

ASSEMBLY, No. 4265

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JUNE 27, 2018

Sponsored by:

Assemblyman KEVIN J. ROONEY
District 40 (Bergen, Essex, Morris and Passaic)
Assemblywoman CLEOPATRA G. TUCKER
District 28 (Essex)
Assemblyman HERB CONAWAY, JR.
District 7 (Burlington)

Co-Sponsored by:

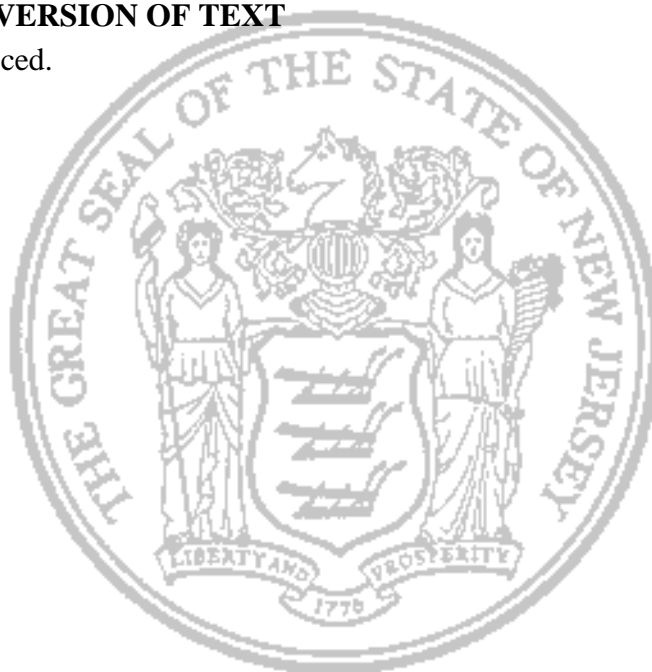
Assemblywomen B.DeCroce and Swain

SYNOPSIS

Authorizes first responders to obtain, administer, and dispense opioid antidotes, with immunity, pursuant to Statewide standing order issued by State health official; makes clarifying changes to “Overdose Prevention Act.”

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/11/2018)

A4265 ROONEY, TUCKER

2

1 AN ACT concerning the possession, administration, and dispensing
2 of opioid antidotes by first responders, and amending P.L.2013,
3 c.46.

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

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

10 3. As used in this act:

11 "Commissioner" means the Commissioner of **[Human Services]**
12 Health.

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

19 "Emergency medical response entity" means an organization,
20 company, governmental entity, community-based program, or
21 healthcare system that provides pre-hospital emergency medical
22 services and assistance to opioid or heroin addicts or abusers in the
23 event of an overdose. "Emergency medical response entity"
24 includes, but is not limited to, a first aid, rescue and ambulance
25 squad or other basic life support (BLS) ambulance provider; a
26 mobile intensive care provider or other advanced life support (ALS)
27 ambulance provider; an air medical service provider; or a fire-
28 fighting company or organization, which squad, provider, company,
29 or organization is qualified to send paid or volunteer emergency
30 medical responders to the scene of an emergency.

31 "Emergency medical responder" means a person, other than a
32 health care practitioner or law enforcement officer, who is
33 employed on a paid or volunteer basis in the area of emergency
34 response, including, but not limited to, an emergency medical
35 technician, a mobile intensive care paramedic, or a fire fighter,
36 acting in that person's professional capacity.

37 "First responder" means a law enforcement officer or emergency
38 medical responder.

39 "First response agency" means a law enforcement agency or
40 emergency medical response entity that is qualified to dispatch first
41 responders to the scene of an emergency for the purpose of
42 providing medical care or other assistance.

43 "Health care practitioner" means a prescriber, pharmacist, or
44 other individual whose professional practice is regulated pursuant to
45 Title 45 of the Revised Statutes, and who, in accordance with the

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 practitioner's scope of professional practice, prescribes or dispenses
2 an opioid antidote.

3 “Law enforcement agency” means a department, division,
4 bureau, commission, board, or other authority of the State, or of any
5 political subdivision thereof, which employs law enforcement
6 officers.

7 “Law enforcement officer” means any person whose public
8 duties include the power to act as an officer for the detection,
9 apprehension, arrest, and conviction of offenders against the laws of
10 this State. “Law enforcement officer” includes any active member
11 of a county or municipal police force or organization established
12 pursuant to N.J.S.40A:14-106 or N.J.S.40A:14-118, and any active
13 member of the State Police, regardless of whether such member
14 operates on a temporary or permanent basis, or in a full-time or
15 part-time capacity.

16 "Medical assistance" means professional medical services that
17 are provided to a person experiencing a drug overdose by a health
18 care practitioner, acting within the practitioner's scope of
19 professional practice, including professional medical services that
20 are mobilized through telephone contact with the 911 telephone
21 emergency service.

22 "Opioid antidote" means any drug, regardless of dosage amount
23 or method of administration, which has been approved by the
24 United States Food and Drug Administration (FDA) for the
25 treatment of an opioid overdose. "Opioid antidote" includes, but is
26 not limited to, naloxone hydrochloride, in any dosage amount,
27 which is administered through nasal spray or any other FDA-
28 approved means or methods.

29 “Overdose victim” means a person whom an antidote recipient
30 believes, in good faith, is experiencing an overdose from the use of
31 heroin or other opioid drugs.

32 "Patient" means a person who is at risk of an opioid overdose or
33 a person who is not at risk of an opioid overdose who, in the
34 person's individual capacity, obtains an opioid antidote from a
35 health care practitioner, from a professional[,] or professional
36 entity , or from a first responder or first response agency for the
37 purpose of administering that antidote to another person in an
38 emergency, in accordance with subsection **[c.] d.** of section 4 of
39 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a law enforcement
40 officer, professional , or emergency medical responder who is
41 acting in that **[professional's]** person’s individual capacity, but does
42 not include a law enforcement officer, professional , or emergency
43 medical responder who is acting in a professional capacity.

44 "Prescriber" means a health care practitioner authorized by law
45 to prescribe medications who, acting within the practitioner's scope
46 of professional practice, prescribes an opioid antidote. "Prescriber"
47 includes, but is not limited to, a physician, physician assistant, or
48 advanced practice nurse.

1 "Professional" means a person, other than a health care
2 practitioner or law enforcement officer, who is employed on a paid
3 basis or is engaged on a volunteer basis in the areas of substance
4 abuse treatment or therapy, criminal justice, or a related area, and
5 who, acting in that person's professional or volunteer capacity,
6 either: obtains an opioid antidote from a health care practitioner for
7 the purposes of dispensing **【or administering】** that antidote to other
8 parties in the course of business or volunteer activities ; or obtains
9 an opioid antidote from a health care practitioner, from a first
10 responder or first response entity, or from another professional or
11 professional entity for the purposes of administering that antidote to
12 an overdose victim in the course of business or volunteer activities.
13 "Professional" includes, but is not limited to, a sterile syringe
14 access program employee **【, or a law enforcement official】**.

15 "Professional entity" means an organization, company,
16 governmental entity, community-based program, sterile syringe
17 access program, or any other organized group that employs two or
18 more professionals who engage, during the regular course of
19 business or volunteer activities, in direct interactions with opioid or
20 heroin addicts or abusers or other persons susceptible to opioid
21 overdose, or with other persons who are in a position to provide
22 direct medical assistance to opioid or heroin addicts or abusers in
23 the event of an overdose.

24 "Recipient" means a patient, law enforcement officer, law
25 enforcement agency, professional, professional entity, emergency
26 medical responder, or emergency medical response entity who is
27 prescribed or dispensed an opioid antidote in accordance with
28 section 4 of P.L.2013, c.46 (C.24:6J-4).

29 (cf: P.L.2017, c.381, s.1)

30

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

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

35 (a) directly or through a standing order, to any **【recipient】**
36 patient who is deemed by the health care practitioner to be capable
37 of administering the opioid antidote to an overdose victim in an
38 emergency;

39 (b) through a standing order, to any professional **【or emergency**
40 **medical responder who is not acting in a professional or volunteer**
41 **capacity for a professional entity, or an emergency medical**
42 **response entity, but】** who is deemed by the health care practitioner
43 to be capable of either administering opioid antidotes to overdose
44 victims, **【as part of the professional's regular course of business or**
45 **volunteer activities;**

46 (c) through a standing order, to any professional who is not
47 acting in a professional or volunteer capacity for a professional

1 entity, but who is deemed by the health care practitioner to be
2 capable of] or dispensing opioid antidotes to recipients, for
3 administration thereby to third-party overdose victims, as part of the
4 professional's regular course of business or volunteer activities;

5 ~~[(d)]~~ (c) through a standing order, to any professional entity ~~[or~~
6 any emergency medical response entity, which] that is deemed by
7 the health care practitioner to employ professionals ~~[or emergency~~
8 medical responders, as appropriate,] who are capable of either
9 administering opioid antidotes to overdose victims ~~[as part of the~~
10 entity's regular course of business or volunteer activities;

11 (e) through a standing order, to any professional entity which is
12 deemed by the health care practitioner to employ professionals who
13 are capable of] or dispensing opioid antidotes to recipients ~~[,]~~ for
14 administration thereby to third-party overdose victims, as part of the
15 ~~[entity's]~~ regular course of business or volunteer activities; or

16 (d) to any law enforcement officer or law enforcement agency,
17 and to any emergency medical responder or emergency medical
18 response entity, in accordance with the Statewide standing order
19 that is issued pursuant to paragraph (2) of this section.

20 (2) (a) ~~[For the purposes of this subsection, whenever]~~ A law
21 enforcement officer or emergency medical responder shall be
22 presumed to be capable both of administering an opioid antidote to
23 an overdose victim in an emergency, and of dispensing an opioid
24 antidote to another recipient for administration to a third party.
25 Immediately upon the effective date of P.L. _____, c. (C. _____)
26 (pending before the Legislature as this bill), the Commissioner of
27 Health, or, if the commissioner is not a duly licensed physician, the
28 Deputy Commissioner for Public Health Services, shall issue a
29 Statewide standing order authorizing each law enforcement officer
30 employed by a law enforcement agency in the State and each
31 emergency medical responder employed by an emergency medical
32 response entity in the State to administer opioid antidotes to
33 overdose victims in an emergency, and to dispense opioid antidotes
34 to patients and other recipients who are deemed by the law
35 enforcement officer, law enforcement agency, emergency medical
36 responder, or emergency medical response agency to be capable of
37 administering the antidote to a third-party overdose victim.

38 Nothing in this section, or in any other law or regulation, shall be
39 deemed to require a law enforcement officer or emergency medical
40 responder to possess an individual prescription or an officer-
41 specific, responder-specific, or agency-specific standing order, in
42 order to carry, administer, or dispense opioid antidotes in the State.

43 (b) Whenever the law expressly authorizes or requires a certain
44 type of professional or professional entity to obtain a standing order
45 for opioid antidotes pursuant to this ~~[section]~~ subsection, such
46 professional, or the professionals employed or engaged by such
47 professional entity, as the case may be, shall be presumed by the

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

4 Nothing in this section, or in any other law or regulation, shall be
5 deemed to require a professional to obtain an individual
6 prescription or a professional-specific standing order, in order to
7 carry, administer, or dispense opioid antidotes; provided that the
8 entity employing the professional is in possession of a standing
9 order issued by a prescriber, pursuant to this subsection, which
10 authorizes the professionals in the entity's employ to engage in such
11 activities.

12 **[(b) For the purposes of this subsection, whenever the law**
13 **expressly requires a certain type of emergency medical responder or**
14 **emergency medical response entity to obtain a standing order for**
15 **opioid antidotes pursuant to this section, such emergency medical**
16 **responder, or the emergency medical responders employed or**
17 **engaged by such emergency medical response entity, as the case**
18 **may be, shall be presumed by the prescribing or dispensing health**
19 **care practitioner to be capable of administering the opioid antidote,**
20 **consistent with the express statutory requirement.]**

21 (3) (a) **[Whenever a prescriber or other health care practitioner**
22 **prescribes or dispenses an opioid antidote to a professional or**
23 **professional entity pursuant to a] A standing order for opioid**
24 **antidotes, which is issued [under] by a prescriber to a professional**
25 **or professional entity pursuant to paragraph (1) of this subsection,**
26 **[the standing order] shall specify whether the professional or**
27 **professional entity is authorized [thereby] by the standing order to**
28 **directly administer [the] opioid [antidote] antidotes to overdose**
29 **victims; to dispense [the] opioid [antidote] antidotes to patients**
30 **and other recipients, for their administration to third parties; or to**
31 **both administer and dispense the opioid [antidote] antidotes. If a**
32 **standing order does not include a specification in this regard, it**
33 **shall be deemed to authorize the professional or professional entity**
34 **only to administer [the] opioid [antidote] antidotes with immunity,**
35 **as provided by subsection c. of this section, and it shall not be**
36 **deemed to authorize the professional or professional entity to**
37 **engage in the further dispensing of the [antidote] antidotes to other**
38 **recipients, unless such authority has been granted by law, as**
39 **provided by subparagraph (b) of this paragraph.**

40 (b) Notwithstanding the provisions of this paragraph to the
41 contrary, if the law expressly authorizes or requires a certain type of
42 professional~~[],~~ or professional entity ~~[],~~ emergency medical
43 responder, or emergency medical response entity] to administer or
44 dispense opioid antidotes pursuant to a standing order issued
45 hereunder, the standing order issued pursuant to this section shall be
46 deemed to grant the authority specified by the law, even if such

1 authority is not expressly indicated on the face of the standing
2 order.

3 (4) Any prescriber or other health care practitioner who
4 prescribes or dispenses an opioid antidote, in good faith, and in
5 accordance with the provisions of this subsection, shall not, as a
6 result of the practitioner's acts or omissions, be subject to any
7 criminal or civil liability, or any professional disciplinary action
8 under Title 45 of the Revised Statutes, for prescribing or dispensing
9 an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
10 **[seq]** al.).

11 b. (1) Any first responder or first response agency that is
12 covered by the Statewide standing order issued pursuant to
13 paragraph (2) of subsection a. of this section, and that has received
14 overdose prevention information pursuant to section 5 of P.L.2013,
15 c.46 (C.24:6J-5), may administer an opioid antidote to an overdose
16 victim, or may dispense an opioid antidote to any recipient who is
17 deemed by the first responder or first response agency to be capable
18 of administering the opioid antidote to an overdose victim in an
19 emergency.

20 (2) Any first responder or first response agency, which
21 administers or dispenses an opioid antidote, in good faith, in
22 accordance with the provisions of paragraph (1) of this subsection,
23 and pursuant to the Statewide standing order issued under paragraph
24 (2) of subsection a. of this section, shall not, as a result of any acts
25 or omissions, be subject to any criminal or civil liability, or any
26 professional disciplinary action, for administering or dispensing the
27 opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et al.).

28 c. (1) Any professional or professional entity that has obtained
29 a standing order for the administration of opioid antidotes, pursuant
30 to subsection a. of this section, and overdose prevention
31 information pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5),
32 may administer an opioid antidote to an overdose victim. Any
33 professional or professional entity that has obtained a standing
34 order for the dispensing of opioid antidotes, pursuant to subsection
35 a. of this section, and overdose prevention information pursuant to
36 section 5 of P.L.2013, c.46 (C.24:6J-5), may dispense an opioid
37 antidote to any recipient who is deemed by the professional or
38 professional entity to be capable of administering the opioid
39 antidote to an overdose victim in an emergency. Any professional
40 or professional entity that has obtained a standing order for both the
41 administration and dispensing of opioid antidotes, pursuant to
42 subsection a. of this section, and overdose prevention information
43 pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5), may both
44 administer and dispense opioid antidotes.

45 (2) Any professional or professional entity that administers or
46 dispenses an opioid antidote , in good faith, in accordance with
47 paragraph (1) of this subsection, **[in good faith,]** and pursuant to a
48 standing order issued under subsection a. of this section, shall not,

1 as a result of any acts or omissions, be subject to any criminal or
2 civil liability, or any professional disciplinary action, for
3 administering or dispensing **【an】** the opioid antidote in accordance
4 with P.L.2013, c.46 (C.24:6J-1 et **【seq】** al.).

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

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

17 d. (1) Any **【person who is the recipient of an opioid antidote,**
18 **which has been prescribed or dispensed】** patient who has obtained
19 an opioid antidote for administration purposes pursuant to
20 subsection a. **【or】** b., or c. 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】** an overdose victim in an emergency, without fee **【,** if the
24 antidote recipient believes, in good faith, that the other person is
25 experiencing an opioid overdose**】**.

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

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. Notwithstanding the provisions of any law, rule, regulation,
39 ordinance, or institutional or organizational directive to the
40 contrary, any person or entity authorized to administer an opioid
41 antidote, pursuant to this section, may administer to an overdose
42 victim, with full immunity:

43 (1) a single dose of any type of opioid antidote that has been
44 approved by the United States Food and Drug Administration for
45 use in the treatment of opioid overdoses; and

46 (2) up to three doses of an opioid antidote that is administered
47 through intranasal application, or through an intramuscular auto-

1 injector, as may be necessary to revive the overdose victim. Prior
2 consultation with, or approval by, a third-party physician or other
3 medical personnel shall not be required before an authorized person
4 or entity may administer up to three doses of an opioid antidote, as
5 provided in this paragraph, to the same overdose victim.

6 g. No later than 45 days after the effective date of P.L.2017,
7 c.381, the Commissioner of Health shall provide written notice to
8 all emergency medical response entities affected by subsection f. of
9 this section, notifying them of the provisions of subsection f. of this
10 section.

11 (cf: P.L.2017, c.381, s.2)

12

13 3. Section 5 of P.L.2013, c.46 (C.24:6J-5) is amended to read
14 as follows:

15 5. a. (1) A prescriber or other health care practitioner who
16 prescribes or dispenses an opioid antidote, in accordance with
17 paragraph (1) of subsection a. of section 4 of P.L.2013, c.46
18 (C.24:6J-4), shall ensure that overdose prevention information is
19 provided to the antidote recipient. The State health official who
20 issues a Statewide standing order applicable to first responders, in
21 accordance with paragraph (2) of subsection a. of section 4 of
22 P.L.2013, c.46 (C.24:6J-4), shall ensure that overdose prevention
23 information is provided to every law enforcement agency and
24 emergency medical response entity in the State that is covered by
25 the standing order. The **【requisite】** overdose prevention
26 information that is distributed pursuant this subsection shall
27 include, but **【is】** need not be limited to: information on opioid
28 overdose prevention and recognition; instructions on how to
29 perform rescue breathing and resuscitation; information on opioid
30 antidote dosage and instructions on opioid antidote administration;
31 information describing the importance of calling 911 emergency
32 telephone service for assistance with an opioid overdose; and
33 instructions for appropriate care of an overdose victim after
34 administration of the opioid antidote.

35 (2) A professional or professional entity that dispenses an opioid
36 antidote pursuant to a standing order, in accordance with subsection
37 **【b.】** c. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that
38 each patient or other recipient who is dispensed an opioid antidote
39 also receives a copy of the overdose prevention information that has
40 been provided to the professional or professional entity pursuant to
41 paragraph (1) of this subsection.

42 (3) A law enforcement officer, law enforcement agency,
43 emergency medical responder, or emergency medical response
44 entity that dispenses an opioid antidote pursuant to a Statewide
45 standing order, in accordance with subsection b. of section 4 of
46 P.L.2013, c.46 (C.24:6J-4), shall ensure that each patient or other
47 recipient who is dispensed an opioid antidote also receives a copy
48 of the overdose prevention information that has been provided to

1 the law enforcement agency or emergency medical response entity,
2 as the case may be, pursuant to paragraph (1) of this subsection.

3 b. (1) In **[order to fulfill]** fulfilling the information distribution
4 requirements of subsection a. of this section, overdose prevention
5 information may be provided directly by the prescribing or
6 dispensing health care practitioner or State health official, or by the
7 dispensing professional or professional entity, law enforcement
8 officer or agency, or emergency medical responder or response
9 entity, or may be provided indirectly by a community-based
10 organization, or other organization that addresses medical or social
11 issues related to **[drug addiction]** substance use disorders, and with
12 which the health care practitioner or State health official, the
13 professional[,] or professional entity, the law enforcement officer
14 or agency, or the emergency medical responder or response entity,
15 as appropriate, maintains a written agreement. Any such written
16 agreement shall incorporate, at a minimum: procedures for the
17 timely dissemination of overdose prevention information;
18 information as to how employees or volunteers providing the
19 information will be trained; and standards for recordkeeping under
20 paragraph (2) of this subsection.

21 (2) The dissemination of overdose prevention information in
22 accordance with this section, and the contact information for the
23 persons receiving such information, to the extent known, shall be
24 documented by the prescribing or dispensing health care
25 practitioner or State health official, or by the dispensing
26 professional[,] or professional entity, law enforcement officer or
27 agency, or emergency medical responder or response entity, as
28 appropriate, in: (a) the patient's medical record, if applicable; **[or]**
29 (b) another appropriate record or log, if the patient's medical record
30 is unavailable or inaccessible, or if the antidote recipient is **[a**
31 **professional or professional entity]** acting in **[their]** a professional
32 capacity; or (c) any other similar recordkeeping location, as
33 specified in a written agreement that has been executed pursuant to
34 paragraph (1) of this subsection.

35 c. In order to facilitate the dissemination of overdose
36 prevention information in accordance with this section, the
37 Commissioner of **[Human Services]** Health, in consultation with
38 Statewide organizations representing physicians, advanced practice
39 nurses, or physician assistants, and organizations operating
40 community-based programs, sterile syringe access programs, or
41 other programs which address medical or social issues related to
42 **[drug addiction]** substance use disorders, may develop training
43 materials in video, electronic, or other appropriate formats, and
44 disseminate these materials to: health care practitioners; first
45 responders and first response agencies; professionals and
46 professional entities that are authorized by standing order to
47 dispense opioid antidotes; and organizations that are authorized to

1 disseminate overdose prevention information under a written
2 agreement executed pursuant to paragraph (1) of subsection b. of
3 this section.

4 (cf: P.L.2015, c.10, s.3)

5

6 4. Section 1 of P.L.2017, c.285 (C.24:6J-5.1) is amended to
7 read as follows:

8 1. a. **【If】** Whenever an opioid antidote is administered by a
9 health care professional or a first responder to a person
10 experiencing a drug overdose, information concerning substance
11 **【abuse】** use disorder treatment programs and resources, including
12 information on the availability of opioid antidotes, shall be provided
13 to the person as follows:

14 (1) If the person is admitted to a health care facility or receives
15 treatment in the emergency department of a health care facility, a
16 staff member designated by the health care facility, who may be a
17 social worker, addiction counselor, or other appropriate
18 professional, shall provide the information to the person at any time
19 after the treatment for the drug overdose is complete, but prior to
20 the person's discharge from the facility. The designated staff
21 member shall document the provision of the information in the
22 person's medical record, and may, in collaboration with an
23 appropriate health care professional, additionally develop an
24 individualized substance **【abuse】** use disorder treatment plan for
25 the person.

26 (2) If the opioid antidote is administered by a first responder and
27 the person experiencing the overdose is not subsequently
28 transported to a health care facility, the first responder shall provide
29 the information to the person at the time the treatment for the drug
30 overdose is complete.

31 b. As used in this section:

32 "First responder" means a law enforcement officer **【**, paid or
33 volunteer firefighter, paid or volunteer member of a duly
34 incorporated first aid, emergency, ambulance, or rescue squad
35 association, or any other individual who, in the course of that
36 individual's employment, is dispatched to the scene of an
37 emergency situation for the purpose of providing medical care or
38 other assistance**】** or emergency medical responder, as those terms
39 are defined by section 1 of P.L.2013, c.46 (C.24:6J-3).

40 "Health care facility" means a health care facility licensed
41 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

42 c. The Commissioner of **【Human Services】** Health shall
43 develop informational materials concerning substance **【abuse】** use
44 disorder treatment programs, and resources and information on the
45 availability of opioid antidotes, for dissemination to health care
46 professionals and first responders to facilitate the provision of

1 information to patients pursuant to this section.

2 (cf: P.L.2017, c.285, s.1)

3

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

6 6. a. The Commissioner of **【Human Services】** Health may
7 award grants, based upon any monies appropriated by the
8 Legislature, to create or support local opioid overdose prevention,
9 recognition, and response projects. County and municipal health
10 departments, correctional institutions, hospitals, and universities, as
11 well as organizations operating community-based programs,
12 substance abuse programs, syringe access programs, or other
13 programs which address medical or social issues related to drug
14 addiction may apply to the Department of **【Human Services】**
15 Health for a grant under this section, on forms and in the manner
16 prescribed by the commissioner.

17 b. In awarding any grant, the commissioner shall consider the
18 necessity for overdose prevention projects in various health care
19 facility and non-health care facility settings, and the applicant's
20 ability to develop interventions that will be effective and viable in
21 the local area to be served by the grant.

22 c. In awarding any grant, the commissioner shall give
23 preference to applications that include one or more of the following
24 elements:

25 (1) the prescription and distribution of **【naloxone hydrochloride**
26 **or any other similarly acting drug approved by the United States**
27 **Food and Drug Administration for the treatment of an opioid**
28 **overdose】** opioid antidotes;

29 (2) policies and projects to encourage persons, including drug
30 users, to call 911 for emergency assistance when they witness a
31 potentially fatal opioid overdose;

32 (3) opioid overdose prevention, recognition, and response
33 education projects in syringe access programs, drug treatment
34 centers, outreach programs, and other programs operated by
35 organizations that work with, or have access to, opioid users and
36 their families and communities;

37 (4) opioid overdose recognition and response training, including
38 rescue breathing, in drug treatment centers and for other
39 organizations that work with, or have access to, opioid users and
40 their families and communities;

41 (5) the production and distribution of targeted or mass media
42 materials on opioid overdose prevention and response;

43 (6) the institution of education and training projects on opioid
44 overdose response and treatment for emergency services and law
45 enforcement personnel; and

46 (7) a system of parent, family, and survivor education and
47 mutual support groups.

1 d. In addition to any moneys appropriated by the Legislature,
2 the commissioner may seek money from the federal government,
3 private foundations, and any other source to fund the grants
4 established pursuant to this section, as well as to fund on-going
5 monitoring and evaluation of the programs supported by the grants.
6 (cf: P.L.2013, c.46, s.6)

7
8 6. This act shall take effect on the first day of the first month
9 next following enactment, except that the Commissioner of Health
10 shall take anticipatory administrative action, in advance thereof, as
11 may be necessary for the implementation of this act.

12
13
14 STATEMENT

15
16 This bill would amend the State's "Overdose Prevention Act"
17 (OPA), P.L.2013, c.46 (C.24:6J-1 et al.), in order to authorize first
18 responders and first response entities (i.e., law enforcement
19 officers; law enforcement agencies; emergency medical responders,
20 including emergency medical technicians, paramedics, and
21 firefighters; and emergency medical response entities) to obtain,
22 administer, and dispense naloxone hydrochloride and other opioid
23 antidotes, with immunity, pursuant to a Statewide standing order
24 issued by a State health official.

25 Under the existing provisions of the OPA, law enforcement
26 officials are included under the same rubric of provisions that relate
27 to "professionals" and "professional entities," while emergency
28 medical responders and response entities are covered under their
29 own, unique provisions. Under the existing law, professionals and
30 professional entities are required to request and obtain a standing
31 order from an individual health care practitioner before they will be
32 authorized to administer or dispense opioid antidotes with
33 immunity. Emergency medical responders and response entities
34 must go through the same standing order request procedure, but
35 may only be authorized by a standing order to administer opioid
36 antidotes to overdose victims. The existing law does not authorize
37 emergency medical responders to further dispense opioid antidotes
38 to other recipients for administration thereby. In order to ensure
39 that all first responders are subject to the same authorizations and
40 immunities under the OPA, this bill would excise law enforcement
41 officers and law enforcement agencies from the provisions of the
42 OPA that relate to professionals and professional entities; it would
43 eliminate the existing provisions of the OPA that relate solely to
44 emergency medical responders and response entities; and it would
45 incorporate new provisions that are universally applicable to all first
46 responders, including both law enforcement officers and emergency
47 medical responders, and which authorize all first responders to both

1 administer and dispense opioid antidotes pursuant to a Statewide
2 standing order.

3 Although the OPA generally requires a health care practitioner,
4 before prescribing or dispensing any opioid antidotes, to make a
5 determination as to whether the recipient of the antidote is capable
6 of administering or dispensing the drug, as appropriate, or whether
7 the recipient, if an entity, employs persons who are so capable, the
8 bill would provide that such a determination need not be made in
9 the case of first responders. Instead, the bill would specify that a
10 law enforcement officer or emergency medical responder is to be
11 presumed, as a matter of law, to be capable of both administering
12 and dispensing opioid antidotes. The bill would further require the
13 Commissioner of Health, or, if the commissioner is not a licensed
14 physician, the Deputy Commissioner for Public Health Services, to
15 immediately issue, upon the bill's effective date, a Statewide
16 standing order authorizing each law enforcement officer who is
17 employed by a law enforcement agency, and each emergency
18 medical responder who is employed by an emergency medical
19 response entity in the State to administer opioid antidotes to
20 overdose victims in an emergency, and to dispense opioid antidotes
21 to patients and other recipients who are deemed capable of
22 administering the antidote to a third-party overdose victim.

23 The State health official who issues the Statewide standing order
24 for first responders would be required to provide overdose
25 prevention information, under the existing provisions of the OPA,
26 to every law enforcement agency and emergency medical response
27 entity in the State that is covered by the Statewide order. Each such
28 agency or entity, and the employees thereof, would then be
29 required, when dispensing opioid antidotes to other recipients, to
30 ensure that a copy of the overdose prevention information is
31 provided to each antidote recipient.

32 Any law enforcement officer or agency, and any emergency
33 medical responder or response entity, which has received overdose
34 prevention information, and which administers or dispenses an
35 opioid antidote pursuant to the Statewide standing order issued
36 under the bill's provisions, would be immune from civil or criminal
37 liability, as well as from professional disciplinary action, for any
38 acts or omissions that may be associated with such administration
39 or dispensation. The bill would further specify that nothing in its
40 provisions, or in any other law or regulation, may be deemed to
41 require a law enforcement officer or emergency medical responder
42 to possess an individual prescription or an officer-specific,
43 responder-specific, or agency-specific standing order, in order to
44 carry, administer, or dispense opioid antidotes.

45 The bill would also make minor technical and clarifying
46 corrections to existing provisions of the OPA, in order to eliminate
47 internal inconsistencies and redundancies, clarify and harmonize
48 existing language, and more clearly distinguish the requirements

1 and immunities that apply to the various types of actors who may be
2 authorized to administer or dispense opioid antidotes.

3 For instance, the bill would clarify, consistent with existing law,
4 that nothing in the OPA, or in any other law or regulation, may be
5 deemed to require a professional actor to obtain an individual
6 prescription or a professional-specific standing order, in order to
7 carry, administer, or dispense opioid antidotes; provided that the
8 entity employing such professional is in possession of a standing
9 order, issued by an individual prescriber under the OPA, which
10 authorizes the professionals in the entity's employ to engage in such
11 activities.

12 More significantly, the bill would clarify the existing immunity
13 provisions that are applicable to professionals and professional
14 entities under the OPA. These immunity provisions are currently
15 split into two subsections, which may create confusion in practice,
16 particularly in light of the changes that are being made by this bill.
17 The first subsection applies to professional actors who engage in the
18 dispensation of opioid antidotes, while the second subsection is a
19 catch-all provision that applies to both professional actors and
20 ordinary patients who administer opioid antidotes. This split
21 between subsections has resulted in an unintentional gap in the
22 immunities that are provided to professionals and professional
23 entities under the OPA. Specifically, professional actors are
24 immunized against professional liability only under the first
25 subsection, regarding their dispensation of opioid antidotes, but
26 they are not immunized against professional liability under the
27 second subsection, regarding their administration of opioid
28 antidotes. Because the OPA was clearly intended to provide full
29 immunity to these actors, regardless of whether they are engaged in
30 the administration or dispensation of opioid antidotes, this bill
31 would address the gap in the law by combining the immunity
32 provisions that are applicable to professionals into a single
33 subsection, in a manner that mirrors the phrasing of the new
34 immunity provisions that are applicable to first responders.

35 The bill would also amend the OPA to replace references to the
36 Department and Commissioner of Human Services with references
37 to the Department and Commissioner of Health. This change is
38 necessary to reflect the fact that the functions of the Division of
39 Mental Health and Addiction Services, which oversees the
40 implementation of the OPA, have now been transferred from the
41 Department of Human Services to the Department of Health,
42 pursuant to Reorganization Plan 001-2017 (Christie).