

ASSEMBLY, No. 539

STATE OF NEW JERSEY

218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

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SYNOPSIS

Requires county health departments to maintain reserve stock of opioid antidotes to dispense to certain entities on interim basis to ensure uninterrupted supply.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 8/28/2018)

A539 MAZZEO, VAINIERI HUTTLE

2

1 AN ACT concerning overdose prevention and opioid antidote
2 availability, and amending P.L.2013, c.46.

3

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

6

7 1. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read
8 as follows:

9 3. As used in this act:

10 "Commissioner" means the Commissioner of Human Services.

11 "County health department" means the agency that has been
12 established and organized in each county, pursuant to section 6 of
13 the "Local Health Services Act," P.L.1975, c.329 (C.26:3A2-6), for
14 the purpose of providing health services that are required to protect
15 the health of citizens within its area of jurisdiction.

16 "Drug overdose" means an acute condition including, but not
17 limited to, physical illness, coma, mania, hysteria, or death resulting
18 from the consumption or use of a controlled dangerous substance or
19 another substance with which a controlled dangerous substance was
20 combined and that a layperson would reasonably believe to require
21 medical assistance.

22 "Emergency medical response entity" means an organization,
23 company, governmental entity, community-based program, or
24 healthcare system that provides pre-hospital emergency medical
25 services and assistance to opioid or heroin addicts or abusers in the
26 event of an overdose.

27 "Emergency medical responder" means a person, other than a
28 health care practitioner, who is employed on a paid or volunteer
29 basis in the area of emergency response, including, but not limited
30 to, an emergency medical technician acting in that person's
31 professional capacity.

32 "First responder" means a law enforcement officer, paid or
33 volunteer firefighter, emergency medical responder, or any other
34 individual who, in the course of that individual's employment, is
35 dispatched to the scene of an emergency for the purpose of
36 providing medical care or other assistance.

37 "First response entity" means an organization, company,
38 governmental entity, community-based agency or program, or other
39 organized group that employs two or more first responders, whether
40 on a paid or volunteer basis, for dispatch to emergency scenes.

41 "Health care practitioner" means a prescriber, pharmacist, or
42 other individual whose professional practice is regulated pursuant to
43 Title 45 of the Revised Statutes, and who, in accordance with the
44 practitioner's scope of professional practice, prescribes or dispenses
45 an opioid antidote.

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 "Medical assistance" means professional medical services that
2 are provided to a person experiencing a drug overdose by a health
3 care practitioner, acting within the practitioner's scope of
4 professional practice, including professional medical services that
5 are mobilized through telephone contact with the 911 telephone
6 emergency service.

7 "Opioid antidote" means naloxone hydrochloride, or any other
8 similarly acting drug approved by the United States Food and Drug
9 Administration for the treatment of an opioid overdose.

10 "Patient" means a person who is at risk of an opioid overdose or
11 a person who is not at risk of an opioid overdose who, in the
12 person's individual capacity, obtains an opioid antidote from a
13 health care practitioner, professional, or professional entity for the
14 purpose of administering that antidote to another person in an
15 emergency, in accordance with subsection c. of section 4 of
16 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
17 acting in that professional's individual capacity, but does not
18 include a professional who is acting in a professional capacity.

19 "Prescriber" means a health care practitioner authorized by law
20 to prescribe medications who, acting within the practitioner's scope
21 of professional practice, prescribes an opioid antidote. "Prescriber"
22 includes, but is not limited to, a physician, physician assistant, or
23 advanced practice nurse.

24 "Professional" means a person, other than a health care
25 practitioner, who is employed on a paid basis or is engaged on a
26 volunteer basis in the areas of substance abuse treatment or therapy,
27 criminal justice, or a related area, and who, acting in that person's
28 professional or volunteer capacity, obtains an opioid antidote from a
29 health care practitioner for the purposes of dispensing or
30 administering that antidote to other parties in the course of business
31 or volunteer activities. "Professional" includes, but is not limited
32 to, a sterile syringe access program employee, or a law enforcement
33 official.

34 "Professional entity" means an organization, company,
35 governmental entity, community-based program, sterile syringe
36 access program, or any other organized group that employs two or
37 more professionals who engage, during the regular course of
38 business or volunteer activities, in direct interactions with opioid or
39 heroin addicts or abusers or other persons susceptible to opioid
40 overdose, or with other persons who are in a position to provide
41 direct medical assistance to opioid or heroin addicts or abusers in
42 the event of an overdose.

43 "Recipient" means a patient, professional, professional entity,
44 emergency medical responder, or emergency medical response
45 entity who is prescribed or dispensed an opioid antidote in
46 accordance with section 4 of P.L.2013, c.46 (C.24:6J-4).

47 "School" means a public or private school that has adopted a
48 policy that complies with the requirements of P.L.2013, c.46

1 (C.24:6J-1 et al.) authorizing the school to acquire and store an
2 opioid antidote and the school nurse or another designated
3 individual to administer the opioid antidote to an overdose victim in
4 an emergency.

5 (cf: P.L.2015, c.10, s.1)

6

7 2. Section 4 of P.L.2013, c.46 (C.24:6J-4) is amended to read
8 as follows:

9 4. a. (1) A prescriber or other health care practitioner, as
10 appropriate, may prescribe or dispense an opioid antidote:

11 (a) directly or through a standing order, to any recipient who is
12 deemed by the health care practitioner to be capable of
13 administering the opioid antidote to an overdose victim in an
14 emergency;

15 (b) through a standing order, to any professional or emergency
16 medical responder who is not acting in a professional or volunteer
17 capacity for a professional entity [,] or an emergency medical
18 response entity, but who is deemed by the health care practitioner to
19 be capable of administering opioid antidotes to overdose victims, as
20 part of the professional's regular course of business or volunteer
21 activities;

22 (c) through a standing order, to any professional who is not
23 acting in a professional or volunteer capacity for a professional
24 entity, but who is deemed by the health care practitioner to be
25 capable of dispensing opioid antidotes to recipients, for
26 administration thereby, as part of the professional's regular course
27 of business or volunteer activities;

28 (d) through a standing order, to any professional entity or any
29 emergency medical response entity, which is deemed by the health
30 care practitioner to employ professionals or emergency medical
31 responders, as appropriate, who are capable of administering opioid
32 antidotes to overdose victims as part of the entity's regular course of
33 business or volunteer activities;

34 (e) through a standing order, to any professional entity which is
35 deemed by the health care practitioner to employ professionals who
36 are capable of dispensing opioid antidotes to recipients, for
37 administration thereby, as part of the entity's regular course of
38 business or volunteer activities; or

39 (f) through a standing order, to any county health department,
40 for the purposes of storage and interim dispensation thereby, as
41 provided by subsection f. of this section.

42 (2) (a) For the purposes of this subsection, whenever the law
43 expressly authorizes or requires a certain type of professional or
44 professional entity to obtain a standing order for opioid antidotes
45 pursuant to this section, such professional, or the professionals
46 employed or engaged by such professional entity, as the case may
47 be, shall be presumed by the prescribing or dispensing health care

1 practitioner to be capable of administering or dispensing the opioid
2 antidote, consistent with the express statutory requirement.

3 (b) For the purposes of this subsection, whenever the law
4 expressly requires a certain type of emergency medical responder or
5 emergency medical response entity to obtain a standing order for
6 opioid antidotes pursuant to this section, such emergency medical
7 responder, or the emergency medical responders employed or
8 engaged by such emergency medical response entity, as the case
9 may be, shall be presumed by the prescribing or dispensing health
10 care practitioner to be capable of administering the opioid antidote,
11 consistent with the express statutory requirement.

12 (3) (a) Whenever a prescriber or other health care practitioner
13 prescribes or dispenses an opioid antidote to a professional or
14 professional entity pursuant to a standing order issued under
15 paragraph (1) of this subsection, the standing order shall specify
16 whether the professional or professional entity is authorized thereby
17 to directly administer the opioid antidote to overdose victims; to
18 dispense the opioid antidote to recipients, for their administration to
19 third parties; or to both administer and dispense the opioid antidote.
20 If a standing order does not include a specification in this regard, it
21 shall be deemed to authorize the professional or professional entity
22 only to administer the opioid antidote with immunity, as provided
23 by subsection c. of this section, and it shall not be deemed to
24 authorize the professional or professional entity to engage in the
25 further dispensing of the antidote to recipients, unless such
26 authority has been granted by law, as provided by subparagraph (b)
27 of this paragraph.

28 (b) Notwithstanding the provisions of this paragraph to the
29 contrary, if the law expressly authorizes or requires a certain type of
30 professional, professional entity, emergency medical responder, or
31 emergency medical response entity to administer or dispense opioid
32 antidotes pursuant to a standing order issued hereunder, the
33 standing order issued pursuant to this section shall be deemed to
34 grant the authority specified by the law, even if such authority is not
35 expressly indicated on the face of the standing order.

36 (4) Any prescriber or other health care practitioner who
37 prescribes or dispenses an opioid antidote in good faith, and in
38 accordance with the provisions of this subsection, shall not, as a
39 result of the practitioner's acts or omissions, be subject to any
40 criminal or civil liability, or any professional disciplinary action
41 under Title 45 of the Revised Statutes, for prescribing or dispensing
42 an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
43 seq.).

44 b. (1) Any professional or professional entity that has obtained
45 a standing order, pursuant to subsection a. of this section, for the
46 dispensing of opioid antidotes, may dispense an opioid antidote to
47 any recipient who is deemed by the professional or professional

1 entity to be capable of administering the opioid antidote to an
2 overdose victim in an emergency.

3 (2) Any professional or professional entity that dispenses an
4 opioid antidote in accordance with paragraph (1) of this subsection,
5 in good faith, and pursuant to a standing order issued under
6 subsection a. of this section, shall not, as a result of any acts or
7 omissions, be subject to any criminal or civil liability, or any
8 professional disciplinary action, for dispensing an opioid antidote in
9 accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

10 c. (1) Any emergency medical responder or emergency medical
11 response entity that has obtained a standing order, pursuant to
12 subsection a. of this section, for the administration of opioid
13 antidotes, may administer an opioid antidote to overdose victims.

14 (2) Any emergency medical responder or emergency medical
15 response entity that administers an opioid antidote, in good faith, in
16 accordance with paragraph (1) of this subsection, and pursuant to a
17 standing order issued under subsection a. of this section, shall not,
18 as a result of any acts or omissions, be subject to any criminal or
19 civil liability, or any disciplinary action, for administering the
20 opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
21 seq.)

22 d. (1) Any person who is the recipient of an opioid antidote,
23 which has been prescribed or dispensed for administration purposes
24 pursuant to subsection a. or b. of this section, and who has received
25 overdose prevention information pursuant to section 5 of P.L.2013,
26 c.46 (C.24:6J-5), may administer the opioid antidote to another
27 person in an emergency, without fee, if the antidote recipient
28 believes, in good faith, that the other person is experiencing an
29 opioid overdose.

30 (2) Any person who administers an opioid antidote pursuant to
31 paragraph (1) of this subsection shall not, as a result of the person's
32 acts or omissions, be subject to any criminal or civil liability for
33 administering the opioid antidote in accordance with P.L.2013, c.46
34 (C.24:6J-1 et seq.).

35 e. In addition to the immunity that is provided by this section
36 for authorized persons who are engaged in the prescribing,
37 dispensing, or administering of an opioid antidote, the immunity
38 provided by section 7 or section 8 of P.L.2013, c.46 (C.2C:35-30 or
39 C.2C:35-31) shall apply to a person who acts in accordance with
40 this section, provided that the requirements of those sections, as
41 applicable, have been met.

42 f. (1) Each county health department shall obtain, through a
43 standing order, and shall maintain in an accessible storage location,
44 a reserve stock of opioid antidotes sufficient to ensure an
45 uninterrupted supply of opioid antidotes is available to first
46 responders, first response entities, schools, and hospital pharmacies
47 operating in the county. The quantity of opioid antidotes that are to
48 be kept in reserve stock by each county health department pursuant

1 to this subsection shall be determined by the director of the county
2 health department, in consultation with the county prosecutor, the
3 county association of police chiefs, and the county association of
4 fire chiefs, and with input from the hospitals, school districts,
5 schools, emergency medical responders, and emergency medical
6 response entities operating in the county.

7 (2) In the event that a first responder, first response entity, or
8 school anticipates that it will exhaust its supply of opioid antidotes
9 before it will be able to acquire an additional supply pursuant to a
10 standing order issued under subsection a. of this section, the first
11 responder, first response entity, or school may make a request to the
12 county health department to provide the requester with an interim
13 supply of opioid antidotes from the reserve stock that is maintained
14 pursuant to this subsection. Upon receipt of a request, the county
15 health department shall promptly deliver to the requester an interim
16 supply of opioid antidotes in a quantity sufficient to ensure that the
17 requester will have adequate stock to continue to administer or
18 dispense opioid antidotes, as appropriate, during the interim period
19 between the date the requester's supply of opioid antidotes will be
20 exhausted and the date the requester will receive a new stock of
21 opioid antidotes pursuant to the standing order.

22 (3) In the event that a hospital pharmacy anticipates that it will
23 exhaust its available supply of opioid antidotes before it is able to
24 acquire an additional supply, and will consequently be unable to
25 meet the anticipated demand for opioid antidotes to be dispensed
26 pursuant to subsection a. of this section, the hospital pharmacy may
27 make a request to the county health department to provide the
28 pharmacy with an interim supply of opioid antidotes from the
29 reserve stock that is maintained pursuant to this subsection. Upon
30 receipt of a request, the county health department shall promptly
31 deliver to the hospital pharmacy an interim supply of opioid
32 antidotes in a quantity sufficient to ensure that the hospital
33 pharmacy will have adequate stock to continue to dispense opioid
34 antidotes pursuant to subsection a. of this section during the interim
35 period between the date the pharmacy's supply of opioid antidotes
36 will be exhausted and the date the pharmacy will receive a new
37 stock of opioid antidotes.

38 (4) Any first responder, first response entity, school, or hospital
39 pharmacy that obtains an interim supply of opioid antidotes from
40 the reserve stock maintained pursuant to this subsection shall
41 reimburse the county health department for the department's actual
42 costs to acquire and deliver the interim supply.

43 (5) County health departments in the State may enter into shared
44 service agreements, in accordance with the "Uniform Shared
45 Services and Consolidation Act," sections 1 through 35 of
46 P.L.2007, c.63 (C.40A:65-1 through C.40A:65-35), in order to
47 facilitate the acquisition of opioid antidotes at discounted rates,

1 minimize delivery costs, or otherwise facilitate the implementation
2 of this subsection.

3 (6) The commissioner shall establish rules and regulations,
4 pursuant to the “Administrative Procedure Act,” P.L.1968, c.410
5 (C.52:14B-1 et seq.), identifying: (a) the manner and timeframe in
6 which a first responder, first response entity, school, or hospital
7 pharmacy may make a request to a county health department for
8 interim opioid antidote supplies under this subsection; and (b) the
9 manner and timeframe in which a first responder, first response
10 entity, school, or hospital pharmacy shall provide reimbursement to
11 the county health department for the department’s actual costs to
12 acquire and deliver the interim supplies.

13 (7) Any county health department or employee of a county
14 health department that provides a first responder, first response
15 entity, school, or hospital pharmacy with an interim supply of
16 opioid antidotes from the reserve stock maintained pursuant to this
17 subsection shall not, as a result of any acts or omissions, be subject
18 to any criminal or civil liability, or any disciplinary action, for
19 providing such interim supply in accordance with this subsection.

20 (cf: P.L.2015, c.10, s.2)

21

22 3. This act shall take effect immediately.

23

24

25

STATEMENT

26

27 This bill amends the “Overdose Prevention Act,” P.L.2013, c.42
28 (C.24:6J-1 et seq.), to require each county health department to
29 obtain, and to maintain in an accessible storage location, a reserve
30 stock of opioid antidotes to be dispensed to first responders, schools
31 that have adopted a policy to acquire and administer opioid
32 antidotes, and hospital pharmacies, to ensure an uninterrupted
33 supply of antidotes is available to those entities. The exact quantity
34 of opioid antidotes to be maintained in the reserve stock will be
35 determined by the director of each county health department in
36 consultation with the county prosecutor, the county association of
37 police chiefs, and the county association of fire chiefs, and with
38 input from the hospitals, school districts, schools, emergency
39 medical responders, and emergency medical response entities
40 operating in that county.

41 The bill specifies that, whenever a first responder, first response
42 entity, school, or hospital pharmacy anticipates it will exhaust its
43 supply of opioid antidotes before it is able to acquire more, it may
44 make a request to the county health department to provide an
45 interim supply of opioid antidotes from the reserve stock. Upon
46 receiving a request, the county health department will be required to
47 promptly deliver to the requester an interim supply sufficient to
48 meet the requester’s need for opioid antidotes for the interim period

1 between the date the requester’s supply will be exhausted and the
2 date the requester will receive a new supply of opioid antidotes by
3 regular means.

4 First responders, first response entities, schools, and hospital
5 pharmacies that obtain an interim supply of opioid antidotes from
6 the reserve stock will be required to reimburse the county health
7 department for the department’s actual costs in acquiring and
8 delivering the interim supply. The bill expressly authorizes county
9 health departments to enter into shared service agreements, in
10 accordance with the “Uniform Shared Services and Consolidation
11 Act,” in order to facilitate the acquisition of opioid antidotes at
12 discounted rates, minimize delivery costs, or otherwise facilitate the
13 implementation of the bill’s provisions.

14 The bill requires the Commissioner of Human Services to
15 establish rules and regulations to identify the manner and timeframe
16 to request a county health department provide interim supplies of
17 opioid antidotes, and the manner and timeframe to provide
18 reimbursements to the department for the costs of acquiring and
19 delivering interim supplies.

20 Finally, the bill specifies that any county health department or
21 employee of a county health department that provides an interim
22 supply of opioid antidotes from its reserve stock will be immune
23 from criminal or civil liability, or any disciplinary action, in
24 association with the provision of the interim supply.