

LEGISLATIVE FISCAL ESTIMATE:

Yes

VETO MESSAGE:

No

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

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REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

No

RH/CL

§1
C.26:2S-38
§2
C.30:4D-6q
§3
C.52:14-17.29ff
§4
Note

P.L. 2021, CHAPTER 157, *approved July 2, 2021*
Assembly, No. 5703 (*First Reprint*)

1 AN ACT concerning health benefits coverage of ¹**naloxone** opioid
2 antidotes¹ and supplementing various parts of the statutory law.
3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:
6
7 1. a. A carrier shall ensure that every contract to provide
8 prescription drug benefits, or to authorize the purchase of a contract
9 to provide prescription drug benefits, shall provide coverage for
10 ¹**naloxone** an opioid antidote¹ to covered persons without the
11 imposition of any prior authorization or other utilization
12 management requirements, provided that the drug is:
13 (1) prescribed or administered to the covered person by a
14 licensed medical practitioner who is authorized to prescribe or
15 administer that treatment pursuant to State and federal law; or
16 (2) dispensed to the covered person by a licensed pharmacist
17 under a standing order to dispense an opioid antidote pursuant ¹to
18 section 1 of¹ P.L.2017, c.88 (C.45:14-67.2).
19 b. The provisions of this section shall not be construed to limit
20 the coverage of ¹**naloxone** an opioid antidote¹ only when
21 administered by a medical practitioner.
22 c. As used in this section:
23 "Carrier" means an insurance company, health service
24 corporation, hospital service corporation, medical service
25 corporation, or health maintenance organization authorized to issue
26 health benefits plans in this State.
27 ¹**“Naloxone”** means a drug or device containing naloxone
28 hydrochloride that is approved by the United States Food and Drug
29 Administration for the treatment of an opioid overdose, either in the
30 intramuscular or intranasal form and including a nasal atomizer if
31 required to administer the drug] “Opioid antidote” means naloxone
32 hydrochloride, or any other similarly acting drug approved by 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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted May 17, 2021.

1 United States Food and Drug Administration for self-administration
2 for the treatment of an opioid overdose¹.

3

4 2. a. The Division of Medical Assistance and Health Services
5 in the Department of Human Services shall provide coverage for
6 **1**[naloxone] an opioid antidote¹ under the Medicaid program and
7 the NJ FamilyCare program without the imposition of any prior
8 authorization or other utilization management requirements,
9 provided that the drug is:

10 (1) prescribed or administered to an enrollee by a licensed
11 medical practitioner who is authorized to prescribe or administer
12 that treatment pursuant to State and federal law; or

13 (2) dispensed to an enrollee by a licensed pharmacist under a
14 standing order to dispense an opioid antidote pursuant ¹to section 1
15 of¹ P.L.2017, c.88 (C.45:14-67.2).

16 b. The provisions of this section shall not be construed to limit
17 the coverage of **1**[naloxone] an opioid antidote¹ only when
18 administered by a medical practitioner.

19 c. The division shall require each managed care organization
20 contracted with the division to provide pharmacy benefits to
21 Medicaid and NJ FamilyCare enrollees to comply with the
22 provisions of this section.

23 d. The Commissioner of Human Services shall apply for such
24 State plan amendments or waivers as may be necessary to
25 implement the provisions of this section and to secure federal
26 financial participation for State Medicaid expenditures under the
27 federal Medicaid program.

28 e. As used in this section:

29 “Medicaid program” means the program established pursuant to
30 P.L.1968, c.413 (C.30:4D-1 et seq.).

31 **1**“Naloxone” means a drug or device containing naloxone
32 hydrochloride that is approved by the United States Food and Drug
33 Administration for the treatment of an opioid overdose, either in the
34 intramuscular or intranasal form and including a nasal atomizer if
35 required to administer the drug] “Opioid antidote” means naloxone
36 hydrochloride, or any other similarly acting drug approved by the
37 United States Food and Drug Administration for self-administration
38 for the treatment of an opioid overdose¹.

39 “NJ FamilyCare program” means the program established
40 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

41

42 3. a. Notwithstanding any law or regulation to the contrary, the
43 State Health Benefits Commission and the School Employees’
44 Health Benefits Commission shall ensure that every contract under
45 the State Health Benefits Program shall provide coverage for
46 **1**[naloxone] an opioid antidote¹ to eligible members of the State
47 Health Benefits Program and the School Employees’ Health

1 Benefits Program. The coverage shall be provided without the
2 imposition of any prior authorization or other utilization
3 management requirements, provided that the treatment is:

4 (1) prescribed or administered to the eligible member by a
5 licensed medical practitioner who is authorized to prescribe or
6 administer that treatment pursuant to State and federal law; or

7 (2) dispensed to the eligible member by a licensed pharmacist
8 under a standing order to dispense an opioid antidote pursuant ¹to
9 section 1 of¹ P.L.2017, c.88 (C.45:14-67.2).

10 b. The provisions of this section shall not be construed to limit
11 the coverage of ¹**["naloxone"]** an opioid antidote¹ only when
12 administered by a medical practitioner.

13 c. Each commission shall develop and issue guidelines to
14 ensure the safety and efficacy of benefits provided pursuant to this
15 section.

16 d. As used in this section:

17 ¹**["Naloxone"]** means a drug or device containing naloxone
18 hydrochloride that is approved by the United States Food and Drug
19 Administration for the treatment of an opioid overdose, either in the
20 intramuscular or intranasal form and including a nasal atomizer if
21 required to administer the drug **]** "Opioid antidote" means naloxone
22 hydrochloride, or any other similarly acting drug approved by the
23 United States Food and Drug Administration for self-administration
24 for the treatment of an opioid overdose¹.

25
26 4. This act shall take effect immediately and apply to every
27 contract issued, renewed, or issued for renewal on or after that date,
28 notwithstanding any federal approval required under the Medicaid
29 and NJ FamilyCare programs pursuant to section 2 of this act.
30
31

32
33
34 _____
35 Requires certain health insurers, Medicaid, NJ FamilyCare,
36 SHBP, and SEHBP to cover opioid antidote without imposing prior
authorization requirements.

CHAPTER 157

AN ACT concerning health benefits coverage of opioid antidotes and supplementing various parts of the statutory law.

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

C.26:2S-38 Prescription drug benefit carrier contracts, opioid antidote coverage.

1. a. A carrier shall ensure that every contract to provide prescription drug benefits, or to authorize the purchase of a contract to provide prescription drug benefits, shall provide coverage for an opioid antidote to covered persons without the imposition of any prior authorization or other utilization management requirements, provided that the drug is:

(1) prescribed or administered to the covered person by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or

(2) dispensed to the covered person by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2).

b. The provisions of this section shall not be construed to limit the coverage of an opioid antidote only when administered by a medical practitioner.

c. As used in this section:

"Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State.

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

C.30:4D-6q Medicaid, NJ FamilyCare, opioid antidote coverage.

2. a. The Division of Medical Assistance and Health Services in the Department of Human Services shall provide coverage for an opioid antidote under the Medicaid program and the NJ FamilyCare program without the imposition of any prior authorization or other utilization management requirements, provided that the drug is:

(1) prescribed or administered to an enrollee by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or

(2) dispensed to an enrollee by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2).

b. The provisions of this section shall not be construed to limit the coverage of an opioid antidote only when administered by a medical practitioner.

c. The division shall require each managed care organization contracted with the division to provide pharmacy benefits to Medicaid and NJ FamilyCare enrollees to comply with the provisions of this section.

d. The Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this section and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

e. As used in this section:

"Medicaid program" means the program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

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

“NJ FamilyCare program” means the program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

C.52:14-17.29ff State Health Benefits Program, opioid antidote coverage.

3. a. Notwithstanding any law or regulation to the contrary, the State Health Benefits Commission and the School Employees’ Health Benefits Commission shall ensure that every contract under the State Health Benefits Program shall provide coverage for an opioid antidote to eligible members of the State Health Benefits Program and the School Employees’ Health Benefits Program. The coverage shall be provided without the imposition of any prior authorization or other utilization management requirements, provided that the treatment is:

(1) prescribed or administered to the eligible member by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or

(2) dispensed to the eligible member by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2).

b. The provisions of this section shall not be construed to limit the coverage of an opioid antidote only when administered by a medical practitioner.

c. Each commission shall develop and issue guidelines to ensure the safety and efficacy of benefits provided pursuant to this section.

d. As used in this section:

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

4. This act shall take effect immediately and apply to every contract issued, renewed, or issued for renewal on or after that date, notwithstanding any federal approval required under the Medicaid and NJ FamilyCare programs pursuant to section 2 of this act.

Approved July 2, 2021.

ASSEMBLY, No. 5703

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MAY 12, 2021

Sponsored by:

Assemblyman JOHN ARMATO

District 2 (Atlantic)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Co-Sponsored by:

Assemblyman Benson and Assemblywoman Vainieri Huttle

SYNOPSIS

Requires certain health insurers, Medicaid, NJ FamilyCare, SHBP, and SEHBP to cover naloxone without imposing prior authorization requirements.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/17/2021)

1 AN ACT concerning health benefits coverage of naloxone and
2 supplementing various parts of the statutory law.

3

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

6

7 1. a. A carrier shall ensure that every contract to provide
8 prescription drug benefits, or to authorize the purchase of a contract
9 to provide prescription drug benefits, shall provide coverage for
10 naloxone to covered persons without the imposition of any prior
11 authorization or other utilization management requirements,
12 provided that the drug is:

13 (1) prescribed or administered to the covered person by a
14 licensed medical practitioner who is authorized to prescribe or
15 administer that treatment pursuant to State and federal law; or

16 (2) dispensed to the covered person by a licensed pharmacist
17 under a standing order to dispense an opioid antidote pursuant
18 P.L.2017, c.88 (C.45:14-67.2).

19 b. The provisions of this section shall not be construed to limit
20 the coverage of naloxone only when administered by a medical
21 practitioner.

22 c. As used in this section:

23 "Carrier" means an insurance company, health service
24 corporation, hospital service corporation, medical service
25 corporation, or health maintenance organization authorized to issue
26 health benefits plans in this State.

27 "Naloxone" means a drug or device containing naloxone
28 hydrochloride that is approved by the United States Food and Drug
29 Administration for the treatment of an opioid overdose, either in the
30 intramuscular or intranasal form and including a nasal atomizer if
31 required to administer the drug.

32

33 2. a. The Division of Medical Assistance and Health Services
34 in the Department of Human Services shall provide coverage for
35 naloxone under the Medicaid program and the NJ FamilyCare
36 program without the imposition of any prior authorization or other
37 utilization management requirements, provided that the drug is:

38 (1) prescribed or administered to an enrollee by a licensed
39 medical practitioner who is authorized to prescribe or administer
40 that treatment pursuant to State and federal law; or

41 (2) dispensed to an enrollee by a licensed pharmacist under a
42 standing order to dispense an opioid antidote pursuant P.L.2017,
43 c.88 (C.45:14-67.2).

44 b. The provisions of this section shall not be construed to limit
45 the coverage of naloxone only when administered by a medical
46 practitioner.

47 c. The division shall require each managed care organization
48 contracted with the division to provide pharmacy benefits to

1 Medicaid and NJ FamilyCare enrollees to comply with the
2 provisions of this section.

3 d. The Commissioner of Human Services shall apply for such
4 State plan amendments or waivers as may be necessary to
5 implement the provisions of this section and to secure federal
6 financial participation for State Medicaid expenditures under the
7 federal Medicaid program.

8 e. As used in this section:

9 “Medicaid program” means the program established pursuant to
10 P.L.1968, c.413 (C.30:4D-1 et seq.).

11 “Naloxone” means a drug or device containing naloxone
12 hydrochloride that is approved by the United States Food and Drug
13 Administration for the treatment of an opioid overdose, either in the
14 intramuscular or intranasal form and including a nasal atomizer if
15 required to administer the drug.

16 “NJ FamilyCare program” means the program established
17 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

18

19 3. a. Notwithstanding any law or regulation to the contrary, the
20 State Health Benefits Commission and the School Employees’
21 Health Benefits Commission shall ensure that every contract under
22 the State Health Benefits Program shall provide coverage for
23 naloxone to eligible members of the State Health Benefits Program
24 and the School Employees’ Health Benefits Program. The coverage
25 shall be provided without the imposition of any prior authorization
26 or other utilization management requirements, provided that the
27 treatment is:

28 (1) prescribed or administered to the eligible member by a
29 licensed medical practitioner who is authorized to prescribe or
30 administer that treatment pursuant to State and federal law; or

31 (2) dispensed to the eligible member by a licensed pharmacist
32 under a standing order to dispense an opioid antidote pursuant
33 P.L.2017, c.88 (C.45:14-67.2).

34 b. The provisions of this section shall not be construed to limit
35 the coverage of naloxone only when administered by a medical
36 practitioner.

37 c. Each commission shall develop and issue guidelines to
38 ensure the safety and efficacy of benefits provided pursuant to this
39 section.

40 d. As used in this section:

41 “Naloxone” means a drug or device containing naloxone
42 hydrochloride that is approved by the United States Food and Drug
43 Administration for the treatment of an opioid overdose, either in the
44 intramuscular or intranasal form and including a nasal atomizer if
45 required to administer the drug.

46

47 4. This act shall take effect immediately and apply to every
48 contract issued, renewed, or issued for renewal on or after that date,

1 notwithstanding any federal approval required under the Medicaid
2 and NJ FamilyCare programs pursuant to section 2 of this act.

3

4

5

STATEMENT

6

7 This bill would require certain health benefits carriers and State
8 programs to provide coverage for naloxone without imposing prior
9 authorization requirements. The goal of this bill is to broaden and
10 expedite the availability of naloxone throughout the State, and to
11 save lives in doing so.

12 Generally, naloxone is an inexpensive drug that reverses the
13 effects of respiratory depression following heavy opioid use,
14 resulting in a significantly decreased likelihood of death following
15 an overdose. Under the bill, “naloxone” means a drug or device
16 containing naloxone hydrochloride that is approved by the United
17 States Food and Drug Administration for the treatment of an opioid
18 overdose, either in the intramuscular or intranasal form and
19 including a nasal atomizer if required to administer the drug.

20 Specifically, this bill requires an insurance company, health
21 service corporation, hospital service corporation, medical service
22 corporation, or health maintenance organization authorized to issue
23 health benefits plans in this State, as well as the Medicaid program,
24 the NJ FamilyCare Program, the State Health Benefits Program, and
25 the School Employees’ Health Benefits Program to provide
26 coverage for naloxone without imposing prior authorization
27 requirements or other utilization management requirements,
28 provided that the treatment is:

29 (1) prescribed or administered to the eligible member by a
30 licensed medical practitioner who is authorized to prescribe or
31 administer that treatment pursuant to State and federal law; or

32 (2) dispensed to the eligible member by a licensed pharmacist
33 under a standing order to dispense an opioid antidote pursuant to
34 P.L.2017, c.88 (C.45:14-67.2), which allows pharmacists to
35 dispense opioid antidotes to any person without an individual
36 prescription

37 The bill explicitly states that its provisions are not be construed
38 to limit the coverage of naloxone only when administered by a
39 medical practitioner.

40 Administration of naloxone in a medical setting is standard
41 practice for hospital medical staff and first responders caring for a
42 patient who has overdosed on opioids. Currently, Medicaid covers
43 naloxone, when administered in these settings, without prior
44 authorization. This bill codifies that policy in the statutes.

45 Naloxone can also be prescribed directly to individuals.
46 Currently, the New Jersey Board of Medical Examiners (BME) has
47 issued a certificate of waiver allowing physicians and other
48 prescribers to write a prescription for naloxone in the name of the

A5703 ARMATO, VERRELLI

5

1 person receiving the prescription, rather than the end user who will
2 be administered the agent. As such, this bill allows individuals
3 covered under the bill's provisions, who are at risk of an opioid
4 overdose or who may be in a position to assist others who are, to be
5 covered for naloxone without prior authorization.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5703

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 17, 2021

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 5703.

As amended, this bill requires certain health benefits carriers and State programs to provide coverage for an opioid antidote without imposing prior authorization requirements.

This bill requires an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State, as well as the Medicaid program, the NJ FamilyCare Program, the State Health Benefits Program, and the School Employees' Health Benefits Program to provide coverage for an opioid antidote without imposing prior authorization requirements or other utilization management requirements, provided that the treatment is: (1) prescribed or administered to the eligible member by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or (2) dispensed to the eligible member by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2), which allows pharmacists to dispense opioid antidotes to any person without an individual prescription

The bill provides that its provisions are not be construed to limit the coverage of an opioid antidote only when administered by a medical practitioner.

The bill defines "opioid antidote" to mean naloxone hydrochloride, or any other similarly acting drug approved by the United States Food and Drug Administration for self-administration for the treatment of an opioid overdose.

COMMITTEE AMENDMENTS:

The committee amendments make technical changes to citation and to the synopsis and title to reflect the amendments. The amendments replace the term "naloxone" with the term "opioid antidote" as this term is defined in the bill.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 5703

STATE OF NEW JERSEY

DATED: JUNE 16, 2021

The Assembly Appropriations Committee reports favorably Assembly Bill No. 5703 (1R).

This bill requires certain health benefits carriers and State programs to provide coverage for an opioid antidote without imposing prior authorization requirements.

This bill requires an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State, as well as the Medicaid program, the NJ FamilyCare Program, the State Health Benefits Program, and the School Employees' Health Benefits Program to provide coverage for an opioid antidote without imposing prior authorization requirements or other utilization management requirements, provided that the treatment is: (1) prescribed or administered to the eligible member by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or (2) dispensed to the eligible member by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2), which allows pharmacists to dispense opioid antidotes to any person without an individual prescription

The bill provides that its provisions are not be construed to limit the coverage of an opioid antidote only when administered by a medical practitioner.

The bill defines "opioid antidote" to mean naloxone hydrochloride, or any other similarly acting drug approved by the United States Food and Drug Administration for self-administration for the treatment of an opioid overdose.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that New Jersey FamilyCare costs would increase, potentially by substantial amounts, due to the bill's requirement that the program cover opioid antidotes, without prior authorization other utilization management requirements, when the treatment is prescribed or dispensed by certain

licensed medical practitioners or pharmacists, as authorized under State or federal law.

Since State Medicaid expenditures for covered health care services, including prescription drugs, qualify for federal matching funds, any additional State costs incurred pursuant to the bill will also increase State revenues. The “Families First Coronavirus Response Act” additionally provides for a temporary 6.2 percent increase in the State’s Federal Medical Assistance Percentage through the end of 2021.

Currently, the State Health Benefits Program (SHBP) and the School Employees Health Benefits Program (SEHBP) cover opioid antidotes without prior authorization or step therapy requirements. Therefore, OLS concludes that this bill would not impact State costs for either the SHBP or the SEHBP; rather the bill would simply codify current coverage policy under both programs.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 5703

[First Reprint]

STATE OF NEW JERSEY
219th LEGISLATURE

DATED: MAY 24, 2021

SUMMARY

- Synopsis:** Requires certain health insurers, Medicaid, NJ FamilyCare, SHBP, and SEHBP to cover opioid antidotes without imposing prior authorization requirements.
- Type of Impact:** State expenditure and revenue increases.
- Agencies Affected:** Department of Human Services, Department of the Treasury, Department of Banking and Insurance.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 2</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that New Jersey FamilyCare costs would increase, potentially by substantial amounts, due to the bill’s requirement that the program cover opioid antidotes, without prior authorization or other utilization management requirements, when the treatment is prescribed or dispensed by certain licensed medical practitioners or pharmacists, as authorized under State or federal law.
- Since State Medicaid expenditures for covered health care services, including prescription drugs, qualify for federal matching funds, any additional State costs incurred pursuant to the bill would also increase State revenues. The families First Coronavirus Response Act additionally provides for a temporary 6.2 percent increase in the State’s Federal Medical Assistance Percentage, through the end of 2021.
- Currently, the State Health Benefits Program (SHBP) and the School Employees Health Benefits Program (SEHBP) cover opioid antidotes without prior authorization or step therapy requirements. Therefore, the OLS concludes that this bill would not impact State costs for either the SHBP or the SEHBP; rather, the bill would simply codify current coverage policy under both programs.

BILL DESCRIPTION

This bill would require an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State, as well as the Medicaid program, the NJ FamilyCare Program, the State Health Benefits Program, and the School Employees' Health Benefits Program to provide coverage for opioid antidotes without imposing prior authorization requirements or other utilization management requirements, provided that the treatment is:

(1) prescribed or administered to the eligible member by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or

(2) dispensed to the eligible member by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to P.L.2017, c.88, which allows pharmacists to dispense opioid antidotes to any person without an individual prescription

The bill explicitly states that its provisions are not be construed to limit the coverage of opioid antidotes only when administered by a medical practitioner.

Administration of opioid antidotes in a medical setting is standard practice for hospital medical staff and first responders caring for a patient who has overdosed on opioids. Currently, Medicaid covers the opioid antidote naloxone, when administered in these settings, without prior authorization. This bill codifies that policy in the statutes.

Opioid antidotes can also be prescribed directly to individuals. Currently, the New Jersey Board of Medical Examiners has issued a certificate of waiver allowing physicians and other prescribers to write a prescription for opioid antidotes in the name of the person receiving the prescription, rather than the end user who will be administered the agent. As such, this bill allows individuals covered under the bill's provisions, who are at risk of an opioid overdose or who may be in a position to assist others who are, to be covered for a prescription for an opioid antidote without prior authorization.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the bill's requirement that the NJ FamilyCare program cover opioid antidotes, when prescribed for or dispensed to an eligible NJ FamilyCare enrollee without prior authorization or utilization management requirements, would increase State costs, potentially by a substantial amount. Currently, NJ FamilyCare covers opioid antidotes without prior authorization requirements only when the treatment is administered by a medical practitioner in a health care setting. By removing the NJ FamilyCare prior authorization requirement, this bill would substantively increase the number of opioid antidote prescriptions filled by NJ FamilyCare enrollees on an annual basis. Currently, the only opioid antidotes approved by the federal Food and Drug Administration are formulations of the chemical compound naloxone hydrochloride.

At this time, the OLS does not have access to data on the number of opioid antidote prescriptions covered annually by the NJ FamilyCare program, or on annual NJ FamilyCare expenditures for this class of prescription drugs. For context, data from the Office of the Attorney General and the Department of Consumer Affairs show 1,197 naloxone administrations by law

enforcement and Emergency Medical Services (EMS) in April 2020. Naloxone is the generic formulation of the opioid antidote Narcan. According to 2019 federal Medicaid prescription drug expenditure data from the Centers for Medicare and Medicaid Services, the federal Medicaid program paid an average of \$32.46 per unit of naloxone, and \$587.96 per unit of Narcan. Based on the CMS data, approximately 55 percent of prescriptions covered by the federal Medicaid program were written for Narcan, while 45 percent were for naloxone. Assuming that every naloxone administration by New Jersey law enforcement and EMS in April 2020 was covered under NJ FamilyCare, and applying federal Medicaid price and utilization data, the OLS estimates a monthly NJ FamilyCare expenditure of \$404,374 for this opioid antidote. If these cost data are annualized, total NJ FamilyCare costs for naloxone and Narcan alone would be \$4.9 million in 2020. In this scenario, in 2021 the State would receive \$2.75 million in federal matching funds for NJ FamilyCare expenditures on naloxone and Narcan alone.

Currently, the SHBP and the SEHBP cover opioid antidotes without prior authorization or step therapy requirements. Therefore, the OLS concludes that this bill would not impact State costs for either the SHBP or the SEHBP; rather, the bill would simply codify current coverage policy under both programs. The Department of the Treasury would promulgate regulations to ensure that health insurance carriers operating in the State comply with the requirements established under the bill. The OLS determines that the department's actions would be covered by current fiscal resources.

Section: Human Services

*Analyst: Anne Cappabianca
Associate Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE, No. 3800

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MAY 20, 2021

Sponsored by:

Senator DAWN MARIE ADDIEGO

District 8 (Atlantic, Burlington and Camden)

SYNOPSIS

Requires certain health insurers, Medicaid, NJ FamilyCare, SHBP, and SEHBP to cover naloxone without imposing prior authorization requirements.

CURRENT VERSION OF TEXT

As introduced.



S3800 ADDIEGO

2

1 AN ACT concerning health benefits coverage of naloxone and
2 supplementing various parts of the statutory law.

3

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

6

7 1. a. A carrier shall ensure that every contract to provide
8 prescription drug benefits, or to authorize the purchase of a contract
9 to provide prescription drug benefits, shall provide coverage for
10 naloxone to covered persons without the imposition of any prior
11 authorization or other utilization management requirements,
12 provided that the drug is:

13 (1) prescribed or administered to the covered person by a
14 licensed medical practitioner who is authorized to prescribe or
15 administer that treatment pursuant to State and federal law; or

16 (2) dispensed to the covered person by a licensed pharmacist
17 under a standing order to dispense an opioid antidote pursuant
18 P.L.2017, c.88 (C.45:14-67.2).

19 b. The provisions of this section shall not be construed to limit
20 the coverage of naloxone only when administered by a medical
21 practitioner.

22 c. As used in this section:

23 "Carrier" means an insurance company, health service
24 corporation, hospital service corporation, medical service
25 corporation, or health maintenance organization authorized to issue
26 health benefits plans in this State.

27 "Naloxone" means a drug or device containing naloxone
28 hydrochloride that is approved by the United States Food and Drug
29 Administration for the treatment of an opioid overdose, either in the
30 intramuscular or intranasal form and including a nasal atomizer if
31 required to administer the drug.

32

33 2. a. The Division of Medical Assistance and Health Services
34 in the Department of Human Services shall provide coverage for
35 naloxone under the Medicaid program and the NJ FamilyCare
36 program without the imposition of any prior authorization or other
37 utilization management requirements, provided that the drug is:

38 (1) prescribed or administered to an enrollee by a licensed
39 medical practitioner who is authorized to prescribe or administer
40 that treatment pursuant to State and federal law; or

41 (2) dispensed to an enrollee by a licensed pharmacist under a
42 standing order to dispense an opioid antidote pursuant P.L.2017,
43 c.88 (C.45:14-67.2).

44 b. The provisions of this section shall not be construed to limit
45 the coverage of naloxone only when administered by a medical
46 practitioner.

47 c. The division shall require each managed care organization
48 contracted with the division to provide pharmacy benefits to

S3800 ADDIEGO

1 Medicaid and NJ FamilyCare enrollees to comply with the
2 provisions of this section.

3 d. The Commissioner of Human Services shall apply for such
4 State plan amendments or waivers as may be necessary to
5 implement the provisions of this section and to secure federal
6 financial participation for State Medicaid expenditures under the
7 federal Medicaid program.

8 e. As used in this section:

9 “Medicaid program” means the program established pursuant to
10 P.L.1968, c.413 (C.30:4D-1 et seq.).

11 “Naloxone” means a drug or device containing naloxone
12 hydrochloride that is approved by the United States Food and Drug
13 Administration for the treatment of an opioid overdose, either in the
14 intramuscular or intranasal form and including a nasal atomizer if
15 required to administer the drug.

16 “NJ FamilyCare program” means the program established
17 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

18

19 3. a. Notwithstanding any law or regulation to the contrary, the
20 State Health Benefits Commission and the School Employees’
21 Health Benefits Commission shall ensure that every contract under
22 the State Health Benefits Program shall provide coverage for
23 naloxone to eligible members of the State Health Benefits Program
24 and the School Employees’ Health Benefits Program. The coverage
25 shall be provided without the imposition of any prior authorization
26 or other utilization management requirements, provided that the
27 treatment is:

28 (1) prescribed or administered to the eligible member by a
29 licensed medical practitioner who is authorized to prescribe or
30 administer that treatment pursuant to State and federal law; or

31 (2) dispensed to the eligible member by a licensed pharmacist
32 under a standing order to dispense an opioid antidote pursuant
33 P.L.2017, c.88 (C.45:14-67.2).

34 b. The provisions of this section shall not be construed to limit
35 the coverage of naloxone only when administered by a medical
36 practitioner.

37 c. Each commission shall develop and issue guidelines to
38 ensure the safety and efficacy of benefits provided pursuant to this
39 section.

40 d. As used in this section:

41 “Naloxone” means a drug or device containing naloxone
42 hydrochloride that is approved by the United States Food and Drug
43 Administration for the treatment of an opioid overdose, either in the
44 intramuscular or intranasal form and including a nasal atomizer if
45 required to administer the drug.

46

47 4. This act shall take effect immediately and apply to every
48 contract issued, renewed, or issued for renewal on or after that date,

S3800 ADDIEGO

4

1 notwithstanding any federal approval required under the Medicaid
2 and NJ FamilyCare programs pursuant to section 2 of this act.

3

4

5

STATEMENT

6

7 This bill would require certain health benefits carriers and State
8 programs to provide coverage for naloxone without imposing prior
9 authorization requirements. The goal of this bill is to broaden and
10 expedite the availability of naloxone throughout the State, and to
11 save lives in doing so.

12 Generally, naloxone is an inexpensive drug that reverses the
13 effects of respiratory depression following heavy opioid use,
14 resulting in a significantly decreased likelihood of death following
15 an overdose. Under the bill, “naloxone” means a drug or device
16 containing naloxone hydrochloride that is approved by the United
17 States Food and Drug Administration for the treatment of an opioid
18 overdose, either in the intramuscular or intranasal form and
19 including a nasal atomizer if required to administer the drug.

20 Specifically, this bill requires an insurance company, health
21 service corporation, hospital service corporation, medical service
22 corporation, or health maintenance organization authorized to issue
23 health benefits plans in this State, as well as the Medicaid program,
24 the NJ FamilyCare Program, the State Health Benefits Program, and
25 the School Employees’ Health Benefits Program to provide
26 coverage for naloxone without imposing prior authorization
27 requirements or other utilization management requirements,
28 provided that the treatment is:

29 (1) prescribed or administered to the eligible member by a
30 licensed medical practitioner who is authorized to prescribe or
31 administer that treatment pursuant to State and federal law; or

32 (2) dispensed to the eligible member by a licensed pharmacist
33 under a standing order to dispense an opioid antidote pursuant to
34 P.L.2017, c.88 (C.45:14-67.2), which allows pharmacists to
35 dispense opioid antidotes to any person without an individual
36 prescription

37 The bill explicitly states that its provisions are not be construed
38 to limit the coverage of naloxone only when administered by a
39 medical practitioner.

40 Administration of naloxone in a medical setting is standard
41 practice for hospital medical staff and first responders caring for a
42 patient who has overdosed on opioids. Currently, Medicaid covers
43 naloxone, when administered in these settings, without prior
44 authorization. This bill codifies that policy in the statutes.

45 Naloxone can also be prescribed directly to individuals.
46 Currently, the New Jersey Board of Medical Examiners (BME) has
47 issued a certificate of waiver allowing physicians and other
48 prescribers to write a prescription for naloxone in the name of the

S3800 ADDIEGO

5

1 person receiving the prescription, rather than the end user who will
2 be administered the agent. As such, this bill allows individuals
3 covered under the bill's provisions, who are at risk of an opioid
4 overdose or who may be in a position to assist others who are, to be
5 covered for naloxone without prior authorization.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 3800

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 10, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3800.

As amended, this bill requires certain health benefits carriers and State programs to provide coverage for an opioid antidote without imposing prior authorization requirements.

This bill requires an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State, as well as the Medicaid program, the NJ FamilyCare Program, the State Health Benefits Program, and the School Employees' Health Benefits Program, to provide coverage for an opioid antidote without imposing prior authorization requirements or other utilization management requirements, provided that the treatment is: (1) prescribed or administered to the eligible member by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or (2) dispensed to the eligible member by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2), which allows pharmacists to dispense opioid antidotes to any person without an individual prescription.

The bill provides that its provisions are not be construed to limit the coverage of an opioid antidote only when administered by a medical practitioner.

The bill defines "opioid antidote" to mean naloxone hydrochloride, or any other similarly acting drug approved by the United States Food and Drug Administration for self-administration for the treatment of an opioid overdose.

COMMITTEE AMENDMENTS:

The committee amendments replace the term "naloxone" with the term "opioid antidote." The committee amendments make technical changes to a statutory citation and to the synopsis and title to reflect the amendments.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 3800

STATE OF NEW JERSEY

DATED: JUNE 17, 2021

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 3800 (1R).

This bill requires certain health benefits carriers and State programs to provide coverage for an opioid antidote without imposing prior authorization requirements.

This bill requires an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State, as well as the Medicaid program, the NJ FamilyCare Program, the State Health Benefits Program, and the School Employees' Health Benefits Program, to provide coverage for an opioid antidote without imposing prior authorization requirements or other utilization management requirements, provided that the treatment is: (1) prescribed or administered to the eligible member by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or (2) dispensed to the eligible member by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2), which allows pharmacists to dispense opioid antidotes to any person without an individual prescription.

The bill provides that its provisions are not be construed to limit the coverage of an opioid antidote only when administered by a medical practitioner.

The bill defines "opioid antidote" to mean naloxone hydrochloride, or any other similarly acting drug approved by the United States Food and Drug Administration for self-administration for the treatment of an opioid overdose.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that New Jersey FamilyCare costs would increase, potentially by substantial amounts, due to the bill's requirement that the program cover opioid antidotes, without prior authorization or other utilization management requirements, when the treatment is prescribed or dispensed by certain licensed medical practitioners or pharmacists, as authorized under State or federal law.

Since State Medicaid expenditures for covered health care services, including prescription drugs, qualify for federal matching funds, any additional State costs incurred pursuant to the bill would also increase State revenues. The families First Coronavirus Response Act additionally provides for a temporary 6.2 percent increase in the State's Federal Medical Assistance Percentage, through the end of 2021.

Currently, the State Health Benefits Program (SHBP) and the School Employees Health Benefits Program (SEHBP) cover opioid antidotes without prior authorization or step therapy requirements. Therefore, the OLS concludes that this bill would not impact State costs for either the SHBP or the SEHBP; rather, the bill would simply codify current coverage policy under both programs.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 3800

STATE OF NEW JERSEY 219th LEGISLATURE

DATED: JUNE 22, 2021

SUMMARY

- Synopsis:** Requires certain health insurers, Medicaid, NJ FamilyCare, SHBP, and SEHBP to cover opioid antidote without imposing prior authorization requirements.
- Type of Impact:** State expenditure and revenue increases.
- Agencies Affected:** Department of Human Services, Department of the Treasury, Department of Banking and Insurance.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that New Jersey FamilyCare costs would increase, potentially by substantial amounts, due to the bill's requirement that the program cover opioid antidotes, without prior authorization or other utilization management requirements, when the treatment is prescribed or dispensed by certain licensed medical practitioners or pharmacists, as authorized under State or federal law.
- Since State Medicaid expenditures for covered health care services, including prescription drugs, qualify for federal matching funds, any additional State costs incurred pursuant to the bill would also increase State revenues. The families First Coronavirus Response Act additionally provides for a temporary 6.2 percent increase in the State's Federal Medical Assistance Percentage, through the end of 2021.
- Currently, the State Health Benefits Program (SHBP) and the School Employees Health Benefits Program (SEHBP) cover opioid antidotes without prior authorization or step therapy requirements. Therefore, the OLS concludes that this bill would not impact State costs for either the SHBP or the SEHBP; rather, the bill would simply codify current coverage policy under both programs.

BILL DESCRIPTION

This bill would require an insurance company, health service corporation, hospital service corporation, medical service corporation, or health maintenance organization authorized to issue health benefits plans in this State, as well as the Medicaid program, the NJ FamilyCare Program, the State Health Benefits Program, and the School Employees' Health Benefits Program to provide coverage for opioid antidotes without imposing prior authorization requirements or other utilization management requirements, provided that the treatment is:

(1) prescribed or administered to the eligible member by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to State and federal law; or

(2) dispensed to the eligible member by a licensed pharmacist under a standing order to dispense an opioid antidote pursuant to P.L.2017, c.88, which allows pharmacists to dispense opioid antidotes to any person without an individual prescription

The bill explicitly states that its provisions are not be construed to limit the coverage of opioid antidotes only when administered by a medical practitioner.

Administration of opioid antidotes in a medical setting is standard practice for hospital medical staff and first responders caring for a patient who has overdosed on opioids. Currently, Medicaid covers the opioid antidote naloxone, when administered in these settings, without prior authorization. This bill codifies that policy in the statutes.

Opioid antidotes can also be prescribed directly to individuals. Currently, the New Jersey Board of Medical Examiners has issued a certificate of waiver allowing physicians and other prescribers to write a prescription for opioid antidotes in the name of the person receiving the prescription, rather than the end user who will be administered the agent. As such, this bill allows individuals covered under the bill's provisions, who are at risk of an opioid overdose or who may be in a position to assist others who are, to be covered for a prescription for an opioid antidote without prior authorization.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the bill's requirement that the NJ FamilyCare program cover opioid antidotes, when prescribed for or dispensed to an eligible NJ FamilyCare enrollee without prior authorization or utilization management requirements, would increase State costs, potentially by a substantial amount. Currently, NJ FamilyCare covers opioid antidotes without prior authorization requirements only when the treatment is administered by a medical practitioner in a health care setting. By removing the NJ FamilyCare prior authorization requirement, this bill would substantively increase the number of opioid antidote prescriptions filled by NJ FamilyCare enrollees on an annual basis. Currently, the only opioid antidotes approved by the federal Food and Drug Administration are formulations of the chemical compound naloxone hydrochloride.

At this time, the OLS does not have access to data on the number of opioid antidote prescriptions covered annually by the NJ FamilyCare program, or on annual NJ FamilyCare expenditures for this class of prescription drugs. For context, data from the Office of the Attorney

General and the Department of Consumer Affairs show 1,197 naloxone administrations by law enforcement and Emergency Medical Services (EMS) in April 2020. Naloxone is the generic formulation of the opioid antidote Narcan. According to 2019 federal Medicaid prescription drug expenditure data from the Centers for Medicare and Medicaid Services, the federal Medicaid program paid an average of \$32.46 per unit of naloxone, and \$587.96 per unit of Narcan. Based on the CMS data, approximately 55 percent of prescriptions covered by the federal Medicaid program were written for Narcan, while 45 percent were for naloxone. Assuming that every naloxone administration by New Jersey law enforcement and EMS in April 2020 was covered under NJ FamilyCare, and applying federal Medicaid price and utilization data, the OLS estimates a monthly NJ FamilyCare expenditure of \$404,374 for this opioid antidote. If these cost data are annualized, total NJ FamilyCare costs for naloxone and Narcan alone would be \$4.9 million in 2020. In this scenario, in 2021 the State would receive \$2.75 million in federal matching funds for NJ FamilyCare expenditures on naloxone and Narcan alone.

Currently, the SHBP and the SEHBP cover opioid antidotes without prior authorization or step therapy requirements. Therefore, the OLS concludes that this bill would not impact State costs for either the SHBP or the SEHBP; rather, the bill would simply codify current coverage policy under both programs. The Department of the Treasury would promulgate regulations to ensure that health insurance carriers operating in the State comply with the requirements established under the bill. The OLS determines that the department's actions would be covered by current fiscal resources.

Section: Human Services

*Analyst: Anne Cappabianca
Associate Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

Governor Murphy Signs Legislative Package to Address New Jersey's Opioid Epidemic

07/2/2021

ASBURY PARK – Reaffirming his commitment to end New Jersey's opioid epidemic, Governor Phil Murphy today signed a comprehensive legislative package into law to address the state's opioid crisis through overdose prevention and recovery resilience. The six bills focus on overdose prevention by expanding low-barrier access to naloxone and bridges to medication assisted treatment; strengthens public health data; and builds resiliency among children and families impacted by the opioid crisis.

"Over the last three years, my Administration, alongside our partners in the Legislature and many passionate advocates, has worked to meaningfully combat the opioid crisis that has held our state in its grip for far too long," **said Governor Murphy**. "We have worked tirelessly to erase the stigma associated with opioid use disorder and people who use drugs, close gaps in treatment, expand access and use of life-saving medicines like naloxone, and support the work of syringe exchange programs and harm reduction centers. The fight against the opioid epidemic has required a focus on harm reduction by providing safe and compassionate access points to care and by securing funding for vital programs and recovery services. By signing these bills today, we are strengthening the foundation of these critical resources and programs, keeping families together, and furthering our commitment to saving lives and ending the opioid epidemic in New Jersey."

"The opioid epidemic is a national public health crisis that devastates families every day," **said U.S. Congressman Frank Pallone**. "We know that harm reduction is critical to saving lives and getting the help individuals who suffer from opioid use disorder need to combat this epidemic. As Chairman of the Energy and Commerce Committee, I've helped pass legislation in Congress to address this crisis and will continue to work at the federal level to save lives. I'm proud to join Governor Murphy today as we take another step forward in expanding access to treatments and lifesaving medications in our state."

Governor Murphy signed the following six bills into law:

S3491 (Vitale, Lagana, Vainieri Huttel/Verrelli, Benson) Revises and expands authorization for any person or entity to obtain, distribute, and administer opioid antidotes.

S3803 (Vitale, Schepisi/Conaway, Vainieri Huttel, Verrelli) Permits certain paramedics to administer buprenorphine.

A5595 (Verrelli, Benson, Holley/Gopal, Lagana) Requires Division of Consumer Affairs to publish retail price of certain opioid antidotes.

A5597 (Conaway, Jimenez, Speight/Vitale, Turner) Permits school districts to administer student health surveys after prior written notification to parents and legal guardians.

S3814 (Madden/Conaway, Mosquera, Tully) Requires DCF or court to consider placement of children with relatives or kinship guardians when making placement decision; makes changes to certain standards for initiating petitions to terminate parental rights.

A5703 (Armato, Verrelli, Conaway/Addiego, Lagana) Requires certain health insurers, Medicaid, NJ FamilyCare, SHBP, and SEHBP to cover naloxone without imposing prior authorization requirements.

"I would like to thank the Governor for signing these crucial and life-saving bills into law today," **said Senator Joseph Vitale**. "Drug overdose is the leading cause of accidental death in the United States, with opioids being the most common drug, causing approximately 70 percent of all drug overdose deaths. Many of these lives could have been saved with the use of opioid antidotes, however; there is currently only a limited amount of individuals authorized to administer these antidotes. These new laws will expand who can deliver antidotes to a larger group of individuals, which will be crucial in saving countless lives from overdose."

"This bill keeps reunification the focus by removing barriers to relatives becoming Kinship Legal Guardians so that the child's relationship with their birth parents can be preserved," **said Senator Fred Madden**. "Kinship relationships increase the emotional well-being of a child and reduce their number of placements in foster care. This legislation will allow case precedent to better reflect new research."

"It's important that we have accurate data on the social, emotional and physical well-being of our students," **said Senator Shirley Turner**. "This legislation will help to provide that, by ensuring we are allowing as many students as possible to participate in these valuable surveys. I am grateful to see the Governor signing this measure into law and I look forward to seeing the impact it has on our public health initiatives."

"In 2020 alone, New Jersey had thousands of suspected opioid overdose deaths," **said Senator Joseph Laguna**. "It is evident that when we increase the availability of opioid antidotes, we can equip ourselves with the resources needed to greatly diminish the amount of deaths we have each year. Additionally, having the prices of these antidotes readily available will encourage those suffering from addiction to seek out antidotes that can be life-saving in dire times. I commend the Governor for signing this bill package today and I know we will save more lives because of it."

"Complete and utter transparency between the Division of Consumer Affairs and consumers is essential," **said Senator Vin Gopal**. "Antidotes like Narcan save lives and its accessibility can be the difference between a fatal drug overdose and someone's resuscitation. This legislation will ensure that consumers can identify which opioid antidotes they can afford and encourage them to purchase one to keep on them in case of emergency."

"Naloxone is crucial in treating an opioid overdose in the event of an emergency," **said Senator Dawn Addiego**. "When properly administered, the drug has been proven to significantly decrease the likelihood of death following an overdose, saving countless lives to date. It is imperative that we make this life-saving medication as accessibly as possible to our residents."

"As a doctor, I know just how important it is to prepare for and respond to medical emergencies patients may encounter," **said Assemblyman Herb Conaway**. "With thousands of lives lost to overdoses each year, we need a system in place to help residents struggling with substance use disorders who may be at risk for overdoses."

"Having immediate access to an opioid antidote when helping someone experiencing an overdose can mean the difference between life and death," **said Assemblyman Anthony Verrelli**. "It might be too late if a patient has to wait for treatment until they reach the hospital, which is why we must improve access to these medicines in our state."

"Every life lost to an overdose is a tragedy that might have been avoided with the right resources and support," **said Assemblyman John Armato**. "We must do everything in our power to help prevent the needless loss of life caused by drug overdoses throughout our state."

"Due to the addictive nature of these drugs, unfortunately it is quite possible for someone who overdosed once to accidentally overdose again," **said Assemblywoman Valerie Vainieri Huttle**. "We must take a holistic approach to combating overdoses by also treating opioid use disorder itself with medicines such

as buprenorphine.”

“Studies have shown that children often fare better when placed with relatives rather than someone they do not know in foster care,” **said Assemblywoman Gabriela Mosquera**. “More residents with happier, stable childhoods will help reduce the number of people throughout our state who struggle with substance use disorder.”

“A safe and loving home environment helps pave the way for children to lead healthier lives,” **said Assemblyman Christopher Tully**. “This legislation provides solutions to one of the key factors contributing to substance use disorder by ensuring more children end up with family or friends who know them and can care for them when their parents cannot.”

“When you consider the prevalence of overdoses in our state and just how effective opioid antidotes can be in those situations, it is clear we must do everything we can to make this medication widely available,” **said Assemblyman Daniel Benson**. “Allowing anyone to obtain opioid antidotes and give them out or utilize them in emergency situations is one way we can help get this life-saving medicine into the hands of the many residents who need it.”

“Opioid antidotes save lives – it’s as simple as that,” **said Assemblyman Jamel Holley**. “There can be no confusion about pricing and accessibility when it comes to helping our community members acquire these medicines.”

“With drug use sometimes beginning as young as 12-years-old, it is vital our State gathers information on the various health issues affecting our students,” **said Assemblywoman Angelica Jimenez**. “Knowing just how many children have already been exposed to harmful substances will help us better understand the scope of the issue and how to address it before it becomes more severe in adulthood.”

“We need to know more about the health challenges facing New Jersey students today,” **said Assemblywoman Shanique Speight**. “Understanding how many students are actively using harmful substances will make it easier for us to reach out and provide support to the children in our communities who need our help.”

“Governor Murphy and the Legislature are committed to saving lives by reaching those in need and removing barriers to treatment, and that includes making life-saving opioid antidotes as accessible as possible,” **said New Jersey Department of Human Services Acting Commissioner Sarah Adelman**. “We’ve worked to get the opioid overdose antidote naloxone into as many hands as possible, distributing 62,000 free doses to residents at more than 300 pharmacies and giving more than 70,000 free naloxone doses to police, EMS, homeless shelters, libraries, reentry organizations and county mobile outreach units. Naloxone saves lives, and these new laws will help reinforce these efforts to get it into as many hands as possible in as many ways as possible.”

“Today, New Jersey is making a strong and lasting statement with several new laws that support substance use treatment, recovery and family connections,” **said New Jersey Department of Children and Families Commissioner Christine Norbut Beyer**. “Through our work in child welfare, we know that substance use and addiction are often underlying factors of family separation, with resulting trauma that can have long term, negative effects on everyone involved. This new law will help create placement stability for children who are removed due to a caregiver’s opioid abuse, and will ensure that the preference for kinship placements is preserved.”

“Today’s actions further demonstrate Governor Murphy’s commitment to end the opioid epidemic in New Jersey. By removing barriers to life-saving treatments like naloxone, and addressing the impact of addiction on families, these new laws will make it easier for people battling with substance abuse to receive the help they need and will ultimately save lives,” **said New Jersey Department of Banking and Insurance Commissioner Marlene Caride**.

"New Jersey remains resolute in its commitment to ending the addiction crisis that continues to claim lives in communities across New Jersey," **said Attorney General Gurbir S. Grewal**. "These bills bolster our efforts by expanding access to life-saving medications and giving those on the front lines additional resources to fight this epidemic."

"Taken together, these bills provide powerful tools to address the overdose epidemic," **said New Jersey Department of Health Commissioner Judith Persichilli**. "Fundamentally rooted in science, compassion and harm reduction, these bills will help reverse the tide of the overdose epidemic, which has robbed us of too many people we love. These bills come at a crucial time, especially as we worry about an uptick in overdoses as a result of the COVID-19 pandemic."

"Breaking down barriers to affordable high-quality healthcare is the hallmark of what we do at the VNACJ Community Health Center," **said Christopher R. Rinn, CEO of the VNACJ Community Health Center**. "Today's initiatives not only underscore Governor Murphy's ongoing commitment to end the opioid epidemic but also empower those at the community level to improve access to a whole host addiction services. We are especially grateful for the support of our Medication Assistant Therapy (MAT) programs. The opioid epidemic continues to impact thousands of lives in the communities we serve. Thanks to the Governor's and the Legislature's leadership, we are saving lives and empowering patients onto the journey of recovery."

"Expanding New Jersey's naloxone standing order will make it much easier for people who use drugs to access this life-saving medication," **said Jenna Mellor, Executive Director, New Jersey Harm Reduction Coalition**. "When naloxone is widely available, people who are most likely to witness an overdose can act as first responders and save the life of a friend or family member. This legislation will get naloxone into as many hands as possible, which is one of the few proven ways to prevent overdose deaths. We sincerely thank Governor Murphy, Senator Vitale, and Assemblywoman Vaineri Huttel for their leadership on this issue, and look forward to finding new ways to expand harm reduction services across the Garden State."

"The bills signed today ensure that cost, location, and stigma never stand in the way of naloxone access for people who use drugs, people who used to use drugs, and our loved ones," **said Caitlin O'Neill, Director of Harm Reduction Services and co-founder, New Jersey Harm Reduction Coalition**. "Having naloxone on-hand is critical to keeping one another alive, and this bill makes widespread naloxone distribution possible. I commend Governor Murphy, Senator Vitale, and Assemblywoman Vainieri Huttel for responding with true leadership when people who use drugs when we told you we need widespread community naloxone access to survive, and I look forward to continuing to expand harm reduction services throughout the Garden State."