

SENATE, No. 1092

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED JANUARY 25, 2018

Sponsored by:

Senator NILSA CRUZ-PEREZ

District 5 (Camden and Gloucester)

Senator FRED H. MADDEN, JR.

District 4 (Camden and Gloucester)

SYNOPSIS

Requires county health departments to maintain reserve stock of opioid antidotes and dispense such reserve stock to first responders and hospital pharmacies, on interim basis, in order to ensure uninterrupted supply.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/23/2018)

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

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

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

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

9 (b) through a standing order, to any professional or emergency
10 medical responder who is not acting in a professional or volunteer
11 capacity for a professional entity, or for an emergency medical
12 response entity, but who is deemed by the health care practitioner to
13 be capable of administering opioid antidotes to overdose victims, as
14 part of the professional's regular course of business or volunteer
15 activities;

16 (c) through a standing order, to any professional who is not
17 acting in a professional or volunteer capacity for a professional
18 entity, but who is deemed by the health care practitioner to be
19 capable of dispensing opioid antidotes to recipients, for
20 administration thereby, as part of the professional's regular course
21 of business or volunteer activities;

22 (d) through a standing order, to any professional entity or any
23 emergency medical response entity, which is deemed by the health
24 care practitioner to employ professionals or emergency medical
25 responders, as appropriate, who are capable of administering opioid
26 antidotes to overdose victims as part of the entity's regular course of
27 business or volunteer activities;

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

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

36 (2) (a) For the purposes of this subsection, whenever the law
37 expressly authorizes or requires a certain type of professional or
38 professional entity to obtain a standing order for opioid antidotes
39 pursuant to this section, such professional, or the professionals
40 employed or engaged by such professional entity, as the case may
41 be, shall be presumed by the prescribing or dispensing health care
42 practitioner to be capable of administering or dispensing the opioid
43 antidote, consistent with the express statutory requirement.

44 (b) For the purposes of this subsection, whenever the law
45 expressly requires a certain type of emergency medical responder or
46 emergency medical response entity to obtain a standing order for
47 opioid antidotes pursuant to this section, such emergency medical
48 responder, or the emergency medical responders employed or

1 engaged by such emergency medical response entity, as the case
2 may be, shall be presumed by the prescribing or dispensing health
3 care practitioner to be capable of administering the opioid antidote,
4 consistent with the express statutory requirement.

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

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

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

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

43 (2) Any professional or professional entity that dispenses an
44 opioid antidote in accordance with paragraph (1) of this subsection,
45 in good faith, and pursuant to a standing order issued under
46 subsection a. of this section, shall not, as a result of any acts or
47 omissions, be subject to any criminal or civil liability, or any

1 professional disciplinary action, for dispensing an opioid antidote in
2 accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

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

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

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

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

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

35 f. (1) Each county health department shall obtain, through a
36 standing order, and shall maintain in an accessible storage location,
37 a healthy reserve stock of opioid antidotes. The exact amount of
38 opioid antidotes that are to be kept in reserve stock at each county
39 health department pursuant to this subsection shall be determined
40 by the director of each such county health department, in
41 consultation with the county prosecutor, the county association of
42 police chiefs, and the county association of fire chiefs, and with
43 input from the hospitals, emergency medical responders, and
44 emergency medical response entities operating in the county.

45 (2) Whenever a first responder or first response entity in the
46 county exhausts the supply of opioid antidotes that has been
47 dispensed thereto pursuant to a standing order issued under
48 subsection a. of this section, the county health department shall

1 immediately provide the first responder or first response entity with
2 an interim supply of opioid antidotes from the reserve stock that is
3 maintained pursuant to this subsection. The interim supply shall be
4 sufficient to ensure that the first responder or first response entity,
5 as the case may be, will have adequate stock to continue to
6 administer or dispense opioid antidotes, as appropriate, during the
7 interim period when the first responder or first response entity is
8 awaiting the receipt of a new stock of opioid antidotes pursuant to
9 the standing order.

10 (3) Whenever a hospital pharmacy exhausts its available supply
11 of opioid antidotes or the material components needed for its
12 pharmacists to produce and dispense opioid antidotes pursuant to
13 subsection a. of this section, the county health department shall
14 immediately provide the pharmacy with an interim supply of opioid
15 antidotes from the reserve stock that is maintained pursuant to this
16 subsection. The interim supply shall be sufficient to ensure that the
17 hospital pharmacy will have adequate stock to continue to dispense
18 opioid antidotes, as provided by subsection a. of this section, during
19 the interim period when the pharmacy is awaiting the receipt of a
20 new stock of opioid antidotes or the component materials necessary
21 to produce the same.

22 (4) Any first responder, first response entity, or hospital
23 pharmacy that obtains an interim supply of opioid antidotes from
24 the reserve stock maintained pursuant to this subsection shall be
25 responsible for repaying the county health department for the costs
26 associated with the department's acquisition and delivery of such
27 interim supply.

28 (5) County health departments in the State may enter into shared
29 service agreements, in accordance with the "Uniform Shared
30 Services and Consolidation Act," sections 1 through 35 of
31 P.L.2007, c.63 (C.40A:65-1 through C.40A:65-35), in order to
32 facilitate the acquisition of opioid antidotes at discounted rates,
33 minimize delivery costs, or otherwise facilitate the implementation
34 of this subsection.

35 (6) The commissioner shall establish rules and regulations,
36 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
37 (C.52:14B-1 et seq.), identifying: (a) the manner and timeframe in
38 which a first responder, first response entity, or hospital pharmacy
39 shall notify the respective county health department about the need
40 for interim opioid antidote supplies under this subsection; and (b)
41 the manner and timeframe in which a first responder, first response
42 entity, or hospital pharmacy shall provide reimbursement to the
43 county health department for the costs associated with the
44 department's acquisition and delivery of such interim supplies.

45 (7) Any county health department or employee of a county
46 health department that provides a first responder, first response
47 entity, or hospital pharmacy with an interim supply of opioid
48 antidotes from the reserve stock maintained pursuant to this

1 subsection, shall not, as a result of any acts or omissions, be subject
2 to any criminal or civil liability, or any disciplinary action, for
3 providing such interim supply in accordance with this subsection.

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

5
6 3. This act shall take effect immediately.

7
8
9 STATEMENT

10
11 This bill would amend the State's "Overdose Prevention Act,"
12 P.L.2013, c.42 (C.24:6J-1 et seq.), in order to require each county
13 health department to obtain, through a standing order, and to
14 maintain in an accessible storage location, a healthy reserve stock
15 of opioid antidotes for interim dispensation thereby to first
16 responders and hospital pharmacies within its jurisdiction. The
17 exact amount of opioid antidotes that are to be kept in reserve stock
18 would be determined by the director of each county health
19 department, in consultation with the county prosecutor, the county
20 association of police chiefs, and the county association of fire
21 chiefs, and with input from the hospitals, emergency medical
22 responders, and emergency medical response entities operating in
23 the county.

24 The bill would specify that, whenever a first responder or first
25 response entity in the county exhausts the supply of opioid antidotes
26 that has been dispensed thereto pursuant to a standing order issued
27 under the Overdose Prevention Act, the county health department
28 will be required to immediately provide the first responder or first
29 response entity with an interim supply of opioid antidotes from the
30 reserve stock that is maintained pursuant to the bill's provisions.
31 The interim supply would need to be sufficient to ensure that the
32 first responder or first response entity, as the case may be, will have
33 adequate stock to continue to administer or dispense opioid
34 antidotes, as appropriate, during the interim period when the first
35 responder or first response entity is awaiting the receipt of a new
36 stock of opioid antidotes pursuant to the standing order.

37 The bill would similarly provide that, whenever a hospital
38 pharmacy exhausts its available supply of opioid antidotes or the
39 material components needed for its pharmacists to produce and
40 dispense opioid antidotes pursuant to the Overdose Prevention Act,
41 the county health department will be required to immediately
42 provide the pharmacy with an interim supply of opioid antidotes
43 from the reserve stock that is maintained pursuant to the bill's
44 provisions. The interim supply would need to be sufficient to
45 ensure that the pharmacy will have adequate stock to continue to
46 dispense opioid antidotes, as authorized by the Overdose Prevention
47 Act, during the interim period when the pharmacy is awaiting the

1 receipt of a new stock of opioid antidotes or the component
2 materials necessary to produce the same.

3 Any first responder, first response entity, or hospital pharmacy
4 that obtains an interim supply of opioid antidotes from the reserve
5 stock maintained pursuant to the bill's provisions would be
6 responsible for repaying the county health department for the costs
7 associated with the department's acquisition and delivery of such
8 interim supply. The bill would expressly authorize the various
9 county health departments in the State to enter into shared service
10 agreements, in accordance with the "Uniform Shared Services and
11 Consolidation Act," sections 1 through 35 of P.L.2007, c.63
12 (C.40A:65-1 through C.40A:65-35), in order to facilitate the
13 acquisition of opioid antidotes at discounted rates, minimize
14 delivery costs, or otherwise facilitate the implementation of the
15 bill's provisions.

16 The bill would require the Commissioner of Human Services to
17 establish rules and regulations to identify the manner and timeframe
18 in which a first responder, first response entity, or hospital
19 pharmacy must notify the respective county health department
20 about the need for interim opioid antidote supplies under the bill's
21 provisions, and the manner and timeframe in which a first
22 responder, first response entity, or hospital pharmacy must provide
23 reimbursement to the county health department for the costs of
24 acquiring and delivering such interim supplies.

25 Finally, the bill would specify, consistent with the existing
26 provisions of the Overdose Prevention Act, that any county health
27 department or employee of a county health department that provides
28 a first responder, first response entity, or hospital pharmacy with an
29 interim supply of opioid antidotes from the reserve stock
30 maintained pursuant to the bill's provisions, will be immune from
31 criminal or civil liability, or any disciplinary action, in association
32 with the provision of such interim supply.