

**SENATE, No. 3162**

**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

INTRODUCED NOVEMBER 26, 2018

**Sponsored by:**

**Senator PATRICK J. DIEGNAN, JR.**

**District 18 (Middlesex)**

**Senator LINDA R. GREENSTEIN**

**District 14 (Mercer and Middlesex)**

**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.



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, emergency medical response entity, school,  
27 school district, or school nurse who is prescribed or dispensed an  
28 opioid antidote in accordance with section 4 of P.L.2013, c.46  
29 (C.24:6J-4).  
30 (cf: P.L.2018, c.106, s.7)

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

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

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

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

47 (c) through a standing order, to any professional who is not  
48 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  
6 ~~[or any emergency medical response entity, which]~~ that is deemed  
7 by the health care practitioner to employ professionals ~~[or~~  
8 emergency medical responders, as appropriate,] who are capable of  
9 either administering opioid antidotes to overdose victims ~~[as part of~~  
10 the 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;

16 ~~[(f)]~~ (d) through a standing order, to a school, school district,  
17 or school nurse pursuant to the provisions of section 2 of P.L.2018,  
18 c.106 (C.18A:40-12.24); or

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

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

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

46 (b) Whenever the law expressly authorizes or requires a certain  
47 type of professional or professional entity to obtain a standing order  
48 for opioid antidotes pursuant to this ~~[section]~~ subsection, such

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

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

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

23 **(c) [For the purposes of this subsection, whenever ]** Whenever  
24 the law expressly authorizes or requires a school or school district  
25 to obtain a standing order for opioid antidotes pursuant to this  
26 section, the school nurses employed or engaged by the school or  
27 school district shall be presumed by the prescribing or dispensing  
28 health care practitioner to be capable of administering the opioid  
29 antidote, consistent with the express statutory requirement.

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

1 (b) Notwithstanding the provisions of this paragraph to the  
2 contrary, if the law expressly authorizes or requires a certain type of  
3 professional~~[],~~ or professional entity ~~[],~~ emergency medical  
4 responder, or emergency medical response entity~~]~~ to administer or  
5 dispense opioid antidotes pursuant to a standing order issued  
6 hereunder, the standing order issued pursuant to this section shall be  
7 deemed to grant the authority specified by the law, even if such  
8 authority is not expressly indicated on the face of the standing  
9 order.

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

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

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

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

1 pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5), may both  
2 administer and dispense opioid antidotes.

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

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

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

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

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

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

44 f. Any school, school district, school nurse, school employee,  
45 or any other officer or agent of a board of education, charter school,  
46 or nonpublic school who administers, or permits the administration  
47 of, an opioid antidote in good faith in accordance with the



1 provisions of section 2 of P.L.2018, c.106 (C.18A:40-12.24), and  
2 pursuant to a standing order issued under subsection a. of this  
3 section, shall not, as a result of any acts or omissions, be subject to  
4 any criminal or civil liability, or any disciplinary action, for  
5 administering, or for permitting the administration of, the opioid  
6 antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

7 g. Notwithstanding the provisions of any law, rule, regulation,  
8 ordinance, or institutional or organizational directive to the  
9 contrary, any person or entity authorized to administer an opioid  
10 antidote pursuant to this section, may administer to an overdose  
11 victim, with full immunity:

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

15 (2) up to three doses of an opioid antidote that is administered  
16 through an intranasal application, or through an intramuscular auto-  
17 injector, as may be necessary to revive the overdose victim. Prior  
18 consultation with, or approval by, a third-party physician or other  
19 medical personnel shall not be required before an authorized person  
20 or entity may administer up to three doses of an opioid antidote, as  
21 provided in this paragraph, to the same overdose victim.

22 h. No later than 45 days after the effective date of P.L.2017,  
23 c.381 the Commissioner of Health shall provide written notice to all  
24 emergency medical response entities affected by subsection g. of  
25 this section notifying them of the provisions of subsection g. of this  
26 section.

27 (cf: P.L.2018, c.106, s.8)

28

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

31 5. a. (1) A prescriber or other health care practitioner who  
32 prescribes or dispenses an opioid antidote, in accordance with  
33 paragraph (1) of subsection a. of section 4 of P.L.2013, c.46  
34 (C.24:6J-4), shall ensure that overdose prevention information is  
35 provided to the antidote recipient. The State health official who  
36 issues a Statewide standing order applicable to first responders, in  
37 accordance with paragraph (2) of subsection a. of section 4 of  
38 P.L.2013, c.46 (C.24:6J-4), shall ensure that overdose prevention  
39 information is provided to every law enforcement agency and  
40 emergency medical response entity in the State that is covered by  
41 the standing order. The **【requisite】** overdose prevention  
42 information that is distributed pursuant this subsection shall  
43 include, but **【is】** need not be limited to: information on opioid  
44 overdose prevention and recognition; instructions on how to  
45 perform rescue breathing and resuscitation; information on opioid  
46 antidote dosage and instructions on opioid antidote administration;  
47 information describing the importance of calling 911 emergency  
48 telephone service for assistance with an opioid overdose; and

1 instructions for appropriate care of an overdose victim after  
2 administration of the opioid antidote.

3 (2) A professional or professional entity that dispenses an opioid  
4 antidote pursuant to a standing order, in accordance with subsection  
5 **[b.] c.** of section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that  
6 each patient or other recipient who is dispensed an opioid antidote  
7 also receives a copy of the overdose prevention information that has  
8 been provided to the professional or professional entity pursuant to  
9 paragraph (1) of this subsection.

10 (3) A law enforcement officer, law enforcement agency,  
11 emergency medical responder, or emergency medical response  
12 entity that dispenses an opioid antidote pursuant to a Statewide  
13 standing order, in accordance with subsection b. of section 4 of  
14 P.L.2013, c.46 (C.24:6J-4), shall ensure that each patient or other  
15 recipient who is dispensed an opioid antidote also receives a copy  
16 of the overdose prevention information that has been provided to  
17 the law enforcement agency or emergency medical response entity,  
18 as the case may be, pursuant to paragraph (1) of this subsection.

19 b. (1) In **[order to fulfill]** fulfilling the information distribution  
20 requirements of subsection a. of this section, overdose prevention  
21 information may be provided directly by the prescribing or  
22 dispensing health care practitioner or State health official, or by the  
23 dispensing professional or professional entity, law enforcement  
24 officer or agency, or emergency medical responder or response  
25 entity, or may be provided indirectly by a community-based  
26 organization, or other organization that addresses medical or social  
27 issues related to **[drug addiction]** substance use disorders, and with  
28 which the health care practitioner or State health official, the  
29 professional[,] or professional entity, the law enforcement officer  
30 or agency, or the emergency medical responder or response entity,  
31 as appropriate, maintains a written agreement. Any such written  
32 agreement shall incorporate, at a minimum: procedures for the  
33 timely dissemination of overdose prevention information;  
34 information as to how employees or volunteers providing the  
35 information will be trained; and standards for recordkeeping under  
36 paragraph (2) of this subsection.

37 (2) The dissemination of overdose prevention information in  
38 accordance with this section, and the contact information for the  
39 persons receiving such information, to the extent known, shall be  
40 documented by the prescribing or dispensing health care  
41 practitioner or State health official, or by the dispensing  
42 professional[,] or professional entity, law enforcement officer or  
43 agency, or emergency medical responder or response entity, as  
44 appropriate, in: (a) the patient's medical record, if applicable; **[or]**  
45 (b) another appropriate record or log, if the patient's medical record  
46 is unavailable or inaccessible, or if the antidote recipient is **[a**  
47 **professional or professional entity]** acting in **[their]** a professional  
48 capacity; or (c) any other similar recordkeeping location, as

1 specified in a written agreement that has been executed pursuant to  
2 paragraph (1) of this subsection.

3 c. In order to facilitate the dissemination of overdose  
4 prevention information in accordance with this section, the  
5 Commissioner of **【Human Services】 Health**, in consultation with  
6 Statewide organizations representing physicians, advanced practice  
7 nurses, or physician assistants, and organizations operating  
8 community-based programs, sterile syringe access programs, or  
9 other programs which address medical or social issues related to  
10 **【drug addiction】 substance use disorders**, may develop training  
11 materials in video, electronic, or other appropriate formats, and  
12 disseminate these materials to: health care practitioners; first  
13 responders and first response agencies; professionals and  
14 professional entities that are authorized by standing order to  
15 dispense opioid antidotes; and organizations that are authorized to  
16 disseminate overdose prevention information under a written  
17 agreement executed pursuant to paragraph (1) of subsection b. of  
18 this section.

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

20

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

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

29 (1) If the person is admitted to a health care facility or receives  
30 treatment in the emergency department of a health care facility, a  
31 staff member designated by the health care facility, who may be a  
32 social worker, addiction counselor, or other appropriate  
33 professional, shall provide the information to the person at any time  
34 after the treatment for the drug overdose is complete, but prior to  
35 the person's discharge from the facility. The designated staff  
36 member shall document the provision of the information in the  
37 person's medical record, and may, in collaboration with an  
38 appropriate health care professional, additionally develop an  
39 individualized substance **【abuse】 use disorder** treatment plan for  
40 the person.

41 (2) If the opioid antidote is administered by a first responder and  
42 the person experiencing the overdose is not subsequently  
43 transported to a health care facility, the first responder shall provide  
44 the information to the person at the time the treatment for the drug  
45 overdose is complete.

46 b. As used in this section:

47 "First responder" means a law enforcement officer **【**, paid or  
48 volunteer firefighter, paid or volunteer member of a duly

1 incorporated first aid, emergency, ambulance, or rescue squad  
2 association, or any other individual who, in the course of that  
3 individual's employment, is dispatched to the scene of an  
4 emergency situation for the purpose of providing medical care or  
5 other assistance] or emergency medical responder, as those terms  
6 are defined by section 1 of P.L.2013, c.46 (C.24:6J-3).

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

9 c. The Commissioner of [Human Services] Health shall  
10 develop informational materials concerning substance [abuse] use  
11 disorder treatment programs, and resources and information on the  
12 availability of opioid antidotes, for dissemination to health care  
13 professionals and first responders to facilitate the provision of  
14 information to patients pursuant to this section.

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

16  
17 5. Section 6 of P.L.2013, c.46 (C.24:6J-6) is amended to read  
18 as follows:

19 6. a. The Commissioner of [Human Services] Health may  
20 award grants, based upon any monies appropriated by the  
21 Legislature, to create or support local opioid overdose prevention,  
22 recognition, and response projects. County and municipal health  
23 departments, correctional institutions, hospitals, and universities, as  
24 well as organizations operating community-based programs,  
25 substance abuse programs, syringe access programs, or other  
26 programs which address medical or social issues related to drug  
27 addiction may apply to the Department of [Human Services]  
28 Health for a grant under this section, on forms and in the manner  
29 prescribed by the commissioner.

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

35 c. In awarding any grant, the commissioner shall give  
36 preference to applications that include one or more of the following  
37 elements:

38 (1) the prescription and distribution of [naloxone hydrochloride  
39 or any other similarly acting drug approved by the United States  
40 Food and Drug Administration for the treatment of an opioid  
41 overdose] opioid antidotes;

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

45 (3) opioid overdose prevention, recognition, and response  
46 education projects in syringe access programs, drug treatment  
47 centers, outreach programs, and other programs operated by

- 1 organizations that work with, or have access to, opioid users and  
2 their families and communities;
- 3 (4) opioid overdose recognition and response training, including  
4 rescue breathing, in drug treatment centers and for other  
5 organizations that work with, or have access to, opioid users and  
6 their families and communities;
- 7 (5) the production and distribution of targeted or mass media  
8 materials on opioid overdose prevention and response;
- 9 (6) the institution of education and training projects on opioid  
10 overdose response and treatment for emergency services and law  
11 enforcement personnel; and
- 12 (7) a system of parent, family, and survivor education and  
13 mutual support groups.
- 14 d. In addition to any moneys appropriated by the Legislature,  
15 the commissioner may seek money from the federal government,  
16 private foundations, and any other source to fund the grants  
17 established pursuant to this section, as well as to fund on-going  
18 monitoring and evaluation of the programs supported by the grants.  
19 (cf: P.L.2013, c.46, s.6)

20

- 21 6. This act shall take effect on the first day of the first month  
22 next following enactment, except that the Commissioner of Health  
23 shall take anticipatory administrative action, in advance thereof, as  
24 may be necessary for the implementation of this act.

25

26

27

#### STATEMENT

28

29 This bill would amend the State's "Overdose Prevention Act"  
30 (OPA), P.L.2013, c.46 (C.24:6J-1 et al.), in order to authorize first  
31 responders and first response entities (i.e., law enforcement  
32 officers; law enforcement agencies; emergency medical responders,  
33 including emergency medical technicians, paramedics, and  
34 firefighters; and emergency medical response entities) to obtain,  
35 administer, and dispense naloxone hydrochloride and other opioid  
36 antidotes, with immunity, pursuant to a Statewide standing order  
37 issued by a State health official.

38 Under the existing provisions of the OPA, law enforcement  
39 officials are included under the same rubric of provisions that relate  
40 to "professionals" and "professional entities," while emergency  
41 medical responders and response entities are covered under their  
42 own, unique provisions. Under the existing law, professionals and  
43 professional entities are required to request and obtain a standing  
44 order from an individual health care practitioner before they will be  
45 authorized to administer or dispense opioid antidotes with  
46 immunity. Emergency medical responders and response entities  
47 must go through the same standing order request procedure, but  
48 may only be authorized by a standing order to administer opioid  
49 antidotes to overdose victims. The existing law does not authorize

1 emergency medical responders to further dispense opioid antidotes  
2 to other recipients for administration thereby. In order to ensure  
3 that all first responders are subject to the same authorizations and  
4 immunities under the OPA, this bill would excise law enforcement  
5 officers and law enforcement agencies from the provisions of the  
6 OPA that relate to professionals and professional entities; it would  
7 eliminate the existing provisions of the OPA that relate solely to  
8 emergency medical responders and response entities; and it would  
9 incorporate new provisions that are universally applicable to all first  
10 responders, including both law enforcement officers and emergency  
11 medical responders, and which authorize all first responders to both  
12 administer and dispense opioid antidotes pursuant to a Statewide  
13 standing order.

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

34 The State health official who issues the Statewide standing order  
35 for first responders would be required to provide overdose  
36 prevention information, under the existing provisions of the OPA,  
37 to every law enforcement agency and emergency medical response  
38 entity in the State that is covered by the Statewide order. Each such  
39 agency or entity, and the employees thereof, would then be  
40 required, when dispensing opioid antidotes to other recipients, to  
41 ensure that a copy of the overdose prevention information is  
42 provided to each antidote recipient.

43 Any law enforcement officer or agency, and any emergency  
44 medical responder or response entity, which has received overdose  
45 prevention information, and which administers or dispenses an  
46 opioid antidote pursuant to the Statewide standing order issued  
47 under the bill's provisions, would be immune from civil or criminal  
48 liability, as well as from professional disciplinary action, for any  
49 acts or omissions that may be associated with such administration

1 or dispensation. The bill would further specify that nothing in its  
2 provisions, or in any other law or regulation, may be deemed to  
3 require a law enforcement officer or emergency medical responder  
4 to possess an individual prescription or an officer-specific,  
5 responder-specific, or agency-specific standing order, in order to  
6 carry, administer, or dispense opioid antidotes.

7 The bill would also make minor technical and clarifying  
8 corrections to existing provisions of the OPA, in order to eliminate  
9 internal inconsistencies and redundancies, clarify and harmonize  
10 existing language, and more clearly distinguish the requirements  
11 and immunities that apply to the various types of actors who may be  
12 authorized to administer or dispense opioid antidotes.

13 For instance, the bill would clarify, consistent with existing law,  
14 that nothing in the OPA, or in any other law or regulation, may be  
15 deemed to require a professional actor to obtain an individual  
16 prescription or a professional-specific standing order, in order to  
17 carry, administer, or dispense opioid antidotes; provided that the  
18 entity employing such professional is in possession of a standing  
19 order, issued by an individual prescriber under the OPA, which  
20 authorizes the professionals in the entity's employ to engage in such  
21 activities.

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

45 The bill would also amend the OPA to replace references to the  
46 Department and Commissioner of Human Services with references  
47 to the Department and Commissioner of Health. This change is  
48 necessary to reflect the fact that the functions of the Division of  
49 Mental Health and Addiction Services, which oversees the

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16

- 1 implementation of the OPA, have now been transferred from the
- 2 Department of Human Services to the Department of Health,
- 3 pursuant to Reorganization Plan 001-2017 (Christie).