



**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** Yes

"Transgender rights are now law as Christie signs dozens of bills," The Record, July 22, 2017

"Christie signs several bills taking aim at opioid epidemic," Associated Press State Wire: New Jersey, July 21, 2017

RWA/JA

P.L.2017, CHAPTER 135, *approved July 21, 2017*  
Senate, No. 2970 (*First Reprint*)

1 AN ACT concerning hospice care and supplementing Title 26 of the  
2 Revised Statutes.

3  
4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:

6  
7 1. a. As used in this section:

8 “Family member” means a hospice care patient’s spouse, parent,  
9 adult sibling, adult child, or adult grandchild.

10 “Health care representative” means a person, including a member  
11 of the patient’s family, who is authorized to make health care decisions  
12 on behalf of a hospice care patient.

13 “Hospice care patient” means a person currently receiving hospice  
14 care services in a private home or an assisted living facility through a  
15 licensed hospice care program.

16 “Third party caregiver” means a person who:

17 (1) is 18 years of age or older;

18 (2) provides care or assistance to a hospice care patient; and

19 (3) is not the patient’s health care representative, a family member  
20 of the patient, or employed by the patient’s hospice care program.

21 b. A hospice care program licensed pursuant to P.L.1997, c.78  
22 (C.26:2H-79 et seq.) may choose, but shall not be required, to accept  
23 for disposal, at such time as a hospice care patient <sup>1</sup>ceases to use the  
24 medication or<sup>1</sup> ceases to receive hospice care services through the  
25 program, the hospice care patient’s unused prescription medications.  
26 A hospice care program that chooses to accept unused prescription  
27 medications for disposal pursuant to this section shall:

28 (1) Establish a written policy setting forth procedures for accepting  
29 and disposing of unused prescription medications;

30 (2) Furnish a copy of the written policy to each patient, and to the  
31 patient’s health care representative, at the time the patient is enrolled  
32 in the hospice care program, and designate a program representative  
33 who shall discuss the procedures and requirements for surrendering  
34 unused prescription medications with the patient and the patient’s  
35 health care representative;

36 (3) Accept medications prescribed and dispensed to the patient  
37 pursuant to the patient’s hospice care plan, as well as any other

**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:

<sup>1</sup>Senate SHH committee amendments adopted February 27, 2017.

1 prescription medications that the patient, or the patient's health care  
2 representative, chooses to surrender to the program;

3 (4) Not accept any medication for surrender except at such time as  
4 the patient 'ceases to use the medication or' ceases to receive hospice  
5 care services through the program; and

6 (5) Obtain any certifications, authorizations, or waivers as may be  
7 required under State or federal law in order to accept and dispose of  
8 unused prescription medications pursuant to this section.

9 c. At the time a hospice care patient ceases to receive hospice  
10 care services, a program representative shall provide a written request  
11 for surrender of unused medication to the patient or the patient's health  
12 care representative, which shall:

13 (1) request that the patient or the patient's health care  
14 representative surrender any unused prescription medications that were  
15 prescribed and dispensed to the patient pursuant to the patient's  
16 hospice care plan;

17 (2) offer to accept and dispose of any other prescription  
18 medication which the patient will not use; and

19 (3) urge that the patient or the patient's health care representative  
20 dispose of any unused prescription medication that is not surrendered  
21 to the program in a safe and legal manner, so as to avoid the risk of  
22 theft, diversion, or accidental ingestion.

23 d. No hospice care program may accept and dispose of an unused  
24 prescription medication pursuant to this section unless the patient or  
25 the patient's health care representative authorizes, in writing, the  
26 surrender of the unused prescription medication to the program; except  
27 that, if the patient is unable to provide written authorization and the  
28 patient does not have a health care representative, a third party  
29 caregiver may provide written authorization for the surrender. A  
30 hospice care program shall not accept an unused prescription  
31 medication unless the medication is identified for inclusion in the  
32 authorization for surrender.

33 e. (1) Unused prescription medications surrendered to a hospice  
34 care program pursuant to this section shall be surrendered to a  
35 registered professional nurse or a licensed practical nurse employed by  
36 the program.

37 (2) A nurse accepting the surrender of unused prescription  
38 medication pursuant to this section shall dispose of the medications at  
39 the site where hospice care was provided; in no case shall the nurse  
40 transport the unused prescription medications off-site for disposal or  
41 for any other purpose.

42 (3) A nurse who accepts and disposes of an unused prescription  
43 medication pursuant to this section shall document:

44 (a) the name and quantity of each medication surrendered;

45 (b) the name of the person authorizing the surrender, and the  
46 relationship of the person to the patient;

47 (c) the date and method of disposal; and

1 (d) the quantity and type of any unused prescription medication, of  
2 which the nurse is aware, that was prescribed and dispensed to the  
3 patient pursuant to the patient's hospice care plan, but was not  
4 surrendered to the program or otherwise disposed of by another person  
5 in the nurse's presence.

6 (4) The person authorizing the surrender of medication shall be  
7 provided with the opportunity to review, verify, and sign the  
8 documentation required under paragraph (3) of this subsection.

9 f. Nothing in this section shall prohibit any person from  
10 disposing of an unused prescription medication by any means  
11 authorized by law, including, but not limited to, surrendering the  
12 medication at a secure prescription medication drop-off receptacle.

13 g. No person shall be subject to civil or criminal liability or  
14 professional disciplinary action for any act or omission undertaken in  
15 good faith consistent with the requirements of this section.

16  
17 2. The Commissioner of Health, pursuant to the  
18 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
19 seq.), shall adopt rules and regulations to effectuate the purposes of  
20 this act.

21  
22 3. This act shall take effect the first day of the seventh month  
23 next following the date of enactment, except that the Commissioner  
24 of Health may take any advance administrative action as shall be  
25 necessary to effectuate the provisions of this act.

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30 Allows hospice care programs to accept unused prescription  
31 medications for disposal under certain circumstances.

# SENATE, No. 2970

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED JANUARY 30, 2017

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

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

**District 18 (Middlesex)**

**Co-Sponsored by:**

**Senator Addiego**

**SYNOPSIS**

Allows hospice care programs to accept unused prescription medications for disposal under certain circumstances.

**CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 2/28/2017)

1 AN ACT concerning hospice care and supplementing Title 26 of the  
2 Revised Statutes.

3

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

6

7 1. a. As used in this section:

8 “Family member” means a hospice care patient’s spouse, parent,  
9 adult sibling, adult child, or adult grandchild.

10 “Health care representative” means a person, including a member  
11 of the patient’s family, who is authorized to make health care  
12 decisions on behalf of a hospice care patient.

13 “Hospice care patient” means a person currently receiving  
14 hospice care services in a private home or an assisted living facility  
15 through a licensed hospice care program.

16 “Third party caregiver” means a person who:

17 (1) is 18 years of age or older;

18 (2) provides care or assistance to a hospice care patient; and

19 (3) is not the patient’s health care representative, a family  
20 member of the patient, or employed by the patient’s hospice care  
21 program.

22 b. A hospice care program licensed pursuant to P.L.1997, c.78  
23 (C.26:2H-79 et seq.) may choose, but shall not be required, to  
24 accept for disposal, at such time as a hospice care patient ceases to  
25 receive hospice care services through the program, the hospice care  
26 patient’s unused prescription medications. A hospice care program  
27 that chooses to accept unused prescription medications for disposal  
28 pursuant to this section shall:

29 (1) Establish a written policy setting forth procedures for  
30 accepting and disposing of unused prescription medications;

31 (2) Furnish a copy of the written policy to each patient, and to  
32 the patient’s health care representative, at the time the patient is  
33 enrolled in the hospice care program, and designate a program  
34 representative who shall discuss the procedures and requirements  
35 for surrendering unused prescription medications with the patient  
36 and the patient’s health care representative;

37 (3) Accept medications prescribed and dispensed to the patient  
38 pursuant to the patient’s hospice care plan, as well as any other  
39 prescription medications that the patient, or the patient’s health care  
40 representative, chooses to surrender to the program;

41 (4) Not accept any medication for surrender except at such time  
42 as the patient ceases to receive hospice care services through the  
43 program; and

44 (5) Obtain any certifications, authorizations, or waivers as may  
45 be required under State or federal law in order to accept and dispose  
46 of unused prescription medications pursuant to this section.

47 c. At the time a hospice care patient ceases to receive hospice  
48 care services, a program representative shall provide a written

- 1 request for surrender of unused medication to the patient or the  
2 patient's health care representative, which shall:
- 3 (1) request that the patient or the patient's health care  
4 representative surrender any unused prescription medications that  
5 were prescribed and dispensed to the patient pursuant to the  
6 patient's hospice care plan;
- 7 (2) offer to accept and dispose of any other prescription  
8 medication which the patient will not use; and
- 9 (3) urge that the patient or the patient's health care  
10 representative dispose of any unused prescription medication that is  
11 not surrendered to the program in a safe and legal manner, so as to  
12 avoid the risk of theft, diversion, or accidental ingestion.
- 13 d. No hospice care program may accept and dispose of an  
14 unused prescription medication pursuant to this section unless the  
15 patient or the patient's health care representative authorizes, in  
16 writing, the surrender of the unused prescription medication to the  
17 program; except that, if the patient is unable to provide written  
18 authorization and the patient does not have a health care  
19 representative, a third party caregiver may provide written  
20 authorization for the surrender. A hospice care program shall not  
21 accept an unused prescription medication unless the medication is  
22 identified for inclusion in the authorization for surrender.
- 23 e. (1) Unused prescription medications surrendered to a  
24 hospice care program pursuant to this section shall be surrendered  
25 to a registered professional nurse or a licensed practical nurse  
26 employed by the program.
- 27 (2) A nurse accepting the surrender of unused prescription  
28 medication pursuant to this section shall dispose of the medications  
29 at the site where hospice care was provided; in no case shall the  
30 nurse transport the unused prescription medications off-site for  
31 disposal or for any other purpose.
- 32 (3) A nurse who accepts and disposes of an unused prescription  
33 medication pursuant to this section shall document:
- 34 (a) the name and quantity of each medication surrendered;
- 35 (b) the name of the person authorizing the surrender, and the  
36 relationship of the person to the patient;
- 37 (c) the date and method of disposal; and
- 38 (d) the quantity and type of any unused prescription medication,  
39 of which the nurse is aware, that was prescribed and dispensed to  
40 the patient pursuant to the patient's hospice care plan, but was not  
41 surrendered to the program or otherwise disposed of by another  
42 person in the nurse's presence.
- 43 (4) The person authorizing the surrender of medication shall be  
44 provided with the opportunity to review, verify, and sign the  
45 documentation required under paragraph (3) of this subsection.
- 46 f. Nothing in this section shall prohibit any person from  
47 disposing of an unused prescription medication by any means

1 authorized by law, including, but not limited to, surrendering the  
2 medication at a secure prescription medication drop-off receptacle.

3 g. No person shall be subject to civil or criminal liability or  
4 professional disciplinary action for any act or omission undertaken  
5 in good faith consistent with the requirements of this section.

6  
7 2. The Commissioner of Health, pursuant to the  
8 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et  
9 seq.), shall adopt rules and regulations to effectuate the purposes of  
10 this act.

11  
12 3. This act shall take effect the first day of the seventh month  
13 next following the date of enactment, except that the Commissioner  
14 of Health may take any advance administrative action as shall be  
15 necessary to effectuate the provisions of this act.

16

17

18

#### STATEMENT

19

20 This bill authorizes licensed hospice care programs to accept  
21 unused prescription medications for disposal under certain  
22 circumstances. Specifically, a hospice care program may  
23 voluntarily choose to accept for disposal, at such time as a hospice  
24 care patient receiving hospice services in an assisted living facility  
25 or private residence ceases to receive such services, any unused  
26 medications that were prescribed to the patient.

27 A licensed hospice care program that chooses to accept unused  
28 prescription medications for disposal will be required to establish a  
29 written policy setting forth the procedures for accepting unused  
30 prescription medications, which is to be furnished to each patient,  
31 and the patient’s health care representative, at the time the patient is  
32 enrolled in the hospice care program. Additionally, at the time of  
33 enrollment, a program representative is to discuss the procedures  
34 and requirements for surrendering unused prescription medications  
35 with the patient and the patient’s health care representative.  
36 Hospice care programs that choose to accept unused prescription  
37 medications for disposal will additionally be required to obtain any  
38 certifications, authorizations, and waivers as may be required under  
39 State or federal law in order to accept and dispose of unused  
40 prescription medications. A hospice care program may not accept  
41 any medication for surrender except at such time as the patient  
42 ceases to receive hospice care services.

43 At the time a patient ceases to receive hospice care services from  
44 a program that accepts unused prescription medications for  
45 disposal, a program representative will be required to provide the  
46 patient or the patient’s health care representative with a written  
47 request for the surrender of unused medications, which will include:  
48 (1) a request that any unused prescription medications prescribed

1 and dispensed to the patient pursuant to the patient's hospice care  
2 plan be surrendered to the program; (2) an offer to accept any other  
3 prescription medications that the patient will not use; and (3) a  
4 recommendation that the patient or the patient's health care  
5 representative dispose of any unused prescription medications that  
6 are not surrendered to the program in a safe and legal manner, so as  
7 to avoid the risk of theft, diversion, or accidental ingestion.

8 The bill requires a hospice care program to obtain written  
9 authorization from the patient or the patient's health care  
10 representative prior to accepting an unused prescription medication  
11 for disposal. If the patient is unable to provide written  
12 authorization, and the patient does not have a health care  
13 representative, a third party caregiver, who is defined in the bill as a  
14 person 18 years of age or older who provides care and services to  
15 the patient but is not the patient's health care representative, a  
16 family member of the patient, or employed by the patient's hospice  
17 care program, will be permitted to provide authorization. No  
18 medication may be accepted for disposal by a hospice care program  
19 unless it is identified for inclusion in an authorization for surrender.

20 Under the bill, unused prescription medications may only be  
21 surrendered to a registered professional nurse or licensed practical  
22 nurse employed by the hospice care program. Any medication  
23 surrendered to the program is to be disposed of at the site where the  
24 patient was receiving hospice care services, and in no case may a  
25 surrendered medication be transported off site.

26 A nurse accepting the surrender of an unused prescription  
27 medication will be required to document: the name and quantity of  
28 each medication surrendered; the name of the person providing the  
29 authorization and the relationship of that person to the patient; the  
30 date and method of disposal; and any unused prescription  
31 medication that the nurse is aware of that was provided to the  
32 patient pursuant through the program but was not surrendered to the  
33 program or otherwise disposed of by another person in the nurse's  
34 presence. The person providing authorization will have the  
35 opportunity to review, verify, and sign this documentation.

36 Nothing in the bill will prevent any person from disposing of an  
37 unused prescription medication by any means authorized by law,  
38 including, but not limited to, surrender to a secure prescription  
39 drop-off receptacle. The bill provides immunity from civil and  
40 criminal liability for any act or omission undertaken in good faith  
41 consistent with the provisions of the bill.

42 Hospice care patients are often prescribed a number of  
43 medications, which may include powerful opioid analgesics used to  
44 manage pain symptoms. It is the sponsor's belief that allowing  
45 hospice care programs to accept a hospice care patient's unused  
46 prescription medications may help ensure the safe and speedy  
47 disposal of these medications, thereby reducing the risk that the  
48 medications may be stolen, diverted, or accidentally ingested.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

[First Reprint]

**SENATE, No. 2970**

# **STATE OF NEW JERSEY**

DATED: MAY 11, 2017

The Assembly Health and Senior Services Committee reports favorably Senate Bill No. 2970 (1R).

This bill authorizes licensed hospice care programs to accept unused prescription medications for disposal under certain circumstances. Specifically, a hospice care program may voluntarily choose to accept for disposal, at such time as a hospice care patient receiving hospice services in an assisted living facility or private residence ceases to use the medication or ceases to receive such services, any unused medications that were prescribed to the patient.

A licensed hospice care program that chooses to accept unused prescription medications for disposal will be required to establish a written policy setting forth the procedures for accepting unused prescription medications, which is to be furnished to each patient, and the patient's health care representative, at the time the patient is enrolled in the hospice care program. Additionally, at the time of enrollment, a program representative is to discuss the procedures and requirements for surrendering unused prescription medications with the patient and the patient's health care representative. Hospice care programs that choose to accept unused prescription medications for disposal will additionally be required to obtain any certifications, authorizations, and waivers as may be required under State or federal law in order to accept and dispose of unused prescription medications. A hospice care program may not accept any medication for surrender except at such time as the patient ceases to use the medication or ceases to receive hospice care services.

At the time a patient ceases to receive hospice care services from a program that accepts unused prescription medications for disposal, a program representative will be required to provide the patient or the patient's health care representative with a written request for the surrender of unused medications, which will include: (1) a request that any unused prescription medications prescribed and dispensed to the patient pursuant to the patient's hospice care plan be surrendered to the program; (2) an offer to accept any other prescription medications that the patient will not use; and (3) a recommendation that the patient or the patient's health care representative dispose of any unused

prescription medications that are not surrendered to the program in a

1. a. As used in this section:

“Family member” means a hospice care patient’s spouse, parent, adult sibling, adult child, or adult grandchild.

“Health care representative” means a person, including a member of the patient’s family, who is authorized to make health care decisions on behalf of a hospice care patient.

“Hospice care patient” means a person currently receiving hospice care services in a private home or an assisted living facility through a licensed hospice care program.

“Third party caregiver” means a person who:

- (1) is 18 years of age or older;
- (2) provides care or assistance to a hospice care patient; and
- (3) is not the patient’s health care representative, a family member of the patient, or employed by the patient’s hospice care program.

b. A hospice care program licensed pursuant to P.L.1997, c.78 (C.26:2H-79 et seq.) may choose, but shall not be required, to accept for disposal, at such time as a hospice care patient <sup>1</sup>ceases to use the medication or<sup>1</sup> ceases to receive hospice care services through the program, the hospice care patient’s unused prescription medications. A hospice care program that chooses to accept unused prescription medications for disposal pursuant to this section shall:

(1) Establish a written policy setting forth procedures for accepting and disposing of unused prescription medications;

(2) Furnish a copy of the written policy to each patient, and to the patient’s health care representative, at the time the patient is enrolled in the hospice care program, and designate a program representative who shall discuss the procedures and requirements for surrendering unused prescription medications with the patient and the patient’s health care representative;

(3) Accept medications prescribed and dispensed to the patient pursuant to the patient’s hospice care plan, as well as any other prescription medications that the patient, or the patient’s health care representative, chooses to surrender to the program;

(4) Not accept any medication for surrender except at such time as the patient <sup>1</sup>ceases to use the medication or<sup>1</sup> ceases to receive hospice care services through the program; and

(5) Obtain any certifications, authorizations, or waivers as may be required under State or federal law in order to accept and dispose of unused prescription medications pursuant to this section.

c. At the time a hospice care patient ceases to receive hospice care services, a program representative shall provide a written request for surrender of unused medication to the patient or the patient’s health care representative, which shall:

(1) request that the patient or the patient’s health care representative surrender any unused prescription medications that were

prescribed and dispensed to the patient pursuant to the patient's hospice care plan;

(2) offer to accept and dispose of any other prescription medication which the patient will not use; and

(3) urge that the patient or the patient's health care representative dispose of any unused prescription medication that is not surrendered to the program in a safe and legal manner, so as to avoid the risk of theft, diversion, or accidental ingestion.

d. No hospice care program may accept and dispose of an unused prescription medication pursuant to this section unless the patient or the patient's health care representative authorizes, in writing, the surrender of the unused prescription medication to the program; except that, if the patient is unable to provide written authorization and the patient does not have a health care representative, a third party caregiver may provide written authorization for the surrender. A hospice care program shall not accept an unused prescription medication unless the medication is identified for inclusion in the authorization for surrender.

e. (1) Unused prescription medications surrendered to a hospice care program pursuant to this section shall be surrendered to a registered professional nurse or a licensed practical nurse employed by the program.

(2) A nurse accepting the surrender of unused prescription medication pursuant to this section shall dispose of the medications at the site where hospice care was provided; in no case shall the nurse transport the unused prescription medications off-site for disposal or for any other purpose.

(3) A nurse who accepts and disposes of an unused prescription medication pursuant to this section shall document:

(a) the name and quantity of each medication surrendered;

(b) the name of the person authorizing the surrender, and the relationship of the person to the patient;

(c) the date and method of disposal; and

(d) the quantity and type of any unused prescription medication, of which the nurse is aware, that was prescribed and dispensed to the patient pursuant to the patient's hospice care plan, but was not surrendered to the program or otherwise disposed of by another person in the nurse's presence.

(4) The person authorizing the surrender of medication shall be provided with the opportunity to review, verify, and sign the documentation required under paragraph (3) of this subsection.

f. Nothing in this section shall prohibit any person from disposing of an unused prescription medication by any means authorized by law, including, but not limited to, surrendering the medication at a secure prescription medication drop-off receptacle.

g. No person shall be subject to civil or criminal liability or professional disciplinary action for any act or omission undertaken in good faith consistent with the requirements of this section. safe and legal manner, so as to avoid the risk of theft, diversion, or accidental ingestion.

The bill requires a hospice care program to obtain written authorization from the patient or the patient's health care representative prior to accepting an unused prescription medication for disposal. If the patient is unable to provide written authorization, and the patient does not have a health care representative, a third party caregiver, who is defined in the bill as a person 18 years of age or older who provides care and services to the patient but is not the patient's health care representative, a family member of the patient, or employed by the patient's hospice care program, will be permitted to provide authorization. No medication may be accepted for disposal by a hospice care program unless it is identified for inclusion in an authorization for surrender.

The bill requires that unused prescription medications may only be surrendered to a registered professional nurse or licensed practical nurse employed by the hospice care program. Any medication surrendered to the program is to be disposed of at the site where the patient was receiving hospice care services, and in no case may a surrendered medication be transported off site.

A nurse accepting the surrender of an unused prescription medication will be required to document: the name and quantity of each medication surrendered; the name of the person providing the authorization and the relationship of that person to the patient; the date and method of disposal; and any unused prescription medication that the nurse is aware of that was provided to the patient pursuant through the program but was not surrendered to the program or otherwise disposed of by another person in the nurse's presence. The person providing authorization will have the opportunity to review, verify, and sign this documentation.

Nothing in the bill will prevent any person from disposing of an unused prescription medication by any means authorized by law, including, but not limited to, surrender to a secure prescription drop-off receptacle. The bill provides immunity from civil and criminal liability for any act or omission undertaken in good faith consistent with the provisions of the bill.

As reported by the committee, Senate Bill No. 2970 (1R) is identical to Assembly Bill No. 4522 (1R) which the committee also reported on this date.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO  
**SENATE, No. 2970**

with committee amendments

**STATE OF NEW JERSEY**

DATED: FEBRUARY 27, 2017

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Senate Bill No. 2970.

As amended by the committee, this bill authorizes licensed hospice care programs to accept unused prescription medications for disposal under certain circumstances. Specifically, a hospice care program may voluntarily choose to accept for disposal, at such time as a hospice care patient receiving hospice services in an assisted living facility or private residence ceases to use the medication or ceases to receive such services, any unused medications that were prescribed to the patient.

A licensed hospice care program that chooses to accept unused prescription medications for disposal will be required to establish a written policy setting forth the procedures for accepting unused prescription medications, which is to be furnished to each patient, and the patient's health care representative, at the time the patient is enrolled in the hospice care program. Additionally, at the time of enrollment, a program representative is to discuss the procedures and requirements for surrendering unused prescription medications with the patient and the patient's health care representative. Hospice care programs that choose to accept unused prescription medications for disposal will additionally be required to obtain any certifications, authorizations, and waivers as may be required under State or federal law in order to accept and dispose of unused prescription medications. A hospice care program may not accept any medication for surrender except at such time as the patient ceases to use the medication or ceases to receive hospice care services.

At the time a patient ceases to receive hospice care services from a program that accepts unused prescription medications for disposal, a program representative will be required to provide the patient or the patient's health care representative with a written request for the surrender of unused medications, which will include: (1) a request that any unused prescription medications prescribed and dispensed to the patient pursuant to the patient's hospice care plan be surrendered to the

program; (2) an offer to accept any other prescription medications that the patient will not use; and (3) a recommendation that the patient or the patient's health care representative dispose of any unused prescription medications that are not surrendered to the program in a safe and legal manner, so as to avoid the risk of theft, diversion, or accidental ingestion.

The amended bill requires a hospice care program to obtain written authorization from the patient or the patient's health care representative prior to accepting an unused prescription medication for disposal. If the patient is unable to provide written authorization, and the patient does not have a health care representative, a third party caregiver, who is defined in the bill as a person 18 years of age or older who provides care and services to the patient but is not the patient's health care representative, a family member of the patient, or employed by the patient's hospice care program, will be permitted to provide authorization. No medication may be accepted for disposal by a hospice care program unless it is identified for inclusion in an authorization for surrender.

Under the amended bill, unused prescription medications may only be surrendered to a registered professional nurse or licensed practical nurse employed by the hospice care program. Any medication surrendered to the program is to be disposed of at the site where the patient was receiving hospice care services, and in no case may a surrendered medication be transported off site.

A nurse accepting the surrender of an unused prescription medication will be required to document: the name and quantity of each medication surrendered; the name of the person providing the authorization and the relationship of that person to the patient; the date and method of disposal; and any unused prescription medication that the nurse is aware of that was provided to the patient pursuant through the program but was not surrendered to the program or otherwise disposed of by another person in the nurse's presence. The person providing authorization will have the opportunity to review, verify, and sign this documentation.

Nothing in the amended bill will prevent any person from disposing of an unused prescription medication by any means authorized by law, including, but not limited to, surrender to a secure prescription drop-off receptacle. The bill provides immunity from civil and criminal liability for any act or omission undertaken in good faith consistent with the provisions of the bill.

The committee amended the bill to permit a hospice to accept medication for surrender at the time that a patient ceases to use the medication, even if the patient continues to receive services.

# ASSEMBLY, No. 4522

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED JANUARY 23, 2017

**Sponsored by:**

**Assemblywoman PAMELA R. LAMPITT**

**District 6 (Burlington and Camden)**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblyman DAVID P. RIBLE**

**District 30 (Monmouth and Ocean)**

**SYNOPSIS**

Allows hospice care programs to accept unused prescription medications for disposal under certain circumstances.

**CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 1/31/2017)

1 AN ACT concerning hospice care and supplementing Title 26 of the  
2 Revised Statutes.

3

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

6

7 1. a. As used in this section:

8 “Family member” means a hospice care patient’s spouse, parent,  
9 adult sibling, adult child, or adult grandchild.

10 “Health care representative” means a person, including a member  
11 of the patient’s family, who is authorized to make health care  
12 decisions on behalf of a hospice care patient.

13 “Hospice care patient” means a person currently receiving  
14 hospice care services in a private home or an assisted living facility  
15 through a licensed hospice care program.

16 “Third party caregiver” means a person who:

17 (1) is 18 years of age or older;

18 (2) provides care or assistance to a hospice care patient; and

19 (3) is not the patient’s health care representative, a family  
20 member of the patient, or employed by the patient’s hospice care  
21 program.

22 b. A hospice care program licensed pursuant to P.L.1997, c.78  
23 (C.26:2H-79 et seq.) may choose, but shall not be required, to  
24 accept for disposal, at such time as a hospice care patient ceases to  
25 receive hospice care services through the program, the hospice care  
26 patient’s unused prescription medications. A hospice care program  
27 that chooses to accept unused prescription medications for disposal  
28 pursuant to this section shall:

29 (1) Establish a written policy setting forth procedures for  
30 accepting and disposing of unused prescription medications;

31 (2) Furnish a copy of the written policy to each patient, and to  
32 the patient’s health care representative, at the time the patient is  
33 enrolled in the hospice care program, and designate a program  
34 representative who shall discuss the procedures and requirements  
35 for surrendering unused prescription medications with the patient  
36 and the patient’s health care representative;

37 (3) Accept medications prescribed and dispensed to the patient  
38 pursuant to the patient’s hospice care plan, as well as any other  
39 prescription medications that the patient, or the patient’s health care  
40 representative, chooses to surrender to the program;

41 (4) Not accept any medication for surrender except at such time  
42 as the patient ceases to receive hospice care services through the  
43 program; and

44 (5) Obtain any certifications, authorizations, or waivers as may  
45 be required under State or federal law in order to accept and dispose  
46 of unused prescription medications pursuant to this section.

47 c. At the time a hospice care patient ceases to receive hospice  
48 care services, a program representative shall provide a written

1 request for surrender of unused medication to the patient or the  
2 patient's health care representative, which shall:

3 (1) request that the patient or the patient's health care  
4 representative surrender any unused prescription medications that  
5 were prescribed and dispensed to the patient pursuant to the  
6 patient's hospice care plan;

7 (2) offer to accept and dispose of any other prescription  
8 medication which the patient will not use; and

9 (3) urge that the patient or the patient's health care  
10 representative dispose of any unused prescription medication that is  
11 not surrendered to the program in a safe and legal manner, so as to  
12 avoid the risk of theft, diversion, or accidental ingestion.

13 d. No hospice care program may accept and dispose of an  
14 unused prescription medication pursuant to this section unless the  
15 patient or the patient's health care representative authorizes, in  
16 writing, the surrender of the unused prescription medication to the  
17 program; except that, if the patient is unable to provide written  
18 authorization and the patient does not have a health care  
19 representative, a third party caregiver may provide written  
20 authorization for the surrender. A hospice care program shall not  
21 accept an unused prescription medication unless the medication is  
22 identified for inclusion in the authorization for surrender.

23 e. (1) Unused prescription medications surrendered to a  
24 hospice care program pursuant to this section shall be surrendered  
25 to a registered professional nurse or a licensed practical nurse  
26 employed by the program.

27 (2) A nurse accepting the surrender of unused prescription  
28 medication pursuant to this section shall dispose of the medications  
29 at the site where hospice care was provided; in no case shall the  
30 nurse transport the unused prescription medications off-site for  
31 disposal or for any other purpose.

32 (3) A nurse who accepts and disposes of an unused prescription  
33 medication pursuant to this section shall document:

34 (a) the name and quantity of each medication surrendered;

35 (b) the name of the person authorizing the surrender, and the  
36 relationship of the person to the patient;

37 (c) the date and method of disposal; and

38 (d) the quantity and type of any unused prescription medication,  
39 of which the nurse is aware, that was prescribed and dispensed to  
40 the patient pursuant to the patient's hospice care plan, but was not  
41 surrendered to the program or otherwise disposed of by another  
42 person in the nurse's presence.

43 (4) The person authorizing the surrender of medication shall be  
44 provided with the opportunity to review, verify, and sign the  
45 documentation required under paragraph (3) of this subsection.

46 f. Nothing in this section shall prohibit any person from  
47 disposing of an unused prescription medication by any means

1 authorized by law, including, but not limited to, surrendering the  
2 medication at a secure prescription medication drop-off receptacle.

3 g. No person shall be subject to civil or criminal liability or  
4 professional disciplinary action for any act or omission undertaken  
5 in good faith consistent with the requirements of this section.

6  
7 2. The Commissioner of Health, pursuant to the  
8 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et  
9 seq.), shall adopt rules and regulations to effectuate the purposes of  
10 this act.

11  
12 3. This act shall take effect the first day of the seventh month  
13 next following the date of enactment, except that the Commissioner  
14 of Health may take any advance administrative action as shall be  
15 necessary to effectuate the provisions of this act.

16  
17  
18 STATEMENT

19  
20 This bill authorizes licensed hospice care programs to accept  
21 unused prescription medications for disposal under certain  
22 circumstances. Specifically, a hospice care program may  
23 voluntarily choose to accept for disposal, at such time as a hospice  
24 care patient receiving hospice services in an assisted living facility  
25 or private residence ceases to receive such services, any unused  
26 medications that were prescribed to the patient.

27 A licensed hospice care program that chooses to accept unused  
28 prescription medications for disposal will be required to establish a  
29 written policy setting forth the procedures for accepting unused  
30 prescription medications, which is to be furnished to each patient,  
31 and the patient’s health care representative, at the time the patient is  
32 enrolled in the hospice care program. Additionally, at the time of  
33 enrollment, a program representative is to discuss the procedures  
34 and requirements for surrendering unused prescription medications  
35 with the patient and the patient’s health care representative.  
36 Hospice care programs that choose to accept unused prescription  
37 medications for disposal will additionally be required to obtain any  
38 certifications, authorizations, and waivers as may be required under  
39 State or federal law in order to accept and dispose of unused  
40 prescription medications. A hospice care program may not accept  
41 any medication for surrender except at such time as the patient  
42 ceases to receive hospice care services.

43 At the time a patient ceases to receive hospice care services from  
44 a program that accepts unused prescription medications for  
45 disposal, a program representative will be required to provide the  
46 patient or the patient’s health care representative with a written  
47 request for the surrender of unused medications, which will include:  
48 (1) a request that any unused prescription medications prescribed

1 and dispensed to the patient pursuant to the patient's hospice care  
2 plan be surrendered to the program; (2) an offer to accept any other  
3 prescription medications that the patient will not use; and (3) a  
4 recommendation that the patient or the patient's health care  
5 representative dispose of any unused prescription medications that  
6 are not surrendered to the program in a safe and legal manner, so as  
7 to avoid the risk of theft, diversion, or accidental ingestion.

8 The bill requires a hospice care program to obtain written  
9 authorization from the patient or the patient's health care  
10 representative prior to accepting an unused prescription medication  
11 for disposal. If the patient is unable to provide written  
12 authorization, and the patient does not have a health care  
13 representative, a third party caregiver, who is defined in the bill as a  
14 person 18 years of age or older who provides care and services to  
15 the patient but is not the patient's health care representative, a  
16 family member of the patient, or employed by the patient's hospice  
17 care program, will be permitted to provide authorization. No  
18 medication may be accepted for disposal by a hospice care program  
19 unless it is identified for inclusion in an authorization for surrender.

20 Under the bill, unused prescription medications may only be  
21 surrendered to a registered professional nurse or licensed practical  
22 nurse employed by the hospice care program. Any medication  
23 surrendered to the program is to be disposed of at the site where the  
24 patient was receiving hospice care services, and in no case may a  
25 surrendered medication be transported off site.

26 A nurse accepting the surrender of an unused prescription  
27 medication will be required to document: the name and quantity of  
28 each medication surrendered; the name of the person providing the  
29 authorization and the relationship of that person to the patient; the  
30 date and method of disposal; and any unused prescription  
31 medication that the nurse is aware of that was provided to the  
32 patient pursuant through the program but was not surrendered to the  
33 program or otherwise disposed of by another person in the nurse's  
34 presence. The person providing authorization will have the  
35 opportunity to review, verify, and sign this documentation.

36 Nothing in the bill will prevent any person from disposing of an  
37 unused prescription medication by any means authorized by law,  
38 including, but not limited to, surrender to a secure prescription  
39 drop-off receptacle. The bill provides immunity from civil and  
40 criminal liability for any act or omission undertaken in good faith  
41 consistent with the provisions of the bill.

42 Hospice care patients are often prescribed a number of  
43 medications, which may include powerful opioid analgesics used to  
44 manage pain symptoms. It is the sponsor's belief that allowing  
45 hospice care programs to accept a hospice care patient's unused  
46 prescription medications may help ensure the safe and speedy  
47 disposal of these medications, thereby reducing the risk that the  
48 medications may be stolen, diverted, or accidentally ingested.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 4522**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: MAY 11, 2017

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 4522.

As amended by the committee, this bill authorizes licensed hospice care programs to accept unused prescription medications for disposal under certain circumstances. Specifically, a hospice care program may voluntarily choose to accept for disposal, at such time as a hospice care patient receiving hospice services in an assisted living facility or private residence ceases to use the medication or ceases to receive such services, any unused medications that were prescribed to the patient.

A licensed hospice care program that chooses to accept unused prescription medications for disposal will be required to establish a written policy setting forth the procedures for accepting unused prescription medications, which is to be furnished to each patient, and the patient's health care representative, at the time the patient is enrolled in the hospice care program. Additionally, at the time of enrollment, a program representative is to discuss the procedures and requirements for surrendering unused prescription medications with the patient and the patient's health care representative. Hospice care programs that choose to accept unused prescription medications for disposal will additionally be required to obtain any certifications, authorizations, and waivers as may be required under State or federal law in order to accept and dispose of unused prescription medications. A hospice care program may not accept any medication for surrender except at such time as the patient ceases to use the medication or ceases to receive hospice care services.

At the time a patient ceases to receive hospice care services from a program that accepts unused prescription medications for disposal, a program representative will be required to provide the patient or the patient's health care representative with a written request for the surrender of unused medications, which will include: (1) a request that any unused prescription medications prescribed and dispensed to the patient pursuant to the patient's hospice care plan be surrendered to the program; (2) an offer to accept any other prescription medications that the patient will not use; and (3) a recommendation that the patient or the patient's health care representative dispose of any unused

prescription medications that are not surrendered to the program in a safe and legal manner, so as to avoid the risk of theft, diversion, or accidental ingestion.

The amended bill requires a hospice care program to obtain written authorization from the patient or the patient's health care representative prior to accepting an unused prescription medication for disposal. If the patient is unable to provide written authorization, and the patient does not have a health care representative, a third party caregiver, who is defined in the bill as a person 18 years of age or older who provides care and services to the patient but is not the patient's health care representative, a family member of the patient, or employed by the patient's hospice care program, will be permitted to provide authorization. No medication may be accepted for disposal by a hospice care program unless it is identified for inclusion in an authorization for surrender.

Under the amended bill, unused prescription medications may only be surrendered to a registered professional nurse or licensed practical nurse employed by the hospice care program. Any medication surrendered to the program is to be disposed of at the site where the patient was receiving hospice care services, and in no case may a surrendered medication be transported off site.

A nurse accepting the surrender of an unused prescription medication will be required to document: the name and quantity of each medication surrendered; the name of the person providing the authorization and the relationship of that person to the patient; the date and method of disposal; and any unused prescription medication that the nurse is aware of that was provided to the patient pursuant through the program but was not surrendered to the program or otherwise disposed of by another person in the nurse's presence. The person providing authorization will have the opportunity to review, verify, and sign this documentation.

Nothing in the amended bill will prevent any person from disposing of an unused prescription medication by any means authorized by law, including, but not limited to, surrender to a secure prescription drop-off receptacle. The bill provides immunity from civil and criminal liability for any act or omission undertaken in good faith consistent with the provisions of the bill.

As reported by the committee, Assembly Bill No. 4522(1R) is identical to Senate Bill No. 2970(1R) which the committee also reported on this date.

#### COMMITTEE AMENDMENTS:

The committee amended the bill to permit a hospice to accept medication for surrender at the time that a patient ceases to use the medication, even if the patient continues to receive hospice care services.

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A licensed hospice care program that chooses to accept unused prescription medications for disposal will be required to establish a written policy setting forth the procedures for accepting unused prescription medications, which is to be furnished to each patient, and the patient's health care representative, at the time the patient is enrolled in the hospice care program. Additionally, at the time of enrollment, a program representative is to discuss the procedures and requirements for surrendering unused prescription medications with the patient and the patient's health care representative. Hospice care programs that choose to accept unused prescription medications for disposal will additionally be required to obtain any certifications, authorizations, and waivers as may be required under State or federal law in order to accept and dispose of unused prescription medications. A hospice care program may not accept any medication for surrender except at such time as the patient ceases to use the medication or ceases to receive hospice care services.

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## Governor Christie Takes Action on Pending Legislation

Friday, July 21, 2017

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**Trenton, NJ** – Governor Chris Christie today took action on dozens of bills, including S-359/A-2320 (Codey, Vitale/Vainieri Huttle, Conaway, Jimenez, Lampitt, Jasey, Sumter), which raises the minimum age from 19 to 21 of a person to whom a vendor may sell, offer for sale, distribute, give or furnish tobacco products in New Jersey. This new law also amends various related statues concerning penalties, fines, signage requirements, non-face-to-face transactions, and enforcement provisions to reflect the increased minimum age.

“By raising the minimum age to purchase tobacco products to 21, we are giving young people more time to develop a maturity and better understanding of how dangerous smoking can be and that it is better to not start smoking in the first place,” Governor Christie said. “My mother died from the effects of smoking, and no one should lose their life due to any addictive substance. Additionally, the less people who develop costly tobacco habits that can cause health problems, such as lung cancer, heart disease and developmental issues, the less strain there will be on our healthcare system.”

Governor Christie also took action on pending legislation related to:

### Further Addressing the Opioid Epidemic

Governor Christie signed four bills that continue New Jersey's leadership role in fighting the national opioid epidemic. The legislation that requires the Department of Human Services develop, maintain, and post on their website daily information about the number of open beds available in facilities in the state for people in need of mental health or substance use disorder treatment; help inform parents of student athletes and cheerleaders about the use and misuse of prescription opioids; allows hospice programs to accept the unused prescription medicines of their hospice patients for safe disposal and implements the use of current-day, sensitive terminology when referring to persons with substance use disorders or certain disabilities.

- **A-1662/S-2466 (Schaer, Vainieri Huttle, Coughlin, McKnight, Mukherji/Vitale, Allen)** - Requires development and maintenance of data dashboard report to advise of open bed availability in residential facilities providing behavioral health services
- **A-3944/S-2402 (Mazzeo, Lagana, Vainieri Huttle, Benson, Caride, Wimberly/Diegnan, Vitale)** - Requires DOE to develop educational fact sheet for distribution to parents of student-athletes and cheerleaders concerning use and misuse of prescription opioids
- **S-2970/A-4522 (Vitale, Diegnan/Lampitt, Vainieri Huttle, Jimenez)** - Allows hospice care programs to accept unused prescription medications for disposal under certain circumstances
- **S-2721/ACS for A-926 (Vitale, Whelan/Vainieri Huttle, Benson, Tucker, Eustace, McKnight, Mosquera)** - Implements person-first language and changes pejorative terminology referring to persons with certain disabilities or substance use disorders

### Protecting and Preserving the Environment

The Governor also signed several bills to protect people and improve the quality of life by strengthening New Jersey's environment.

“These new laws will create more open space preservation opportunities, green energy solutions and safeguards to ensure quality drinking water for all New Jerseyans,” Governor Christie said. “They provide greater flexibility for counties and municipalities to use the roughly \$270 million open space tax dollars they collect each year for the intended mission of protecting New Jersey's environment, improving communities with more recreation and

conservation, and preventing overcrowding of our towns and schools. They also ensure reliable, sustainable and safe environmental infrastructure across the state, by investing nearly \$100 million in critical projects this year."

- **A-1645/S-195 (Schaer, Webber, Dancer, Pintor Marin/Kyrillos, Smith)** - Expands definition of "acquisition," for purposes of county and municipal open space trust funds, to include demolition, removal of debris, and restoration of lands being acquired
- **S-3352/A-5045 (Ruiz, Bateman/Oliver, Chaparro, Singleton, Lagana, Bramnick, Vainieri Huttie, Zwicker)** - Appropriates \$71,700,224 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects
- **S-3353/A-5046 (Greenstein, Thompson/Eustace, Land, Mukherji, Schaer, Bramnick, Vainieri Huttie, Wimberly)** - Appropriates \$12.3 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects
- **S-3354/A-5044 (Gordon, Allen/McKeon, Mazzeo, Muoio, Moriarty, Bramnick, Zwicker, Vainieri Huttie)** - Appropriates \$8,992,898 to DEP from constitutionally dedicated CBT revenues and various Green Acres funds for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes
- **S-3240/A-4996 (Greenstein, Codey/Mukherji, Mazzeo, Schaer, Holley, Land)** - Authorizes NJ Environmental Infrastructure Trust to expend certain sums to make loans for environmental infrastructure projects for FY2018
- **CC for S-3241/A-4998 (Smith, Codey/Eustace, Muoio, Moriarty, Conaway, Andrzejczak)** - Appropriates funds to DEP for environmental infrastructure projects for FY2018
- **S-3242/A-4997 (Gordon, Oroho/McKeon, Prieto)** - Clarifies procedures for approval of environmental and transportation infrastructure projects
- **S-3181/A-4756 (Smith, Diegnan/DeAngelo, Eustace, Gusciora)** - Permits solar electric power generation facility projects not having commenced commercial operation to retain designation through May 31, 2018 as connected to distribution system
- **S-2834/A-4569 (Sweeney, Greenstein, Bateman/Eustace, Karabinchak, McKeon, Vainieri Huttie, Benson, Muoio)** - The "Water Quality Accountability Act"; imposes certain testing, reporting, management, and infrastructure investment requirements on water purveyors

Governor Christie also took action on the following bills:

#### BILL SIGNINGS:

**S-5/A-4925 (Vitale, Sweeney/Conaway, O'Scanlon, Houghtaling, Quijano, Giblin, DeAngelo, Munoz, Mukherji, A.M. Bucco)** - Establishes data reporting requirements for emergency medical services providers and dispatch centers

**SS SCS SCS for S-291, 652, 1954/ACS for A-1464 (Vitale, Whelan, Allen, Turner/Lampitt, Coughlin, Conaway, Vainieri Huttie, Lagana, Mukherji, Moriarty)** - Authorizes health care providers to engage in telemedicine and telehealth

**S-742/A-1205 (Beach/Mosquera, Holley, Wimberly, Jones)** - Requires board of education to enter into agreement with law enforcement authorities regarding access to live video streams of public school buildings

**S-1295/A-3701 (Vitale/Eustace, Munoz)** - Amends and repeals sections of "Respiratory Care Practitioner Licensing Act"

**S-1315/A-1839 (Vitale/Giblin, Wimberly, McKeon, Mukherji, Sumter)** - Revises statutes regarding practice of physical therapy

**S-1840/A-2085 (Ruiz, Gill/Mukherji, Oliver, McKnight)** - Prohibits charging fee to stop publishing personal identifying information obtained through the criminal justice system

**S-1913/A-2794 (Addiego, Greenstein/Lagana, Moriarty, Mukherji, Downey)** - "Personal Information and Privacy Protection Act"; restricts collection and use of personal information by retail establishments for certain purposes

**S-2058/A-671 (T. Kean, Pou/Munoz, Giblin, Mukherji, Moriarty)** - Adds two nurse educators to the New Jersey Board of Nursing

**S-2331/A-3962 (Codey, Vitale/Jasey, McKeon, Vainieri Huttie, Munoz, Mukherji, Mosquera, Lampitt)** - Establishes tuition reimbursement program for certain psychiatrists who work in underserved areas or psychiatric hospitals in New Jersey

**CC S-2403/A-3717 (Rice, Turner/Sumter, Vainieri Huttie, Lampitt, Downey)** - Establishes Women's Vocational Training Pilot Program to promote economic self-sufficiency of low-income women through increased participation in high-wage, high-demand occupations; authorizes allocation of certain funds therefor

**S-2452/A-4007 (Diegnan, Stack/Houghtaling, Downey, Mosquera, Mazzeo)** - Requires Director of Division of Taxation to promulgate Property Taxpayer Bill of Rights

**S-2577/A-4238 (Cunningham, Ruiz, Gordon/Sumter, Jasey, Muoio, Lagana, Downey, Benson)** - Requires Higher Education Student Assistance Authority to provide annual New Jersey College Loans to Assist State Students Loan Program report to Governor and Legislature and develop student loan comparison information document to increase program transparency

**S-2618/A-4691 (Cunningham, Pou/Caride, McKeon, Jasey, Giblin)** - Requires institutions of higher education to enter into collective Statewide reverse transfer agreement

**S-2819/A-4363 (Sweeney, Ruiz, Lesniak/Taliaferro, Andrzejczak, Lampitt, Mosquera, Holley, Quijano)** - Creates "Nourishing Young Minds Initiative Fund" in Dept. of Agriculture to help pay for child food and nutrition programs

**S-3027/A-4631 (Smith, Greenstein/Lampitt, Quijano, Eustace, Kennedy, Benson, Muoio, Zwicker, Mukherji)** - Establishes State food waste reduction goal of 50 percent by 2030

**S-3067/A-4652 (Ruiz, Vitale/Vainieri Huttie, Caride, Eustace, Jasey, Wimberly, Gusciora)** - Requires Commissioner of Education to develop guidelines for school districts regarding transgender students

**S-3176/A-4898 (Madden/Mukherji, Singleton)** - Changes year used to calculate TDI and FLI employee taxes from most recent calendar year to most recent fiscal year

**S-3191/A-3370 (Sweeney, Bateman/Burzichelli, Jones)** - Extends voting rights of representatives of sending districts on receiving district board of education

**S-3219/A-4859 (Sweeney, T. Kean, Greenstein, Holzapfel/Vainieri Huttie, Prieto, Downey)** - Establishes additional penalties related to child pornography and expands crime to include portrayal of child in sexual manner; establishes crime of leader of child pornography network

**S-3331/A-5039 (Cruz-Perez/Jones)** - Authorizes State Treasurer to sell surplus real property in City of Camden, County of Camden to Camden County Improvement Authority

**SJR-105/AJR-157 (Diegnan, Cruz-Perez, Sweeney/Pinkin, Karabinchak, Coughlin)** - Designates August 29, 2017 as Governor James Florio Day in New Jersey

**SJR-113/AJR-165 (Gordon/Vainieri Huttie, Chiaravalloti)** - Clarifies intent of law subjecting PANYNJ to open public records and freedom of information laws in New Jersey and New York

**A-222/S-2171 (DeAngelo, Giblin, Singleton, Holley, Benson/Bateman, Greenstein, Stack)** - "New Jersey Library Construction Bond Act"; authorizes issuance of \$125,000,000 in general obligation bonds to finance capital projects at public libraries; appropriates \$5,000

**A-373/S-607 (Auth, Vainieri Huttie, McGuckin, Schepisi, Peterson, Jimenez/Addiego, A.R. Bucco)** - Requires life imprisonment without parole for persons convicted of the murder of a minor under the age of 18 in the course of the commission of a sex crime

**A-555/S-1847 (Pinkin, Eustace/Diegnan)** - Revises statutes concerning incorporation and governance of the Protestant Episcopal Church to remove gender-specific references

**A-621/S-2328 (Lagana, Greenwald, Moriarty, Mosquera, Mukherji/Cruz-Perez, Turner)** - Permits bowling alleys, including alleys licensed to sell alcoholic beverages, to conduct amusement games

**A-1458/S-2449 (Lampitt, Mosquera, Downey, Singleton, Vainieri Huttie/Vitale, Ruiz)** - Requires health care professionals engaged in prenatal care to provide parents of newborns with information on health insurance coverage for newborn children

**A-1761/S-332 (Eustace, Mukherji, Gusciora/Scutari, Bateman)** - Creates fencing crime involving stolen domestic companion animals

**A-2060/S-2333 (Gusciora, Sumter, Oliver, Jasey, McKnight/Cruz-Perez, Turner)** - Establishes process for consideration of offers from short sale buyers during residential mortgage foreclosures

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**A-4587/SCS for S-2574 (Quijano, Vainieri Huttle, Mukherji, Giblin/Diegnan, Sarlo) – ABSOLUTE** - Imposes State sales and use tax and hotel and motel occupancy fee on transient accommodations; authorizes various municipal taxes and fees on transient accommodations

**A-4870/S-3226 (Prieto, Oliver, Quijano, Pintor Marin, Schaer, Vainieri Huttle, Eustace/Ruiz, Sweeney, Greenstein) – ABSOLUTE** - "Safe Transportation Jobs and Fair Employment Rules Act"

**ACS for A-4927/SCS for S-3085 (Prieto, Oliver, Gusciora, Jasey/Sweeney, Diegnan, Ruiz) – CONDITIONAL** - Revises law concerning family leave, temporary disability and family temporary disability leave, and domestic or sexual violence safety leave

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## Governor Christie Takes Action on Pending Legislation

Friday, July 21, 2017

Tags: [Bill Action](#)

**Trenton, NJ** – Governor Chris Christie today took action on dozens of bills, including S-359/A-2320 (Codey, Vitale/Vainieri Huttle, Conaway, Jimenez, Lampitt, Jasey, Sumter), which raises the minimum age from 19 to 21 of a person to whom a vendor may sell, offer for sale, distribute, give or furnish tobacco products in New Jersey. This new law also amends various related statues concerning penalties, fines, signage requirements, non-face-to-face transactions, and enforcement provisions to reflect the increased minimum age.

“By raising the minimum age to purchase tobacco products to 21, we are giving young people more time to develop a maturity and better understanding of how dangerous smoking can be and that it is better to not start smoking in the first place,” Governor Christie said. “My mother died from the effects of smoking, and no one should lose their life due to any addictive substance. Additionally, the less people who develop costly tobacco habits that can cause health problems, such as lung cancer, heart disease and developmental issues, the less strain there will be on our healthcare system.”

Governor Christie also took action on pending legislation related to:

### Further Addressing the Opioid Epidemic

Governor Christie signed four bills that continue New Jersey's leadership role in fighting the national opioid epidemic. The legislation that requires the Department of Human Services develop, maintain, and post on their website daily information about the number of open beds available in facilities in the state for people in need of mental health or substance use disorder treatment; help inform parents of student athletes and cheerleaders about the use and misuse of prescription opioids; allows hospice programs to accept the unused prescription medicines of their hospice patients for safe disposal and implements the use of current-day, sensitive terminology when referring to persons with substance use disorders or certain disabilities.

- **A-1662/S-2466 (Schaer, Vainieri Huttle, Coughlin, McKnight, Mukherji/Vitale, Allen)** - Requires development and maintenance of data dashboard report to advise of open bed availability in residential facilities providing behavioral health services
- **A-3944/S-2402 (Mazzeo, Lagana, Vainieri Huttle, Benson, Caride, Wimberly/Diegnan, Vitale)** - Requires DOE to develop educational fact sheet for distribution to parents of student-athletes and cheerleaders concerning use and misuse of prescription opioids
- **S-2970/A-4522 (Vitale, Diegnan/Lampitt, Vainieri Huttle, Jimenez)** - Allows hospice care programs to accept unused prescription medications for disposal under certain circumstances
- **S-2721/ACS for A-926 (Vitale, Whelan/Vainieri Huttle, Benson, Tucker, Eustace, McKnight, Mosquera)** - Implements person-first language and changes pejorative terminology referring to persons with certain disabilities or substance use disorders

### Protecting and Preserving the Environment

The Governor also signed several bills to protect people and improve the quality of life by strengthening New Jersey's environment.

“These new laws will create more open space preservation opportunities, green energy solutions and safeguards to ensure quality drinking water for all New Jerseyans,” Governor Christie said. “They provide greater flexibility for counties and municipalities to use the roughly \$270 million open space tax dollars they collect each year for the intended mission of protecting New Jersey's environment, improving communities with more recreation and

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conservation, and preventing overcrowding of our towns and schools. They also ensure reliable, sustainable and safe environmental infrastructure across the state, by investing nearly \$100 million in critical projects this year."

- **A-1645/S-195 (Schaer, Webber, Dancer, Pintor Marin/Kyrillos, Smith)** - Expands definition of "acquisition," for purposes of county and municipal open space trust funds, to include demolition, removal of debris, and restoration of lands being acquired
- **S-3352/A-5045 (Ruiz, Bateman/Oliver, Chaparro, Singleton, Lagana, Bramnick, Vainieri Huttie, Zwicker)** - Appropriates \$71,700,224 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects
- **S-3353/A-5046 (Greenstein, Thompson/Eustace, Land, Mukherji, Schaer, Bramnick, Vainieri Huttie, Wimberly)** - Appropriates \$12.3 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects
- **S-3354/A-5044 (Gordon, Allen/McKeon, Mazzeo, Muoio, Moriarty, Bramnick, Zwicker, Vainieri Huttie)** - Appropriates \$8,992,898 to DEP from constitutionally dedicated CBT revenues and various Green Acres funds for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes
- **S-3240/A-4996 (Greenstein, Codey/Mukherji, Mazzeo, Schaer, Holley, Land)** - Authorizes NJ Environmental Infrastructure Trust to expend certain sums to make loans for environmental infrastructure projects for FY2018
- **CC for S-3241/A-4998 (Smith, Codey/Eustace, Muoio, Moriarty, Conaway, Andrzejczak)** - Appropriates funds to DEP for environmental infrastructure projects for FY2018
- **S-3242/A-4997 (Gordon, Oroho/McKeon, Prieto)** - Clarifies procedures for approval of environmental and transportation infrastructure projects
- **S-3181/A-4756 (Smith, Diegnan/DeAngelo, Eustace, Gusciora)** - Permits solar electric power generation facility projects not having commenced commercial operation to retain designation through May 31, 2018 as connected to distribution system
- **S-2834/A-4569 (Sweeney, Greenstein, Bateman/Eustace, Karabinchak, McKeon, Vainieri Huttie, Benson, Muoio)** - The "Water Quality Accountability Act"; imposes certain testing, reporting, management, and infrastructure investment requirements on water purveyors

Governor Christie also took action on the following bills:

#### BILL SIGNINGS:

**S-5/A-4925 (Vitale, Sweeney/Conaway, O'Scanlon, Houghtaling, Quijano, Giblin, DeAngelo, Munoz, Mukherji, A.M. Bucco)** - Establishes data reporting requirements for emergency medical services providers and dispatch centers

**SS SCS SCS for S-291, 652, 1954/ACS for A-1464 (Vitale, Whelan, Allen, Turner/Lampitt, Coughlin, Conaway, Vainieri Huttie, Lagana, Mukherji, Moriarty)** - Authorizes health care providers to engage in telemedicine and telehealth

**S-742/A-1205 (Beach/Mosquera, Holley, Wimberly, Jones)** - Requires board of education to enter into agreement with law enforcement authorities regarding access to live video streams of public school buildings

**S-1295/A-3701 (Vitale/Eustace, Munoz)** - Amends and repeals sections of "Respiratory Care Practitioner Licensing Act"

**S-1315/A-1839 (Vitale/Giblin, Wimberly, McKeon, Mukherji, Sumter)** - Revises statutes regarding practice of physical therapy

**S-1840/A-2085 (Ruiz, Gill/Mukherji, Oliver, McKnight)** - Prohibits charging fee to stop publishing personal identifying information obtained through the criminal justice system

**S-1913/A-2794 (Addiego, Greenstein/Lagana, Moriarty, Mukherji, Downey)** - "Personal Information and Privacy Protection Act"; restricts collection and use of personal information by retail establishments for certain purposes

**S-2058/A-671 (T. Kean, Pou/Munoz, Giblin, Mukherji, Moriarty)** - Adds two nurse educators to the New Jersey Board of Nursing

**S-2331/A-3962 (Codey, Vitale/Jasey, McKeon, Vainieri Huttie, Munoz, Mukherji, Mosquera, Lampitt)** - Establishes tuition reimbursement program for certain psychiatrists who work in underserved areas or psychiatric hospitals in New Jersey

**CC S-2403/A-3717 (Rice, Turner/Sumter, Vainieri Huttie, Lampitt, Downey)** - Establishes Women's Vocational Training Pilot Program to promote economic self-sufficiency of low-income women through increased participation in high-wage, high-demand occupations; authorizes allocation of certain funds therefor

**S-2452/A-4007 (Diegnan, Stack/Houghtaling, Downey, Mosquera, Mazzeo)** - Requires Director of Division of Taxation to promulgate Property Taxpayer Bill of Rights

**S-2577/A-4238 (Cunningham, Ruiz, Gordon/Sumter, Jasey, Muoio, Lagana, Downey, Benson)** - Requires Higher Education Student Assistance Authority to provide annual New Jersey College Loans to Assist State Students Loan Program report to Governor and Legislature and develop student loan comparison information document to increase program transparency

**S-2618/A-4691 (Cunningham, Pou/Caride, McKeon, Jasey, Giblin)** - Requires institutions of higher education to enter into collective Statewide reverse transfer agreement

**S-2819/A-4363 (Sweeney, Ruiz, Lesniak/Taliaferro, Andrzejczak, Lampitt, Mosquera, Holley, Quijano)** - Creates "Nourishing Young Minds Initiative Fund" in Dept. of Agriculture to help pay for child food and nutrition programs

**S-3027/A-4631 (Smith, Greenstein/Lampitt, Quijano, Eustace, Kennedy, Benson, Muoio, Zwicker, Mukherji)** - Establishes State food waste reduction goal of 50 percent by 2030

**S-3067/A-4652 (Ruiz, Vitale/Vainieri Huttie, Caride, Eustace, Jasey, Wimberly, Gusciora)** - Requires Commissioner of Education to develop guidelines for school districts regarding transgender students

**S-3176/A-4898 (Madden/Mukherji, Singleton)** - Changes year used to calculate TDI and FLI employee taxes from most recent calendar year to most recent fiscal year

**S-3191/A-3370 (Sweeney, Bateman/Burzichelli, Jones)** - Extends voting rights of representatives of sending districts on receiving district board of education

**S-3219/A-4859 (Sweeney, T. Kean, Greenstein, Holzapfel/Vainieri Huttie, Prieto, Downey)** - Establishes additional penalties related to child pornography and expands crime to include portrayal of child in sexual manner; establishes crime of leader of child pornography network

**S-3331/A-5039 (Cruz-Perez/Jones)** - Authorizes State Treasurer to sell surplus real property in City of Camden, County of Camden to Camden County Improvement Authority

**SJR-105/AJR-157 (Diegnan, Cruz-Perez, Sweeney/Pinkin, Karabinchak, Coughlin)** - Designates August 29, 2017 as Governor James Florio Day in New Jersey

**SJR-113/AJR-165 (Gordon/Vainieri Huttie, Chiaravalloti)** - Clarifies intent of law subjecting PANYNJ to open public records and freedom of information laws in New Jersey and New York

**A-222/S-2171 (DeAngelo, Giblin, Singleton, Holley, Benson/Bateman, Greenstein, Stack)** - "New Jersey Library Construction Bond Act"; authorizes issuance of \$125,000,000 in general obligation bonds to finance capital projects at public libraries; appropriates \$5,000

**A-373/S-607 (Auth, Vainieri Huttie, McGuckin, Schepisi, Peterson, Jimenez/Addiego, A.R. Bucco)** - Requires life imprisonment without parole for persons convicted of the murder of a minor under the age of 18 in the course of the commission of a sex crime

**A-555/S-1847 (Pinkin, Eustace/Diegnan)** - Revises statutes concerning incorporation and governance of the Protestant Episcopal Church to remove gender-specific references

**A-621/S-2328 (Lagana, Greenwald, Moriarty, Mosquera, Mukherji/Cruz-Perez, Turner)** - Permits bowling alleys, including alleys licensed to sell alcoholic beverages, to conduct amusement games

**A-1458/S-2449 (Lampitt, Mosquera, Downey, Singleton, Vainieri Huttie/Vitale, Ruiz)** - Requires health care professionals engaged in prenatal care to provide parents of newborns with information on health insurance coverage for newborn children

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**A-4453/S-2881 (Downey, Houghtaling/Ruiz) – CONDITIONAL** - Requires pupils who reside on certain federal property to enroll in resident school district in accordance with schedule determined by executive county superintendent of schools

**A-4496/S-2977 (Wimberly, Sumter, Lampitt/Lesniak) – CONDITIONAL** - "Healthy Small Food Retailer Act"; provides funding to small food retailers to sell fresh and nutritious food; appropriates \$1 million

**A-4587/SCS for S-2574 (Quijano, Vainieri Huttle, Mukherji, Giblin/Diegnan, Sarlo) – ABSOLUTE** - Imposes State sales and use tax and hotel and motel occupancy fee on transient accommodations; authorizes various municipal taxes and fees on transient accommodations

**A-4870/S-3226 (Prieto, Oliver, Quijano, Pintor Marin, Schaer, Vainieri Huttle, Eustace/Ruiz, Sweeney, Greenstein) – ABSOLUTE** - "Safe Transportation Jobs and Fair Employment Rules Act"

**ACS for A-4927/SCS for S-3085 (Prieto, Oliver, Gusciora, Jasey/Sweeney, Diegnan, Ruiz) – CONDITIONAL** - Revises law concerning family leave, temporary disability and family temporary disability leave, and domestic or sexual violence safety leave

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## TRANSGENDER RIGHTS ARE NOW LAW AS CHRISTIE SIGNS DOZENS OF BILLS

Record, The (Hackensack, NJ) - July 22, 2017

- Author/Byline: Catherine Carrera, Staff Writer, @CattCarrera
- Edition: AE = BERGEN, PASSAIC-MORRIS, and HERALD NEWS
- Section: News
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After talking baseball and O.J. Simpson's parole on sports radio Friday, Gov. Chris Christie made time to sign dozens of new laws, including one that protects transgender students' privacy rights, and permits them to use bathrooms and dress according to their gender identity.

Christie also signed legislation designed to combat the state's heroin crisis and another named after a slain Hillsdale girl.

Fourteen bills were vetoed, including one that would have benefited anti-smoking initiatives by dedicating 1 percent of the tax revenues from the sale of cigarettes and tobacco products to those programs. He also agreed to raise the minimum age to buy tobacco products from 19 to 21.

The transgender rights law requires the commissioner of education to develop guidelines for school districts to address an array of transgender students' needs. Christie, a Republican who had sought his party's nomination for president after making some appeals to conservatives, signed the law cleared by the state's Democratic-controlled Legislature without comment.

"These guidelines are needed to ensure that transgender students can safely be themselves without fear of being persecuted," said Assemblywomen Valerie Vainieri Huttie, D-Englewood, one of the bill's sponsors, in a statement.

Some school districts have already implemented similar policies, allowing transgender students to use bathrooms and locker rooms that align with their gender identities.

Schools are also required to use the name or pronoun that corresponds to a student's gender identity, and a student's school ID should be in the name corresponding to the student's gender identity. Transgender students are also given equal opportunities to participate in physical education and in gender-segregated school activities.

### Fighting heroin epidemic

In the final year of his second term, Christie's agenda has aimed to focus on fighting the state's heroin epidemic by expanding treatment and resources.

Statistics released this week by the Bergen County Prosecutor's Office show that this year could be Bergen County's most deadly year on record, with 244 overdoses, including 57 fatalities.

The new legislation requires the state's Department of Human Services to start a daily report, which would be posted on their website, that includes information on open beds available in facilities across the state for those in need of mental health or substance-use disorder treatment.

Further, the Department of Education is tasked with developing an educational fact sheet, targeted specifically for parents of student athletes and cheerleaders, about the use and misuse of prescription opioids.

Hospice programs, under the new laws, are permitted to accept unused prescription medication from their patients for safe disposal. Those programs are also required to use sensitive terminology when referring to people with substance use disorders or certain disabilities.

### Joan's Law

The latest amendment to Joan's Law, a bill named after Hillsdale's 7-year-old Joan D'Alessandro, who was raped and killed by her neighbor 44 years ago, will require life in prison without parole for anyone convicted of murdering and sexually assaulting a person under the age of 18.

The previous bill required the same punishment for those convicted of that crime to minors under 14.

"This day is a tremendous victory," said Rosemarie D'Alessandro, Joan's mother and leading advocate of the law, which was first enacted 20 years ago.

D'Alessandro was hoping for a public signing of the bill, similar to the one former Gov. Christine Whitman did when signing the bill in

1997. She had been advocating for this latest amendment to the bill for seven years.

"They will never have to go through parole hearings and appeals like our family had to for through for years," D'Alessandro said. She was motivated to get Joan's Law established when her daughter's murderer, Joseph McGowan, became eligible for parole 14 years after receiving a life sentence. He has been denied parole several times.

#### Other bills signed

Christie signed five bills aimed to benefit the state's military veterans, including one that establishes a Gold Star Family Counseling Program in the Department of Military and Veterans Affairs. Another bill allows all disabled veterans to receive parking privileges reserved for people with disabilities.

Among the bills signed that are aimed to preserve and protect the environment was legislation appropriating \$71.7 million from the corporate business tax revenue and Green Acres funds to the Department of Environment Protection for local government open space acquisitions and park development projects.

Christie began his day once again filling in on the WFAN-660 morning show, "Boomer & Carton."

"Sounds like a great day for me," Christie said as he kicked off the show. Christie began auditioning this month for a permanent hosting gig at the CBS sports radio station.

But, Friday's 20-minute segment was not part of the governor's series of auditions, said co-host Boomer Esiason.

The radio appearance came ahead of Christie's trip to Colorado next week for a meeting with the Republican Governors Association.

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## Christie signs several bills taking aim at opioid epidemic

Associated Press State Wire: New Jersey (NJ) - July 21, 2017

Section: News

TRENTON, N.J. (AP) — Republican Gov. Chris Christie has signed several bills that take aim at the growing opioid epidemic.

Chief among them is a law that orders the Department of Human Services to post on its website daily information about open beds available in facilities for people needing mental health or substance use disorder treatment.

Christie has made battling opioid abuse a centerpiece of his second term in office. He was named by President Donald Trump to chair a commission tasked with combating drug addiction and the opioid crisis.

Among other bills Christie signed Friday was a measure requiring the Department of Education to develop a fact sheet on opioid abuse for student-athletes and cheerleaders, and a bill to allow hospice care programs to accept unused prescription medications for disposal under certain circumstances.

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