

ASSEMBLY, No. 542

STATE OF NEW JERSEY

218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

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District 2 (Atlantic)

Assemblyman JOSEPH A. LAGANA

District 38 (Bergen and Passaic)

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District 1 (Atlantic, Cape May and Cumberland)

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District 14 (Mercer and Middlesex)

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Co-Sponsored by:

Assemblywomen Vainieri Huttle, Mosquera and Assemblyman Armato

SYNOPSIS

Requires certain schools to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by school nurse or trained employee.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 1/30/2018)

1 AN ACT concerning the emergency administration of opioid
2 antidotes in schools, supplementing chapter 40 of Title 18A of
3 the New Jersey Statutes, and amending P.L.2013, c.46.
4

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

7
8 1. (New section) As used in this act:

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

12 “Opioid overdose” means an acute condition including, but not
13 limited to, extreme physical illness, decreased level of
14 consciousness, respiratory depression, coma, or death resulting
15 from the consumption or use of an opioid drug or another substance
16 with which an opioid drug was combined, and that a layperson
17 would reasonably believe to require medical assistance.

18 “School-sponsored function” means any activity, event, or
19 program occurring on or off school grounds, whether during or
20 outside of regular school hours, that is organized or supported by
21 the school.
22

23 2. (New section) a. Each board of education, board of trustees
24 of a charter school, and chief school administrator of a nonpublic
25 school shall develop a policy, in accordance with guidelines
26 established by the Department of Education pursuant to section 3 of
27 this act, for the emergency administration of an opioid antidote to a
28 student, staff member, or other person who is experiencing an
29 opioid overdose. The policy shall:

30 (1) require each school that includes any of the grades nine
31 through 12, and permit any other school, to obtain a standing order
32 for opioid antidotes pursuant to section 4 of the “Overdose
33 Prevention Act,” P.L.2013, c.46 (C.24:6J-4), and to maintain a
34 supply of opioid antidotes under the standing order in a secure but
35 unlocked and easily accessible location; and

36 (2) permit the school nurse, or a trained employee designated
37 pursuant to subsection c. of this section, to administer an opioid
38 antidote to any person whom the nurse or trained employee in good
39 faith believes is experiencing an opioid overdose.

40 b. (1) Opioid antidotes shall be maintained by a school
41 pursuant to paragraph (1) of subsection a. of this section in
42 quantities and types deemed adequate by the board of education,
43 board of trustees of a charter school, or chief school administrator
44 of a nonpublic school, in consultation with the Department of
45 Education and the Department of Human Services.

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 (2) The opioid antidotes shall be accessible in the school during
2 regular school hours and during school-sponsored functions that
3 take place in the school or on school grounds adjacent to the school
4 building. A board of education, board of trustees of a charter
5 school, or chief school administrator of a nonpublic school may, in
6 its discretion, make opioid antidotes accessible during school-
7 sponsored functions that take place off school grounds.

8 c. (1) The school nurse shall have the primary responsibility
9 for the emergency administration of an opioid antidote in
10 accordance with a policy developed under this section. The board
11 of education, board of trustees of a charter school, or chief school
12 administrator of a nonpublic school shall designate additional
13 employees of the school district, charter school, or nonpublic school
14 who volunteer to administer an opioid antidote in the event that a
15 person experiences an opioid overdose when the nurse is not
16 physically present at the scene. The designated employees shall
17 only be authorized to administer opioid antidotes after receiving the
18 training required under subsection b. of section 3 of this act.

19 (2) In the event that a licensed athletic trainer volunteers to
20 administer an opioid antidote pursuant to this act, it shall not
21 constitute a violation of the “Athletic Training Licensure Act,”
22 P.L.1984, c.203 (C.45:9-37.35 et seq.).

23 d. A policy developed pursuant to this section shall require the
24 transportation of an overdose victim to a hospital emergency room
25 by emergency services personnel after the administration of an
26 opioid antidote, even if the person’s symptoms appear to have
27 resolved.

28
29 3. (New section) a. The Department of Education, in
30 consultation with the Department of Human Services and
31 appropriate medical experts, shall establish guidelines for the
32 development of a policy by a school district, charter school, or
33 nonpublic school for the emergency administration of opioid
34 antidotes. Each board of education, board of trustees of a charter
35 school, and chief school administrator of a nonpublic school shall
36 implement the guidelines in developing a policy pursuant to section
37 2 of this act.

38 b. The guidelines shall include a requirement that each school
39 nurse, and each employee designated pursuant to subsection c. of
40 section 2 of this act, receive training on standardized protocols for
41 the administration of an opioid antidote to a person who
42 experiences an opioid overdose. The training shall include the
43 overdose prevention information described in subsection a. of
44 section 5 of the “Overdose Prevention Act,” P.L.2013, c.46
45 (C.24:6J-5). The guidelines shall specify an appropriate entity or
46 entities to provide the training, and a school nurse shall not be
47 solely responsible to train the employees designated pursuant to
48 subsection c. of section 2 of this act.

1 4. (New section) No school employee, including a school
2 nurse, or any other officer or agent of a board of education, charter
3 school, or nonpublic school, or a prescriber of opioid antidotes for a
4 school through a standing order, shall be held liable for any good
5 faith act or omission consistent with the provisions of this act.
6 Good faith shall not include willful misconduct, gross negligence,
7 or recklessness.

8
9 5. (New section) A school district may enter into a shared
10 services arrangement with another school district for the provision
11 of opioid antidotes pursuant to section 2 of this act if the
12 arrangement will result in cost savings for the districts.

13
14 6. (New section) Notwithstanding any law to the contrary,
15 funds appropriated or otherwise made available pursuant to
16 P.L.1991, c.226 (C.18A:40-23 et seq.) may be used to comply with
17 the requirements of section 2 of this act in nonpublic schools.

18
19 7. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read
20 as follows:

21 3. As used in this act:

22 "Commissioner" means the Commissioner of Human Services.

23 "Drug overdose" means an acute condition including, but not
24 limited to, physical illness, coma, mania, hysteria, or death resulting
25 from the consumption or use of a controlled dangerous substance or
26 another substance with which a controlled dangerous substance was
27 combined and that a layperson would reasonably believe to require
28 medical assistance.

29 "Emergency medical response entity" means an organization,
30 company, governmental entity, community-based program, or
31 healthcare system that provides pre-hospital emergency medical
32 services and assistance to opioid or heroin addicts or abusers in the
33 event of an overdose.

34 "Emergency medical responder" means a person, other than a
35 health care practitioner, who is employed on a paid or volunteer
36 basis in the area of emergency response, including, but not limited
37 to, an emergency medical technician acting in that person's
38 professional capacity. "Health care practitioner" means a
39 prescriber, pharmacist, or other individual whose professional
40 practice is regulated pursuant to Title 45 of the Revised Statutes,
41 and who, in accordance with the practitioner's scope of professional
42 practice, prescribes or dispenses an opioid antidote.

43 "Medical assistance" means professional medical services that
44 are provided to a person experiencing a drug overdose by a health
45 care practitioner, acting within the practitioner's scope of
46 professional practice, including professional medical services that
47 are mobilized through telephone contact with the 911 telephone
48 emergency service.

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

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

13 "Prescriber" means a health care practitioner authorized by law
14 to prescribe medications who, acting within the practitioner's scope
15 of professional practice, prescribes an opioid antidote. "Prescriber"
16 includes, but is not limited to, a physician, physician assistant, or
17 advanced practice nurse.

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

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

37 "Recipient" means a patient, professional, professional entity,
38 emergency medical responder, **[or]** emergency medical response
39 entity, school, school district, or school nurse who is prescribed or
40 dispensed an opioid antidote in accordance with section 4 of
41 P.L.2013, c.46 (C.24:6J-4).
42 (cf: P.L.2015, c.10, s.1)

43

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

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

- 1 (a) directly or through a standing order, to any recipient who is
2 deemed by the health care practitioner to be capable of
3 administering the opioid antidote to an overdose victim in an
4 emergency;
- 5 (b) through a standing order, to any professional or emergency
6 medical responder who is not acting in a professional or volunteer
7 capacity for a professional entity, or an emergency medical
8 response entity, but who is deemed by the health care practitioner to
9 be capable of administering opioid antidotes to overdose victims, as
10 part of the professional's regular course of business or volunteer
11 activities;
- 12 (c) through a standing order, to any professional who is not
13 acting in a professional or volunteer capacity for a professional
14 entity, but who is deemed by the health care practitioner to be
15 capable of dispensing opioid antidotes to recipients, for
16 administration thereby, as part of the professional's regular course
17 of business or volunteer activities;
- 18 (d) through a standing order, to any professional entity or any
19 emergency medical response entity, which is deemed by the health
20 care practitioner to employ professionals or emergency medical
21 responders, as appropriate, who are capable of administering opioid
22 antidotes to overdose victims as part of the entity's regular course of
23 business or volunteer activities;
- 24 (e) through a standing order, to any professional entity which is
25 deemed by the health care practitioner to employ professionals who
26 are capable of dispensing opioid antidotes to recipients, for
27 administration thereby, as part of the entity's regular course of
28 business or volunteer activities ;
- 29 (f) through a standing order, to a school, school district, or
30 school nurse pursuant to the provisions of section 2 of P.L. ,
31 c. (C.) (pending before the Legislature as this bill).
- 32 (2) (a) For the purposes of this subsection, whenever the law
33 expressly authorizes or requires a certain type of professional or
34 professional entity to obtain a standing order for opioid antidotes
35 pursuant to this section, such professional, or the professionals
36 employed or engaged by such professional entity, as the case may
37 be, shall be presumed by the prescribing or dispensing health care
38 practitioner to be capable of administering or dispensing the opioid
39 antidote, consistent with the express statutory requirement.
- 40 (b) For the purposes of this subsection, whenever the law
41 expressly requires a certain type of emergency medical responder or
42 emergency medical response entity to obtain a standing order for
43 opioid antidotes pursuant to this section, such emergency medical
44 responder, or the emergency medical responders employed or
45 engaged by such emergency medical response entity, as the case
46 may be, shall be presumed by the prescribing or dispensing health
47 care practitioner to be capable of administering the opioid antidote,
48 consistent with the express statutory requirement.

1 (c) For the purposes of this subsection, whenever the law
2 expressly authorizes or requires a school or school district to obtain
3 a standing order for opioid antidotes pursuant to this section, the
4 school nurses employed or engaged by the school or school district
5 shall be presumed by the prescribing or dispensing health care
6 practitioner to be capable of administering the opioid antidote,
7 consistent with the express statutory requirement.

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

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

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

41 b. (1) Any professional or professional entity that has obtained
42 a standing order, pursuant to subsection a. of this section, for the
43 dispensing of opioid antidotes, may dispense an opioid antidote to
44 any recipient who is deemed by the professional or professional
45 entity to be capable of administering the opioid antidote to an
46 overdose victim in an emergency.

47 (2) Any professional or professional entity that dispenses an
48 opioid antidote in accordance with paragraph (1) of this subsection,

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

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

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

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

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

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

38 f. Any school, school district, school nurse, school employee,
39 or any other officer or agent of a board of education, charter school,
40 or nonpublic school who administers, or permits the administration
41 of, an opioid antidote in good faith in accordance with the
42 provisions of section 2 of P.L. , c. (C.) (pending before the
43 Legislature as this bill), and pursuant to a standing order issued
44 under subsection a. of this section, shall not, as a result of any acts
45 or omissions, be subject to any criminal or civil liability, or any
46 disciplinary action, for administering, or for permitting the
47 administration of, the opioid antidote in accordance with P.L.2013,

1 c.46 (C.24:6J-1 et seq.).
2 (cf: P.L.2015, c.10, s.2)

3

4 9. This act shall take effect on the first day of the fourth month
5 next following the date of enactment, except the Department of
6 Education may take any anticipatory administrative action in
7 advance as shall be necessary for the implementation of this act.

8

9

10 STATEMENT

11

12 This bill requires a board of education, board of trustees of a
13 charter school, and chief school administrator of a nonpublic school
14 to develop a policy, pursuant to Department of Education
15 guidelines, for the emergency administration of an opioid antidote
16 to a student or staff member or other person who is experiencing an
17 opioid overdose. The policy will: (1) require a school that includes
18 any of the grades nine through 12, and permit any other school, to
19 obtain a standing order for opioid antidotes and to maintain a
20 supply of opioid antidotes in a secure and easily accessible location;
21 and (2) permit the school nurse or trained employees to administer
22 an opioid antidote to any person whom the nurse or trained
23 employee in good faith believes is experiencing an opioid overdose.
24 The opioid antidotes must be accessible in the school during regular
25 school hours and during school-sponsored functions that take place
26 in the school or on school grounds adjacent to the school building.
27 A board of education, board of trustees of a charter school, or chief
28 school administrator of a nonpublic school may, in its discretion,
29 make opioid antidotes accessible during school-sponsored functions
30 that take place off school grounds.

31 Under the policy, the school nurse has the primary responsibility
32 for the emergency administration of an opioid antidote. The board
33 of education, board of trustees of a charter school, or chief school
34 administrator of a nonpublic school shall designate additional
35 employees who volunteer to administer an opioid antidote in the
36 event that a person experiences an opioid overdose when the nurse
37 is not physically present at the scene.

38 The bill directs the Department of Education, in consultation
39 with the Department of Human Services and appropriate medical
40 experts, to establish guidelines for school districts, charter schools,
41 and nonpublic schools in developing their policies for the
42 administration of opioid antidotes. The guidelines will require that
43 each school nurse, and each employee designated by the board of
44 education, board of trustees of a charter school, or chief school
45 administrator of a nonpublic school pursuant to the bill's
46 provisions, receive training on standardized protocols for the
47 administration of an opioid antidote to a student or staff member
48 who experiences an opioid overdose. The training will include the

1 overdose prevention information described in subsection a. of
2 section 5 of the “Overdose Prevention Act,” P.L.2013, c.46
3 (C.24:6J-5).

4 The bill provides immunity from liability for school nurses and
5 other employees or agents of a board of education, charter school,
6 or nonpublic school, and prescribers of opioid antidotes for a
7 school, for good faith acts or omissions consistent with the bill’s
8 provisions. The bill also stipulates that school districts may enter
9 into shared services arrangements for the provision of opioid
10 antidotes; and that funds made available pursuant to P.L.1991,
11 c.226 (C.18A:40-23 et seq.) may be used in nonpublic schools to
12 comply with the provisions of the bill.

13 In addition, the bill amends the “Overdose Prevention Act,”
14 P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include schools, school
15 districts, and school nurses among the recipients that may be
16 prescribed opioid antidotes through a standing order; and (2)
17 provide that immunity from liability for opioid antidote
18 administration in accordance with the Overdose Prevention Act will
19 be applicable to schools, school districts, school nurses, and other
20 employees or agents of a board of education, charter school, or
21 nonpublic school who administer, or permit the administration of,
22 opioid antidotes in good faith under the provisions of the bill.