotic prescription to exceed four weeks unless there is a proven  
10 medical need, medical exception, or both.

11  
12 3. The Department of Health shall adopt, pursuant to the  
13 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
14 seq.), rules or regulations necessary to effectuate the provisions of  
15 this act.

16  
17 4. This act shall take effect 180 days after the date of  
18 enactment.

#### 21 STATEMENT

22  
23 This bill establishes protocols for prescribing and dispensing  
24 benzodiazepine.

25 Under the bill, the Department of Health (department) is to:  
26 establish protocols for practitioners to follow including a slow,  
27 patient controlled tapering and encouraging the use of the Ashton  
28 manual to safely discontinue patients' use of benzodiazepines and  
29 non-benzodiazepines hypnotics to minimize patients' symptoms of  
30 withdrawal, and permitting patients with long-term use of  
31 benzodiazepines, who are dependent on the medication, to remain  
32 on the medication or to safely taper at a rate that is determined by  
33 the patient's symptoms; produce and distribute in written or  
34 electronic form to pharmacies and practitioners to distribute to  
35 patients, a cautionary pamphlet for consumers regarding  
36 benzodiazepines and non-benzodiazepine hypnotics on: (1) misuse  
37 and abuse by adults and children; (2) risk of dependency and  
38 addiction; (3) proper storage and disposal; and (4) addiction support  
39 and treatment resources. The department is to prohibit one  
40 benzodiazepine or one non-benzodiazepine hypnotic prescription to  
41 exceed four weeks unless there is a proven medical need, medical  
42 exception, or both. The department is to prohibit a practitioner or  
43 pharmacist from prescribing or dispensing a benzodiazepine or a  
44 non-benzodiazepine hypnotic unless pharmacist and practitioner  
45 furnishes the patient with the pamphlet provided for in this bill and  
46 collects the patient's signed consent form. Further, the department  
47 is to require bold lettering labels on benzodiazepine or non-

- 1 benzodiazepine hypnotic prescriptions to alert patients to the risk of
- 2 dependence, addiction, or both.
- 3 The provisions of this bill do not apply to pharmacists who
- 4 dispense medication to patients in long-term care facilities or
- 5 practitioners who treat patients in long-term care facilities.