

ASSEMBLY, No. 3571

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED MARCH 12, 2018

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE
District 37 (Bergen)

SYNOPSIS

Establishes certain limitations on the prescription, dispensation, and administration of opioid medications to student athletes.

CURRENT VERSION OF TEXT

As introduced.



A3571 VAINIERI HUTTLE

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1 AN ACT concerning the prescription, dispensation, and
2 administration of opioid medications to student athletes, and
3 amending and supplementing various sections of the statutory
4 law.

5

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

8

9 1. (New section) a. A prescriber shall exercise extreme
10 caution when determining whether to prescribe opioid medication in
11 the course of treatment afforded to a student athlete. The prescriber
12 shall make every reasonable effort to utilize non-narcotic drugs,
13 including acetaminophen, non-steroidal anti-inflammatory
14 medications, and salicylates, as well as non-medicine alternatives
15 such as cryotherapy and transcutaneous nerve stimulation, as an
16 alternative to opioid medication.

17 b. Whenever a prescriber determines that the alternative
18 treatments described under subsection a. of this section are
19 insufficient to address a student athlete's medical needs, and
20 prescribes an opioid medication for the treatment of the student
21 athlete's injury or pain, the prescriber shall:

22 (1) make every effort to ensure the student athlete's safe use of
23 the medication;

24 (2) prescribe no more than a seven-day, non-refillable supply of
25 the medication;

26 (3) indicate, on the face of the prescription blank, that the
27 prescription is being issued for a student athlete, pursuant to this
28 section;

29 (4) provide the completed prescription blank to the student
30 athlete's parent or guardian, instead of providing it directly to the
31 student athlete;

32 (5) provide the student athlete's parent or guardian with
33 instructions as to how to administer the medication and the ways in
34 which the parent or guardian can engage in medication monitoring,
35 on a daily basis, to determine the continued need for, and
36 effectiveness of, the medication;

37 (6) provide the student athlete, and the student's parent or
38 guardian, with information or educational materials regarding the
39 risks that are associated with the use of opioid medication,
40 including information about drug tolerance, the possibility of
41 developing physical and psychological dependence or addiction,
42 and the warning signs of these conditions;

43 (7) emphasize to the student athlete, and the student's parent or
44 guardian, the importance of preventing the student athlete from

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.

A3571 VAINIERI HUTTLE

1 engaging in the unsupervised self-administration of the opioid
2 medication; indicate that the student will be required to engage only
3 in the supervised administration of the medication while on school
4 grounds or under the authority of school officials, as provided by
5 section 2 of P.L. , c. (C.) (pending before the Legislature
6 as this bill); and strongly encourage the parent or guardian to
7 continue to supervise the student athlete's administration of the
8 medication when the student athlete is at home, or is otherwise not
9 under the authority of school officials; and

10 (8) notify the school nurse of the fact that an opioid medication
11 has been prescribed to the student athlete, and indicate the amount
12 of medication prescribed, as well as the expected duration of the
13 student's opioid use.

14 c. Any pharmacist who dispenses opioid medication, in
15 accordance with a prescription issued under this act, shall not
16 dispense the medication directly to the student athlete, but shall
17 instead require the parent or guardian of the student athlete to sign
18 for, and accept possession of, the medication.

19 d. As used in this section:

20 "Opioid medication" means a Schedule II narcotic drug,
21 available only with a prescription and generally prescribed for
22 analgesic purposes, which binds to the body's opioid receptor sites
23 and produces opiate-like effects. "Opioid medication" includes, but
24 is not limited to, hydrocodone, oxycodone, fentanyl, and any other
25 similarly-acting prescription narcotic analgesic drug.

26 "Prescriber" means a licensed health care practitioner, including,
27 but not limited to, a physician, advanced practice nurse, or
28 physician assistant, who is authorized by law to prescribe
29 medications, including opioid medications, as part of the
30 practitioner's scope of professional practice.

31 "School nurse" means a nurse who is responsible for providing
32 health care services at the student athlete's school.

33 "Student athlete" means a student, enrolled in a public or
34 nonpublic elementary or secondary school, who participates in an
35 interscholastic athletic program governed by the rules of the New
36 Jersey State Interscholastic Athletic Association, or who engages in
37 any other school-sponsored athletic activity, as defined by section 2
38 of P.L. , c. (C.) (pending before the Legislature as this
39 bill).

40
41 2. (New section) a. A student athlete shall be prohibited from
42 engaging in the unsupervised self-administration of opioid
43 medication while on school grounds, or while the student is
44 otherwise subject to the direct oversight of school officials.
45 Whenever a school nurse receives notice, pursuant to subsection b.
46 of section 1 of P.L. , c. (C.) (pending before the
47 Legislature as this bill), indicating that opioid medication has been
48 prescribed to a student athlete, the school nurse shall require the

A3571 VAINIERI HUTTLE

1 student athlete to turn over the supply of medication to the school
2 nurse at the beginning of each school day, for the duration of time
3 that the medication is authorized. On a daily basis during such
4 period, the school nurse shall: (1) monitor the amount of opioid
5 medication in the supply, in order to ensure that the student athlete
6 is complying with the prescribed medication regimen; (2) supervise
7 the student athlete's administration of the medication during the
8 school day, except as otherwise provided by subsection b. of this
9 section; and (3) return the remaining supply of medication to the
10 student at the end of the school day.

11 b. If a student athlete has a prescription for opioid medication,
12 and is scheduled to be off school grounds for an off-site school-
13 sponsored sporting event or other school-sponsored athletic activity,
14 the school nurse shall provide an appropriate amount of the
15 medication to the school's athletic trainer who is directly
16 responsible for overseeing the off-site event or activity, and the
17 athletic trainer shall supervise the student athlete's administration
18 of the medication while the student athlete is present at the off-site
19 location.

20 c. As used in this section:

21 "Athletic activity" means interscholastic athletics; an athletic
22 contest or competition other than interscholastic athletics, which is
23 sponsored by, or associated with, a school district or nonpublic
24 school, including cheerleading and club-sponsored sporting
25 activities; and any practice or interschool practice or scrimmage
26 associated with those activities.

27 "Athletic trainer" means an adult employee of a public or
28 nonpublic elementary or secondary school, who is licensed as an
29 athletic trainer by the Board of Medical Examiners, pursuant to
30 P.L.1984, c.203 (C.45:9-37.35 et seq.), and who satisfies all other
31 requirements for certification and endorsement, which have been
32 established by the Board of Education pursuant to section 5 of
33 P.L.1999, c.87 (C.18A:26-2.5).

34 "Opioid medication" means a Schedule II narcotic drug,
35 available only with a prescription and generally prescribed for
36 analgesic purposes, which binds to the body's opioid receptor sites
37 and produces opiate-like effects. "Opioid medication" includes, but
38 is not limited to, hydrocodone, oxycodone, fentanyl, and any other
39 similarly-acting prescription narcotic analgesic drug.

40 "School nurse" means a nurse who is responsible for providing
41 health care services at the student athlete's school.

42 "Student athlete" means a student, enrolled in a public or
43 nonpublic elementary or secondary school, who participates in an
44 interscholastic athletic program governed by the rules of the New
45 Jersey State Interscholastic Athletic Association, or who engages in
46 any other school-sponsored athletic activity.

1 3. Section 1 of P.L.1997, c.249 (C.45:9-22.19) is amended to
2 read as follows:

3 1. a. Except in the case of an initial prescription issued pursuant
4 to section 11 of P.L.2017, c.28 (C.24:21-15.2), and except as
5 provided by subsection c. of this section, a physician licensed
6 pursuant to chapter 9 of Title 45 of the Revised Statutes may
7 prescribe a Schedule II controlled dangerous substance for the use
8 of a patient in any quantity which does not exceed a 30-day supply,
9 as defined by regulations adopted by the State Board of Medical
10 Examiners in consultation with the Department of Health. The
11 physician shall document the diagnosis and the medical need for the
12 prescription in the patient's medical record, in accordance with
13 guidelines established by the State Board of Medical Examiners.

14 b. Except in the case of an initial prescription issued pursuant
15 to section 11 of P.L.2017, c.28 (C.24:21-15.2), and except as
16 provided by subsection c. of this section, a physician may issue
17 multiple prescriptions authorizing the patient to receive a total of up
18 to a 90-day supply of a Schedule II controlled dangerous substance,
19 provided that the following conditions are met:

20 (1) each separate prescription is issued for a legitimate medical
21 purpose by the physician acting in the usual course of professional
22 practice;

23 (2) the physician provides written instructions on each
24 prescription, other than the first prescription if it is to be filled
25 immediately, indicating the earliest date on which a pharmacy may
26 fill each prescription;

27 (3) the physician determines that providing the patient with
28 multiple prescriptions in this manner does not create an undue risk
29 of diversion or abuse; and

30 (4) the physician complies with all other applicable State and
31 federal laws and regulations.

32 c. Notwithstanding the provisions of subsections a. and b. of
33 this section to the contrary, whenever a physician prescribes a
34 Schedule II opioid medication for use by a student athlete, the
35 physician shall comply with the prescribing parameters and
36 requirements, and supply limitations, specified in section 1 of
37 P.L. , c. (C.) (pending before the Legislature as this bill).
38 As used in this subsection, "opioid medication" and "student
39 athlete" mean the same as those terms are defined pursuant to
40 section 1 of P.L. , c. (C.) (pending before the Legislature
41 as this bill).

42 (cf: P.L.2017, c.28, s.12)

43
44 4. Section 10 of P.L.1991, c.378 (C.45:9-27.19) is amended to
45 read as follows:

46 10. A physician assistant may order, prescribe, dispense, and
47 administer medications and medical devices to the extent delegated
48 by a supervising physician.

A3571 VAINIERI HUTTLE

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- 1 a. Controlled dangerous substances may only be ordered or
2 prescribed if:
- 3 (1) a supervising physician has authorized a physician assistant
4 to order or prescribe Schedule II, III, IV, or V controlled dangerous
5 substances in order to:
- 6 (a) continue or reissue an order or prescription for a controlled
7 dangerous substance issued by the supervising physician;
- 8 (b) otherwise adjust the dosage of an order or prescription for a
9 controlled dangerous substance originally ordered or prescribed by
10 the supervising physician, provided there is prior consultation with
11 the supervising physician;
- 12 (c) initiate an order or prescription for a controlled dangerous
13 substance for a patient, provided there is prior consultation with the
14 supervising physician if the order or prescription is not pursuant to
15 subparagraph (d) of this paragraph; or
- 16 (d) initiate an order or prescription for a controlled dangerous
17 substance as part of a treatment plan for a patient with a terminal
18 illness, which for the purposes of this subparagraph means a
19 medical condition that results in a patient's life expectancy being 12
20 months or less as determined by the supervising physician;
- 21 (2) the physician assistant has registered with, and obtained
22 authorization to order or prescribe controlled dangerous substances
23 from, the federal Drug Enforcement Administration and any other
24 appropriate State and federal agencies; **[and]**
- 25 (3) the physician assistant complies with all requirements which
26 the board shall establish by regulation for the ordering, prescription,
27 or administration of controlled dangerous substances, as well as all
28 applicable educational program requirements, and all continuing
29 professional education **[programs approved] program requirements**
30 established pursuant to section 16 of P.L.1991, c.378 (C.45:9-
31 27.25) ; and
- 32 (4) the physician assistant, if prescribing a Schedule II opioid
33 medication for use by a student athlete, complies with the
34 prescribing parameters and requirements, and supply limitations,
35 established by section 1 of P.L. , c. (C.) (pending before
36 the Legislature as this bill). As used in this paragraph, “opioid
37 medication” and “student athlete” mean the same as those terms are
38 defined pursuant to section 1 of P.L. , c. (C.) (pending
39 before the Legislature as this bill).
- 40 b. (Deleted by amendment, P.L.2015, c.224)
- 41 c. (Deleted by amendment, P.L.2015, c.224)
- 42 d. In the case of an order or prescription for a controlled
43 dangerous substance, the physician assistant shall print on the order
44 or prescription the physician assistant's Drug Enforcement
45 Administration registration number.
- 46 e. The dispensing of medication or a medical device by a
47 physician assistant shall comply with relevant federal and State
48 regulations, and shall occur only if: (1) pharmacy services are not

A3571 VAINIERI HUTTLE

1 reasonably available; (2) it is in the best interest of the patient; or
2 (3) the physician assistant is rendering emergency medical
3 assistance.

4 f. A physician assistant may request, receive, and sign for
5 prescription drug samples and may distribute those samples to
6 patients.

7 (cf: P.L.2015, c.224, s.7)

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

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

17 (1) initiating laboratory and other diagnostic tests;

18 (2) prescribing or ordering medications and devices, as
19 authorized by subsections b. and c. and in accordance with the
20 provisions of subsection g., of this section; and

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (3) the advanced practice nurse writes the prescription on a New
23 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
24 et seq.), signs the nurse's own name to the prescription and prints
25 the nurse's name and certification number;

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

29 (5) the physician is present or readily available through
30 electronic communications;

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

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

37 (8) the advanced practice nurse has completed six contact hours
38 of continuing professional education in pharmacology related to
39 controlled substances, including pharmacologic therapy, addiction
40 prevention and management, and issues concerning prescription
41 opioid drugs, including responsible prescribing practices,
42 alternatives to opioids for managing and treating pain, and the risks
43 and signs of opioid abuse, addiction, and diversion, in accordance
44 with regulations adopted by the New Jersey Board of Nursing. The
45 six contact hours shall be in addition to New Jersey Board of
46 Nursing pharmacology education requirements for advanced
47 practice nurses related to initial certification and recertification of
48 an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.

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

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

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

12 g. When prescribing a Schedule II opioid medication for use by
13 a student athlete, in accordance with the provisions of this section,
14 the advanced practice nurse shall comply with the prescribing
15 parameters and requirements, and supply limitations, established by
16 section 1 of P.L. , c. (C.) (pending before the Legislature
17 as this bill). As used in this subsection, "opioid medication" and
18 "student athlete" mean the same as those terms are defined pursuant
19 to section 1 of P.L. , c. (C.) (pending before the Legislature
20 as this bill).

21 (cf: P.L.2017, c.28, s.15)

22

23 6. The Commissioner of Health, in consultation with the
24 Commissioner of Education, shall adopt rules and regulations,
25 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
26 (C.52:14B-1 et seq.), as may be necessary to implement the
27 provisions of this act.

28

29 7. This act shall take effect immediately.

30

31

32

STATEMENT

33

34 In order to protect against the occurrence of opioid addiction in
35 student athletes, who regularly suffer from pain and injuries that
36 necessitate the prescription of pain relief medications, this bill
37 would establish certain limitations and requirements to restrict the
38 prescription and dispensation of opioid medications to student
39 athletes, and to provide for the close monitoring of a student
40 athlete's use of such medications.

41 The bill would define the term "student athlete" to mean: a
42 student, enrolled in a public or nonpublic elementary or secondary
43 school, who participates in an interscholastic athletic program
44 governed by the rules of the New Jersey State Interscholastic
45 Athletic Association, or who engages in any other school-sponsored
46 athletic activity.

47 Pursuant to the bill's provisions, a prescriber – including a
48 licensed physician, advanced practice nurse, or physician assistant –

1 would be required to exercise extreme caution when determining
2 whether to prescribe opioid medication in the course of treatment
3 afforded to a student athlete. The prescriber would be required to
4 make every reasonable effort to utilize non-narcotic drugs,
5 including acetaminophen, non-steroidal anti-inflammatory
6 medications, and salicylates, as well as non-medicine alternatives
7 such as cryotherapy and transcutaneous nerve stimulation, as an
8 alternative to opioid medication.

9 Whenever a prescriber determines that such alternative
10 treatments are insufficient to address the student athlete's medical
11 needs, and prescribes an opioid medication for the treatment of the
12 student athlete's injury or pain, the prescriber would be required to:

13 – make every effort to ensure the student athlete's safe use of
14 the opioid medication;

15 – prescribe no more than a seven-day, non-refillable supply;

16 – indicate, on the face of the prescription blank, that the
17 prescription is being issued for a student athlete, pursuant to the
18 bill's provisions;

19 – provide the completed prescription blank to the student
20 athlete's parent or guardian, as opposed to providing it directly to
21 the student athlete;

22 – provide the student athlete's parent or guardian with
23 instructions as to how to administer the opioid medication and the
24 ways in which the parent or guardian can engage in medication
25 monitoring, on a daily basis, to determine the continued need for,
26 and effectiveness of, the medication;

27 – provide the student athlete, and the student's parent or
28 guardian, with information or educational materials regarding the
29 risks that are associated with the use of opioid medication,
30 including information about drug tolerance, the possibility of
31 developing physical and psychological dependence or addiction,
32 and the warning signs of these conditions;

33 – emphasize to the student athlete, and the student's parent or
34 guardian, the importance of preventing the student athlete from
35 engaging in the unsupervised self-administration of the opioid
36 medication; indicate that the student will be required to engage only
37 in the supervised administration of the drug supply while on school
38 grounds or under the authority of school officials, as provided by
39 section 2 of the bill; and strongly encourage the parent or guardian
40 to continue to supervise the student athlete's administration of the
41 opioid drug supply when the student athlete is at home, or is
42 otherwise not under the authority of school officials; and

43 – notify the school nurse of the fact that an opioid medication
44 has been prescribed to the student athlete, and indicate the amount
45 of medication prescribed, as well as the expected duration of the
46 student's opioid use.

47 The bill would prohibit a pharmacist from dispensing a
48 prescribed opioid medication directly to a student athlete, and

A3571 VAINIERI HUTTLE

1 would require the pharmacist, instead, to require the parent or
2 guardian of the student athlete to sign for, and accept possession of,
3 the medication.

4 The bill specifies that a student athlete is to be prohibited from
5 engaging in the unsupervised self-administration of an opioid
6 medication while on school grounds, or while otherwise subject to
7 the direct oversight of school officials. Any school nurse who
8 receives notice from a prescriber about a student athlete's
9 prescription for opioid medication, as provided by the bill, is to
10 require the student athlete to turn over the supply of opioid
11 medication to the school nurse at the beginning of each school day,
12 for the duration of time that the medication is authorized. On a
13 daily basis during such period, the school nurse would be required
14 to: monitor the amount of opioid medication in the supply, in order
15 to ensure that the student athlete is complying with the prescribed
16 medication regimen; supervise the student athlete's administration
17 of the medication during the school day, except in the
18 circumstances described below; and return the remaining supply of
19 opioid medication to the student at the end of the school day.

20 If a student athlete has a prescription for opioid medication and
21 is scheduled to be off school grounds for an off-site school-
22 sponsored sporting event or other athletic activity, the bill would
23 require the school nurse to provide an appropriate amount of the
24 opioid medication to the school's athletic trainer who is directly
25 responsible for overseeing the off-site event or activity, and the
26 athletic trainer would be required to supervise the student athlete's
27 administration of the drug while the student athlete is present at the
28 off-site location.