

VETO MESSAGE: Yes

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

"New hope for saving lives of drug overdose victims," The Star-Ledger, 5-3-13

"Christie signs overdose law with Bon Jovi applauding it," Asbury Park Press, 5-3-13

"Law takes aim at drug overdose deaths," The Record, 5-3-13

"Gov signs Overdose Prevention Act, Bon Jovi applauds it," Daily Record, 5-3-13

"New Law Aims to Help Overdose Victims in New Jersey," NewJersey101.5, 5-3-13

LAW/RWH

Title 24.
Chapter 6J (New)
Overdose
Prevention.
§§1-6 –
C.24:6J-1 to
24:6J-6 & Note to
C.2C:35-30 &
2C:35-31
§§7&8 –
C.2C:35-30 &
2C:35-31
§9 - Note

P.L.2013, CHAPTER 46, *approved May 2, 2013*
Senate, No. 2082 (*Second Reprint*)

1 AN ACT concerning opioid antidotes and overdose prevention, and
2 supplementing Title 24 of the Revised Statutes ²and Title 2C of
3 the New Jersey Statutes².

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

7
8 1. This act shall be known and may be cited as the ²["Opioid
9 Antidote and Overdose"] "Overdose² Prevention Act."

10
11 2. ²["The Legislature finds and declares that naloxone is an
12 inexpensive and easily administered antidote to an opioid overdose.
13 Encouraging the wider prescription and distribution of naloxone or
14 similarly acting drugs to those at risk for an opioid overdose, or to
15 members of their families or peers, would reduce the number of
16 opioid overdose deaths and be in the best interests of the citizens of
17 this State"] The Legislature finds and declares that encouraging
18 witnesses and victims of drug overdoses to seek medical assistance
19 saves lives and is in the best interests of the citizens of this State
20 and, in instances where evidence was obtained as a result of seeking
21 of medical assistance, these witnesses and victims should be
22 protected from arrest, charge, prosecution, conviction, and
23 revocation of parole or probation for possession or use of illegal
24 drugs. Additionally, naloxone is an inexpensive and easily
25 administered antidote to an opioid overdose. Encouraging the wider
26 prescription and distribution of naloxone or similarly acting drugs
27 to those at risk for an opioid overdose, or to members of their

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:

¹Senate SHH committee amendments adopted January 14, 2013.

²Senate amendments adopted in accordance with Governor's recommendations April 29, 2013.

1 families or peers, would reduce the number of opioid overdose
2 deaths and be in the best interests of the citizens of this State. It is
3 not the intent of the Legislature to protect individuals from arrest,
4 prosecution or conviction for other criminal offenses, including
5 engaging in drug trafficking, nor is it the intent of the Legislature to
6 in any way modify or restrict the current duty and authority of law
7 enforcement and emergency responders at the scene of a medical
8 emergency or a crime scene, including the authority to investigate
9 and secure the scene².

10
11 3. As used in this act:

12 “Commissioner” means the Commissioner of ¹[Health and
13 Senior] Human¹ Services.

14 ²“Drug overdose” means an acute condition including, but not
15 limited to, physical illness, coma, mania, hysteria, or death resulting
16 from the consumption or use of a controlled dangerous substance or
17 another substance with which a controlled dangerous substance was
18 combined and that a layperson would reasonably believe to require
19 medical assistance.

20 “Medical assistance” means professional medical services that
21 are provided to a person experiencing a drug overdose by a health
22 care professional, acting within the scope of his or her lawful
23 practice, including professional medical services that are mobilized
24 through telephone contact with the 911 telephone emergency
25 service.²

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

29 “Health care professional” means a physician, physician
30 assistant, advanced practice nurse, or other individual who is
31 licensed or whose professional practice is otherwise regulated
32 pursuant to Title 45 of the Revised Statutes, ²other than a
33 pharmacist,² and who, based upon the accepted scope of
34 professional authority, prescribes or dispenses an opioid ²[antitode]
35 antidote².

36 “Patient” includes a person who is not at risk of an opioid
37 overdose but who, in the judgment of a physician, may be in a
38 position to assist another individual during an overdose and who
39 has received patient overdose information as required by section 5
40 of this act on the indications for and administration of an opioid
41 antidote.

42
43 4. a. A health care professional ²or pharmacist² who, acting in
44 good faith, directly or through a standing order, prescribes or
45 dispenses an opioid antidote to a patient capable, in the judgment of
46 the health care professional, of administering the opioid antidote in
47 an emergency, shall not, as a result of the professional’s acts or

1 omissions, be subject to any criminal or civil liability, or any
2 professional disciplinary action under Title 45 of the Revised
3 Statutes ²for prescribing or dispensing an opioid antidote in
4 accordance with this act².

5 b. A person, other than a health care professional, may in an
6 emergency administer, without fee, an opioid antidote, if the person
7 has received patient overdose information pursuant to section 5 of
8 this act and believes in good faith that another person is
9 experiencing an opioid overdose. The person shall not, as a result
10 of the person's acts or omissions, be subject to any criminal or civil
11 ²liability, including any prosecution for the unlawful possession or
12 administering of a controlled dangerous substance, or disciplinary
13 action under Title 45 of the Revised Statutes for the unlawful
14 practice of medicine liability for administering an opioid antidote
15 in accordance with this act. In addition, the immunity provided for
16 in section 7 or section 8 of P.L. , c. (C.) (pending before the
17 Legislature as this bill) also shall apply to a person acting pursuant
18 to this section, provided that the requirements of section 7 or
19 section 8 also have been met².

20

21 5. a. A health care professional prescribing or dispensing an
22 opioid antidote to a patient shall ensure that the patient receives
23 patient overdose information. This information shall include, but is
24 not limited to: opioid overdose prevention and recognition; how to
25 perform rescue breathing and resuscitation; opioid antidote dosage
26 and administration; the importance of calling 911 emergency
27 telephone service for assistance with an opioid overdose; and care
28 for an overdose victim after administration of the opioid antidote.

29 b. In order to fulfill the distribution of patient overdose
30 information required by subsection a. of this section, the
31 information may be provided by the health care professional, or a
32 community-based organization, substance abuse organization, or
33 other organization which addresses medical or social issues related
34 to drug addiction that the health care professional maintains a
35 written agreement with, and that includes: procedures for providing
36 patient overdose information; information as to how employees or
37 volunteers providing the information will be trained; and standards
38 for documenting the provision of patient overdose information to
39 patients.

40 c. The provision of patient overdose information shall be
41 documented in the patient's medical record by a health care
42 professional, or through similar means as determined by any written
43 agreement between a health care professional and an organization
44 as set forth in subsection b. of this section.

45 d. The Commissioner of ¹Health and Senior Human¹
46 Services, in consultation with Statewide organizations representing
47 physicians, advanced practice nurses, or physician assistants, or

1 community-based programs, substance abuse programs, syringe
2 access programs, or other programs which address medical or social
3 issues related to drug addiction, may develop and disseminate '[, in
4 accordance with promulgated regulations,]' training materials in
5 video, electronic, or other formats to health care professionals or
6 organizations operating community-based programs, substance
7 abuse programs, syringe access programs, or other programs which
8 address medical or social issues related to drug addiction, to
9 facilitate the provision of patient overdose information.

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

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

27 c. In awarding any grant, the commissioner shall give
28 preference to applications that include one or more of the following
29 elements:

30 (1) prescription and distribution of naloxone hydrochloride or
31 any other similarly acting drug approved by the United States Food
32 and Drug Administration for the treatment of an opioid overdose;

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

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

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

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

1 (6) the institution of education and training projects on opioid
2 overdose response and treatment for emergency services and law
3 enforcement personnel; and

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

6 d. In addition to any moneys appropriated by the Legislature,
7 the commissioner may seek money from the federal government,
8 private foundations, and any other source to fund the grants
9 established pursuant to this section, as well as to fund on-going
10 monitoring and evaluation of the programs supported by the grants.
11

12 7. ²[This act shall take effect on the first day of the second
13 month next following enactment, except that the Commissioner of
14 '[Health and Senior] Human' Services shall take any anticipatory
15 action in advance thereof as shall be necessary for the
16 implementation of the act.] a. A person who, in good faith, seeks

17 medical assistance for someone experiencing a drug overdose shall
18 not be:

19 (1) arrested, charged, prosecuted, or convicted for obtaining,
20 possessing, using, being under the influence of, or failing to make
21 lawful disposition of, a controlled dangerous substance or controlled
22 substance analog pursuant to subsection a., b., or c. of N.J.S.2C:35-
23 10;

24 (2) arrested, charged, prosecuted, or convicted for inhaling the
25 fumes of or possessing any toxic chemical pursuant to subsection b.
26 of section 7 of P.L.1999, c.90 (C.2C:35-10.4);

27 (3) arrested, charged, prosecuted, or convicted for using,
28 obtaining, attempting to obtain, or possessing any prescription
29 legend drug or stramonium preparation pursuant to subsection b., d.,
30 or e. of section 8 of P.L.1999, c.90 (C.2C:35-10.5);

31 (4) arrested, charged, prosecuted, or convicted for acquiring or
32 obtaining possession of a controlled dangerous substance or
33 controlled substance analog by fraud pursuant to N.J.S.2C:35-13;

34 (5) arrested, charged, prosecuted, or convicted for unlawfully
35 possessing a controlled dangerous substance that was lawfully
36 prescribed or dispensed pursuant to N.J.S.2C:35-24;

37 (6) arrested, charged, prosecuted, or convicted for using or
38 possessing with intent to use drug paraphernalia pursuant to
39 N.J.S.2C:36-2 or for having under his control or possessing a
40 hypodermic syringe, hypodermic needle, or any other instrument
41 adapted for the use of a controlled dangerous substance or a
42 controlled substance analog pursuant to subsection a. of
43 N.J.S.2C:36-6;

44 (7) subject to revocation of parole or probation based only upon
45 a violation of offenses described in subsection a. (1) through (6) of
46 this section, provided, however, this circumstance may be
47 considered in establishing or modifying the conditions of parole or
48 probation supervision.

1 b. The provisions of subsection a. of this section shall only
2 apply if:

3 (1) the person seeks medical assistance for another person who
4 is experiencing a drug overdose and is in need of medical
5 assistance; and

6 (2) the evidence for an arrest, charge, prosecution, conviction,
7 or revocation was obtained as a result of the seeking of medical
8 assistance.

9 c. Nothing in this section shall be construed to limit the
10 admissibility of any evidence in connection with the investigation
11 or prosecution of a crime with regard to a defendant who does not
12 qualify for the protections of this act or with regard to other crimes
13 committed by a person who otherwise qualifies for protection
14 pursuant to this act. Nothing in this section shall be construed to
15 limit any seizure of evidence or contraband otherwise permitted by
16 law. Nothing herein shall be construed to limit or abridge the
17 authority of a law enforcement officer to detain or take into custody
18 a person in the course of an investigation or to effectuate an arrest
19 for any offense except as provided in subsection a. of this section.
20 Nothing in this section shall be construed to limit, modify or
21 remove any immunity from liability currently available to public
22 entities or public employees by law.²

23
24 ²8. a. A person who experiences a drug overdose and who seeks
25 medical assistance or is the subject of a good faith request for
26 medical assistance pursuant to section 4 of this act shall not be:

27 (1) arrested, charged, prosecuted, or convicted for obtaining,
28 possessing, using, being under the influence of, or failing to make
29 lawful disposition of, a controlled dangerous substance or controlled
30 substance analog pursuant to subsection a., b., or c. of N.J.S.2C:35-
31 10;

32 (2) arrested, charged, prosecuted, or convicted for inhaling the
33 fumes of or possessing any toxic chemical pursuant to subsection b.
34 of section 7 of P.L.1999, c.90 (C.2C:35-10.4);

35 (3) arrested, charged, prosecuted, or convicted for using,
36 obtaining, attempting to obtain, or possessing any prescription
37 legend drug or stramonium preparation pursuant to subsection b., d.,
38 or e. of section 8 of P.L.1999, c.90 (C.2C:35-10.5);

39 (4) arrested, charged, prosecuted, or convicted for acquiring or
40 obtaining possession of a controlled dangerous substance or
41 controlled substance analog by fraud pursuant to N.J.S.2C:35-13;

42 (5) arrested, charged, prosecuted, or convicted for unlawfully
43 possessing a controlled dangerous substance that was lawfully
44 prescribed or dispensed pursuant to N.J.S.2C:35-24;

45 (6) arrested, charged, prosecuted, or convicted for using or
46 possessing with intent to use drug paraphernalia pursuant to
47 N.J.S.2C:36-2 or for having under his control or possessing a
48 hypodermic syringe, hypodermic needle, or any other instrument

1 adapted for the use of a controlled dangerous substance or a
2 controlled substance analog pursuant to subsection a. of
3 N.J.S.2C:36-6;

4 (7) subject to revocation of parole or probation based only upon
5 a violation of offenses described in subsection a. (1) through (6) of
6 this section, provided, however, that this circumstance may be
7 considered in establishing or modifying the conditions of parole or
8 probation supervision

9 b. The provisions of subsection a. of this section shall only
10 apply if the evidence for an arrest, charge, prosecution, conviction
11 or revocation was obtained as a result of the seeking of medical
12 assistance.

13 c. Nothing in this section shall be construed to limit the
14 admissibility of any evidence in connection with the investigation
15 or prosecution of a crime with regard to a defendant who does not
16 qualify for the protections of this act or with regard to other crimes
17 committed by a person who otherwise qualifies for protection
18 pursuant to this act. Nothing in this section shall be construed to
19 limit any seizure of evidence or contraband otherwise permitted by
20 law. Nothing herein shall be construed to limit or abridge the
21 authority of a law enforcement officer to detain or take into custody
22 a person in the course of an investigation or to effectuate an arrest
23 for any offense except as provided in subsection a. of this section.
24 Nothing in this section shall be construed to limit, modify or
25 remove any immunity from liability currently available to public
26 entities or public employees by law.²

27
28 ²9. Sections 1 through 6 of this act shall take effect on the first
29 day of the second month next following enactment, except that the
30 Commissioner of Human Services shall take any anticipatory action
31 in advance thereof as shall be necessary for the implementation of
32 the act and sections 7 and 8 shall take effect immediately.²

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37

“Overdose Prevention Act.”

SENATE, No. 2082

STATE OF NEW JERSEY
215th LEGISLATURE

INTRODUCED JUNE 18, 2012

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator RICHARD J. CODEY

District 27 (Essex and Morris)

Co-Sponsored by:

Senators A.R.Bucco, Whelan, Van Drew, Bateman and Addiego

SYNOPSIS

The “Opioid Antidote and Overdose Prevention Act.”

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/15/2013)

1 AN ACT concerning opioid antidotes and overdose prevention, and
2 supplementing Title 24 of the Revised Statutes.

3

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

6

7 1. This act shall be known and may be cited as the “Opioid
8 Antidote and Overdose Prevention Act.”

9

10 2. The Legislature finds and declares that naloxone is an
11 inexpensive and easily administered antidote to an opioid overdose.
12 Encouraging the wider prescription and distribution of naloxone or
13 similarly acting drugs to those at risk for an opioid overdose, or to
14 members of their families or peers, would reduce the number of
15 opioid overdose deaths and be in the best interests of the citizens of
16 this State.

17

18 3. As used in this act:

19 “Commissioner” means the Commissioner of Health and Senior
20 Services.

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

24 “Health care professional” means a physician, physician
25 assistant, advanced practice nurse, or other individual who is
26 licensed or whose professional practice is otherwise regulated
27 pursuant to Title 45 of the Revised Statutes, and who, based upon
28 the accepted scope of professional authority, prescribes or dispenses
29 an opioid antidote.

30 “Patient” includes a person who is not at risk of an opioid
31 overdose but who, in the judgment of a physician, may be in a
32 position to assist another individual during an overdose and who
33 has received patient overdose information as required by section 5
34 of this act on the indications for and administration of an opioid
35 antidote.

36

37 4. a. A health care professional who, acting in good faith,
38 directly or through a standing order, prescribes or dispenses an
39 opioid antidote to a patient capable, in the judgment of the health
40 care professional, of administering the opioid antidote in an
41 emergency, shall not, as a result of the professional’s acts or
42 omissions, be subject to any criminal or civil liability, or any
43 professional disciplinary action under Title 45 of the Revised
44 Statutes.

45 b. A person, other than a health care professional, may in an
46 emergency administer, without fee, an opioid antidote, if the person
47 has received patient overdose information pursuant to section 5 of
48 this act and believes in good faith that another person is

1 experiencing an opioid overdose. The person shall not, as a result
2 of the person's acts or omissions, be subject to any criminal or civil
3 liability, including any prosecution for the unlawful possession or
4 administering of a controlled dangerous substance, or disciplinary
5 action under Title 45 of the Revised Statutes for the unlawful
6 practice of medicine.

7
8 5. a. A health care professional prescribing or dispensing an
9 opioid antidote to a patient shall ensure that the patient receives
10 patient overdose information. This information shall include, but is
11 not limited to: opioid overdose prevention and recognition; how to
12 perform rescue breathing and resuscitation; opioid antidote dosage
13 and administration; the importance of calling 911 emergency
14 telephone service for assistance with an opioid overdose; and care
15 for an overdose victim after administration of the opioid antidote.

16 b. In order to fulfill the distribution of patient overdose
17 information required by subsection a. of this section, the
18 information may be provided by the health care professional, or a
19 community-based organization, substance abuse organization, or
20 other organization which addresses medical or social issues related
21 to drug addiction that the health care professional maintains a
22 written agreement with, and that includes: procedures for providing
23 patient overdose information; information as to how employees or
24 volunteers providing the information will be trained; and standards
25 for documenting the provision of patient overdose information to
26 patients.

27 c. The provision of patient overdose information shall be
28 documented in the patient's medical record by a health care
29 professional, or through similar means as determined by any written
30 agreement between a health care professional and an organization
31 as set forth in subsection b. of this section.

32 d. The Commissioner of Health and Senior Services, in
33 consultation with Statewide organizations representing physicians,
34 advanced practice nurses, or physician assistants, or community-
35 based programs, substance abuse programs, syringe access
36 programs, or other programs which address medical or social issues
37 related to drug addiction, may develop and disseminate, in
38 accordance with promulgated regulations, training materials in
39 video, electronic, or other formats to health care professionals or
40 organizations operating community-based programs, substance
41 abuse programs, syringe access programs, or other programs which
42 address medical or social issues related to drug addiction, to
43 facilitate the provision of patient overdose information.

44
45 6. a. The Commissioner of Health and Senior Services may
46 award grants, based upon any monies appropriated by the
47 Legislature, to create or support local opioid overdose prevention,
48 recognition, and response projects. County and municipal health

1 departments, correctional institutions, hospitals, and universities, as
2 well as organizations operating community-based programs,
3 substance abuse programs, syringe access programs, or other
4 programs which address medical or social issues related to drug
5 addiction may apply to the Department of Health and Senior
6 Services for a grant under this section, on forms and in the manner
7 prescribed by the commissioner.

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

13 c. In awarding any grant, the commissioner shall give
14 preference to applications that include one or more of the following
15 elements:

16 (1) prescription and distribution of naloxone hydrochloride or
17 any other similarly acting drug approved by the United States Food
18 and Drug Administration for the treatment of an opioid overdose;

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

22 (3) opioid overdose prevention, recognition, and response
23 education projects in syringe access programs, drug treatment
24 centers, outreach programs, and other programs operated by
25 organizations that work with, or have access to, opioid users and
26 their families and communities;

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

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

33 (6) the institution of education and training projects on opioid
34 overdose response and treatment for emergency services and law
35 enforcement personnel; and

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

38 d. In addition to any moneys appropriated by the Legislature,
39 the commissioner may seek money from the federal government,
40 private foundations, and any other source to fund the grants
41 established pursuant to this section, as well as to fund on-going
42 monitoring and evaluation of the programs supported by the grants.
43

44 7. This act shall take effect on the first day of the second month
45 next following enactment, except that the Commissioner of Health
46 and Senior Services shall take any anticipatory action in advance
47 thereof as shall be necessary for the implementation of the act.

STATEMENT

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This bill establishes the “Opioid Antidote and Overdose Prevention Act.”

It provides immunity, both civil and criminal, and from any professional discipline, for health care professionals and other persons involved in prescribing, dispensing, or administering naloxone or any similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose. For persons other than health care professionals, the bill’s immunity would only apply if the action was taken during an emergency, and the person believed in good faith that another person was experiencing an opioid overdose.

Health care professionals prescribing or dispensing naloxone or any other opioid antidote to a patient would be required to ensure that the patient receives patient overdose information that includes, but is not limited to: opioid overdose prevention and recognition; how to perform rescue breathing and resuscitation; opioid antidote dosage and administration; the importance of calling 911 emergency telephone service for assistance with an opioid overdose; and care for an overdose victim after administration of the opioid antidote. The health care professional would have the option of fulfilling this informational requirement by maintaining a written agreement for the provision of such information through a community-based organization, substance abuse organization, or other organization which addresses medical or social issues related to drug addiction.

Also, in furtherance of pursuing and promoting Statewide opioid antidote availability and overdose prevention, the Commissioner of Health and Senior Services, based upon any monies appropriated by the Legislature, is provided the authority to award grants to create or support local opioid overdose prevention, recognition, and response projects proposed by county and municipal health departments, correctional institutions, hospitals, and universities, as well as organizations operating community-based programs, substance abuse programs, syringe access programs, or other programs which address medical or social issues related to drug addiction.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2082

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 14, 2013

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Senate Bill No. 2082.

As amended, this bill establishes the “Opioid Antidote and Overdose Prevention Act.” It provides immunity from civil and criminal liability and professional discipline for health care professionals who prescribe or dispense naloxone or any similarly acting drug approved for the treatment of an opioid overdose. It provides immunity from civil and criminal liability for other persons who administer such a drug in an emergency to an individual who the person believes in good faith is experiencing an opioid overdose.

A health care professional prescribing or dispensing an opioid antidote to a patient would be required to ensure that the patient receives overdose information, which is specified in the bill, and could fulfill this requirement by maintaining a written agreement for the provision of such information with a community-based organization, substance abuse organization, or other organization which addresses medical or social issues related to drug addiction.

The bill further authorizes the Commissioner of Human Services to award grants, subject to funding, to create or support local opioid overdose prevention, recognition, and response projects. Grant recipients may be county and municipal health departments, correctional institutions, hospitals, universities, and organizations operating community-based programs, substance abuse programs, syringe access programs, or other programs which address medical or social issues related to drug addiction.

The committee amended the bill to change all Department of Health references to the Department of Human Services, which houses the Division of Addiction Services, and to delete the requirement that the training materials required to be disseminated be done “in accordance with regulations.”

ASSEMBLY, No. 3095

STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED JUNE 14, 2012

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblyman THOMAS P. GIBLIN

District 34 (Essex and Passaic)

Assemblywoman CONNIE WAGNER

District 38 (Bergen and Passaic)

Co-Sponsored by:

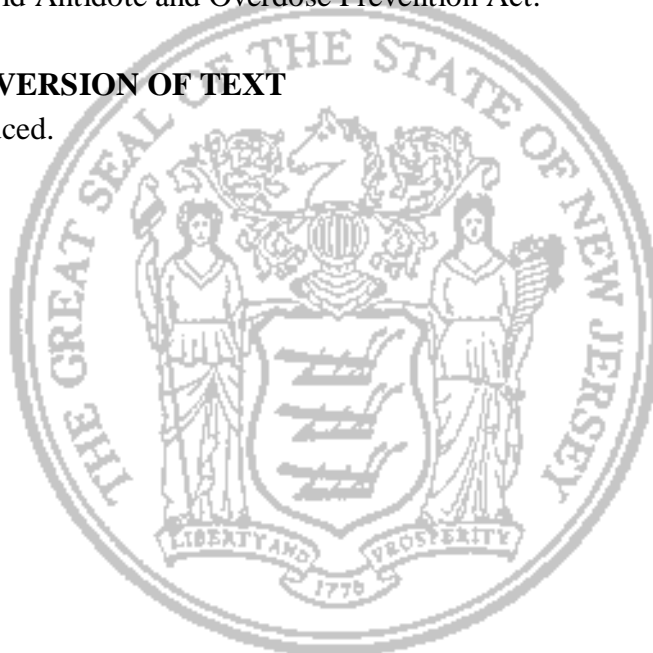
**Assemblymen Diegnan, Chivukula, Assemblywoman Spencer,
Assemblymen Johnson, Prieto, Eustace, Assemblywoman Jasey and
Assemblyman Fuentes**

SYNOPSIS

The “Opioid Antidote and Overdose Prevention Act.”

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/8/2013)

1 AN ACT concerning opioid antidotes and overdose prevention, and
2 supplementing Title 24 of the Revised Statutes.

3

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

6

7 1. This act shall be known and may be cited as the “Opioid
8 Antidote and Overdose Prevention Act.”

9

10 2. The Legislature finds and declares that naloxone is an
11 inexpensive and easily administered antidote to an opioid overdose.
12 Encouraging the wider prescription and distribution of naloxone or
13 similarly acting drugs to those at risk for an opioid overdose, or to
14 members of their families or peers, would reduce the number of
15 opioid overdose deaths and be in the best interests of the citizens of
16 this State.

17

18 3. As used in this act:

19 “Commissioner” means the Commissioner of Health and Senior
20 Services.

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

24 “Health care professional” means a physician, physician
25 assistant, advanced practice nurse, or other individual who is
26 licensed or whose professional practice is otherwise regulated
27 pursuant to Title 45 of the Revised Statutes, and who, based upon
28 the accepted scope of professional authority, prescribes or dispenses
29 an opioid antidote.

30 “Patient” includes a person who is not at risk of an opioid
31 overdose but who, in the judgment of a physician, may be in a
32 position to assist another individual during an overdose and who
33 has received patient overdose information as required by section 5
34 of this act on the indications for and administration of an opioid
35 antidote.

36

37 4. a. A health care professional who, acting in good faith,
38 directly or through a standing order, prescribes or dispenses an
39 opioid antidote to a patient capable, in the judgment of the health
40 care professional, of administering the opioid antidote in an
41 emergency, shall not, as a result of the professional’s acts or
42 omissions, be subject to any criminal or civil liability, or any
43 professional disciplinary action under Title 45 of the Revised
44 Statutes.

45 b. A person, other than a health care professional, may in an
46 emergency administer, without fee, an opioid antidote, if the person
47 has received patient overdose information pursuant to section 5 of
48 this act and believes in good faith that another person is

1 experiencing an opioid overdose. The person shall not, as a result
2 of the person's acts or omissions, be subject to any criminal or civil
3 liability, including any prosecution for the unlawful possession or
4 administering of a controlled dangerous substance, or disciplinary
5 action under Title 45 of the Revised Statutes for the unlawful
6 practice of medicine.

7
8 5. a. A health care professional prescribing or dispensing an
9 opioid antidote to a patient shall ensure that the patient receives
10 patient overdose information. This information shall include, but is
11 not limited to: opioid overdose prevention and recognition; how to
12 perform rescue breathing and resuscitation; opioid antidote dosage
13 and administration; the importance of calling 911 emergency
14 telephone service for assistance with an opioid overdose; and care
15 for an overdose victim after administration of the opioid antidote.

16 b. In order to fulfill the distribution of patient overdose
17 information required by subsection a. of this section, the
18 information may be provided by the health care professional, or a
19 community-based organization, substance abuse organization, or
20 other organization which addresses medical or social issues related
21 to drug addiction that the health care professional maintains a
22 written agreement with, and that includes: procedures for providing
23 patient overdose information; information as to how employees or
24 volunteers providing the information will be trained; and standards
25 for documenting the provision of patient overdose information to
26 patients.

27 c. The provision of patient overdose information shall be
28 documented in the patient's medical record by a health care
29 professional, or through similar means as determined by any written
30 agreement between a health care professional and an organization
31 as set forth in subsection b. of this section.

32 d. The Commissioner of Health and Senior Services, in
33 consultation with Statewide organizations representing physicians,
34 advanced practice nurses, or physician assistants, or community-
35 based programs, substance abuse programs, syringe access
36 programs, or other programs which address medical or social issues
37 related to drug addiction, may develop and disseminate, in
38 accordance with promulgated regulations, training materials in
39 video, electronic, or other formats to health care professionals or
40 organizations operating community-based programs, substance
41 abuse programs, syringe access programs, or other programs which
42 address medical or social issues related to drug addiction, to
43 facilitate the provision of patient overdose information.

44
45 6. a. The Commissioner of Health and Senior Services may
46 award grants, based upon any monies appropriated by the
47 Legislature, to create or support local opioid overdose prevention,
48 recognition, and response projects. County and municipal health

1 departments, correctional institutions, hospitals, and universities, as
2 well as organizations operating community-based programs,
3 substance abuse programs, syringe access programs, or other
4 programs which address medical or social issues related to drug
5 addiction may apply to the Department of Health and Senior
6 Services for a grant under this section, on forms and in the manner
7 prescribed by the commissioner.

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

13 c. In awarding any grant, the commissioner shall give
14 preference to applications that include one or more of the following
15 elements:

16 (1) prescription and distribution of naloxone hydrochloride or
17 any other similarly acting drug approved by the United States Food
18 and Drug Administration for the treatment of an opioid overdose;

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

22 (3) opioid overdose prevention, recognition, and response
23 education projects in syringe access programs, drug treatment
24 centers, outreach programs, and other programs operated by
25 organizations that work with, or have access to, opioid users and
26 their families and communities;

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

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

33 (6) the institution of education and training projects on opioid
34 overdose response and treatment for emergency services and law
35 enforcement personnel; and

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

38 d. In addition to any moneys appropriated by the Legislature,
39 the commissioner may seek money from the federal government,
40 private foundations, and any other source to fund the grants
41 established pursuant to this section, as well as to fund on-going
42 monitoring and evaluation of the programs supported by the grants.
43

44 7. This act shall take effect on the first day of the second month
45 next following enactment, except that the Commissioner of Health
46 and Senior Services shall take any anticipatory action in advance
47 thereof as shall be necessary for the implementation of the act.

STATEMENT

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This bill establishes the “Opioid Antidote and Overdose Prevention Act.”

It provides immunity, both civil and criminal, and from any professional discipline, for health care professionals and other persons involved in prescribing, dispensing, or administering naloxone or any similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose. For persons other than health care professionals, the bill’s immunity would only apply if the action was taken during an emergency, and the person believed in good faith that another person was experiencing an opioid overdose.

Health care professionals prescribing or dispensing naloxone or any other opioid antidote to a patient would be required to ensure that the patient receives patient overdose information that includes, but is not limited to: opioid overdose prevention and recognition; how to perform rescue breathing and resuscitation; opioid antidote dosage and administration; the importance of calling 911 emergency telephone service for assistance with an opioid overdose; and care for an overdose victim after administration of the opioid antidote. The health care professional would have the option of fulfilling this informational requirement by maintaining a written agreement for the provision of such information through a community-based organization, substance abuse organization, or other organization which addresses medical or social issues related to drug addiction.

Also, in furtherance of pursuing and promoting Statewide opioid antidote availability and overdose prevention, the Commissioner of Health and Senior Services, based upon any monies appropriated by the Legislature, is provided the authority to award grants to create or support local opioid overdose prevention, recognition, and response projects proposed by county and municipal health departments, correctional institutions, hospitals, and universities, as well as organizations operating community-based programs, substance abuse programs, syringe access programs, or other programs which address medical or social issues related to drug addiction.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3095

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 7, 2013

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 3095.

As amended by the committee, this bill, which is designated as the “Opioid Antidote and Overdose Prevention Act,” provides immunity from civil and criminal liability and professional discipline for health care professionals who prescribe or dispense an opioid antidote (naloxone hydrochloride or any similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose). The bill also provides immunity from civil and criminal liability for other persons who administer an opioid antidote in an emergency to an individual whom the person believes in good faith is experiencing an opioid overdose.

A health care professional who prescribes or dispenses an opioid antidote to a patient would be required to ensure that the patient receives overdose information, as specified in the bill, by providing this information directly to the patient or through a community-based organization, substance abuse organization, or other organization that addresses medical or social issues related to drug addiction and with which the health care professional maintains a written agreement to provide this information.

The bill further authorizes the Commissioner of Human Services to award grants, subject to funding, to create or support local opioid overdose prevention, recognition, and response projects. Grant recipients may be county and municipal health departments, correctional institutions, hospitals, universities, and organizations operating community-based programs, substance abuse programs, syringe access programs, or other programs which address medical or social issues related to drug addiction.

COMMITTEE AMENDMENTS

The committee amendments to the bill change all Department of Health references to the Department of Human Services, which contains within it the Division of Mental Health and Addiction Services, and delete the provision that the required development and

dissemination of training materials is to be done “in accordance with promulgated regulations.”

interests of the citizens of this State. It is not the intent of the Legislature to protect individuals from arrest, charge, prosecution or conviction for other criminal offenses, including engaging in drug trafficking, nor is it the intent of the Legislature to in any way modify or restrict the current duty and authority of law enforcement and emergency responders at the scene of a medical emergency or a crime scene, including the authority to investigate and secure the scene."

Page 2, Section 3, Line 21:

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

"Medical assistance" means professional medical services that are provided to a person experiencing a drug overdose by a health care professional, acting within the scope of his or her lawful practice, including professional medical services that are mobilized through telephone contact with the "911" telephone emergency service."

Page 2, Section 3, Line 27:

After "Statutes," insert
 "other than a pharmacist,"

Page 2, Section 4, Line 37:

After "professional" insert
 "or pharmacist"

Page 2, Section 4, Line 44:

After "Statutes" insert
 "for prescribing or dispensing an opioid antidote in accordance with this act"

Page 3, Section 4, Lines 7-10:

Delete in their entirety and insert "liability for

administering an opioid antidote in accordance with this act. In addition, the immunity provided for in section 7 or section 8 of P.L. , c. (C.)(pending before the Legislature as this bill) also shall apply to a person acting pursuant to this section provided that the requirements of section 7 or section 8 also have been met."

Page 5, Section 7, Lines 1-5:

Delete in their entirety and insert new sections 7, 8 and 9 "7. a. A person who, in good faith, seeks medical assistance for someone experiencing a drug overdose shall not be:

1) arrested, charged, prosecuted, or convicted for obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of, a controlled dangerous substance or controlled substance analog pursuant to subsection a., b., or c. of N.J.S.2C:35-10;

(2) arrested, charged, prosecuted, or convicted for inhaling the fumes of or possessing any toxic chemical pursuant to subsection b. of section 7 of P.L.1999, c.90 (C.2C:35-10.4);

(3) arrested, charged, prosecuted, or convicted for using, obtaining, attempting to obtain, or possessing any prescription legend drug or stramonium preparation pursuant to subsection b., d., or e. of section 8 of P.L.1999, c.90 (C.2C:35-10.5);

(4) arrested, charged, prosecuted, or convicted for acquiring or obtaining possession of a controlled dangerous substance or controlled substance analog by fraud pursuant to N.J.S.2C:35-13;

(5) arrested, charged, prosecuted, or convicted for unlawfully possessing a controlled dangerous substance that was lawfully prescribed or dispensed pursuant to N.J.S.2C:35-24;

(6) arrested, charged, prosecuted, or convicted for using or possessing with intent to use drug paraphernalia pursuant to N.J.S.2C:36-2 or for having under his control or possessing a hypodermic syringe, hypodermic needle, or any other instrument adapted for the use of a controlled dangerous substance or a controlled substance analog pursuant to subsection a. of N.J.S.2C:36-6;

(7) subject to revocation of parole or probation based only upon a violation of offenses described in subsection a. (1) through (6) of this section, provided, however, this circumstance may be considered in establishing or modifying the conditions of parole or probation supervision. b. The provisions of subsection a. of this section shall only apply if:

(1) the person seeks medical assistance for another person who is experiencing a drug overdose and is in need of medical assistance; and

(2) the evidence for an arrest, charge, prosecution, conviction, or revocation was obtained as a result of the seeking of medical assistance.

c. Nothing in this section shall be construed to limit the admissibility of any evidence in connection with the investigation or prosecution of a crime with regard to a defendant who does not qualify for the protections of this act or with regard to other crimes committed by a person who otherwise qualifies for protection pursuant to this act. Nothing in this section shall be construed to limit any seizure of evidence or contraband otherwise permitted by law. Nothing herein shall be construed to limit or abridge the authority of a law enforcement officer to detain or take into custody a person in the course of an investigation or to effectuate an arrest for any offense except as provided in subsection a. of this section. Nothing in this section shall be construed to limit, modify or remove any immunity from liability currently available to public entities or public employees by law.

8. a. A person who experiences a drug overdose and who seeks medical assistance or is the subject of a good faith request for medical assistance pursuant to section 4 of this act shall not be:

(1) arrested, charged, prosecuted, or convicted for obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of, a controlled dangerous substance or controlled substance analog pursuant to subsection a., b., or c. of N.J.S.2C:35-10;

(2) arrested, charged, prosecuted, or convicted for inhaling the fumes of or possessing any toxic chemical pursuant to subsection b. of section 7 of P.L.1999, c.90 (C.2C:35-10.4);

(3) arrested, charged, prosecuted, or convicted for using, obtaining, attempting to obtain, or possessing any prescription legend drug or stramonium preparation pursuant to subsection b., d., or e. of section 8 of P.L.1999, c.90 (C.2C:35-10.5);

(4) arrested, charged, prosecuted, or convicted for acquiring or obtaining possession of a controlled dangerous substance or controlled substance analog by fraud pursuant to N.J.S.2C:35-13;

(5) arrested, charged, prosecuted, or convicted for unlawfully possessing a controlled dangerous substance that was lawfully prescribed or dispensed pursuant to N.J.S.2C:35-24;

(6) arrested, charged, prosecuted, or convicted for using or possessing with intent to use drug paraphernalia pursuant to N.J.S.2C:36-2 or for having under his control or possessing a hypodermic syringe, hypodermic needle, or any other instrument adapted for the use of a controlled dangerous substance or a controlled substance analog pursuant to subsection a. of N.J.S.2C:36-6;

(7) subject to revocation of parole or probation based only upon a violation of offenses described in subsection a. (1) through (6) of this section, provided, however, that this circumstance may be considered in establishing or modifying the conditions of parole or probation supervision. b. The provisions of subsection a. of this section shall only apply if the evidence for an arrest, charge, prosecution, conviction or

revocation was obtained as a result of the seeking of medical assistance.

c. Nothing in this section shall be construed to limit the admissibility of any evidence in connection with the investigation or prosecution of a crime with regard to a defendant who does not qualify for the protections of this act or with regard to other crimes committed by a person who otherwise qualifies for protection pursuant to this act. Nothing in this section shall be construed to limit any seizure of evidence or contraband otherwise permitted by law. Nothing herein shall be construed to limit or abridge the authority of a law enforcement officer to detain or take into custody a person in the course of an investigation or to effectuate an arrest for any offense except as provided in subsection a. of this section. Nothing in this section shall be construed to limit, modify or remove any immunity from liability currently available to public entities or public employees by law.

9. Sections 1 through 6 of this act shall take effect on the first day of the second month next following enactment, except that the Commissioner of Human Services shall take any anticipatory administrative action in advance thereof as shall be necessary for the implementation of the act and sections 7 and 8 of this act shall take effect immediately."

Respectfully,
/s/ Chris Christie
Governor

[seal]

Attest:

/s/ Charles B. McKenna
Chief Counsel to the Governor

Governor Chris Christie Signs Bipartisan Overdose Protection Act Into Law

Thursday, May 02, 2013 Tags: [Pension and Health Benefits](#)

Christie Reaffirms That No Life Is Disposable At Signing With Jon Bon Jovi, Leading Drug Prevention Advocates and Families

TRENTON – Acting on his belief that every human life is precious, while fulfilling his commitment to emphasize drug rehabilitation efforts and his different approach to dealing with drug abuse and addiction, today Governor Chris Christie signed the bipartisan Overdose Protection Act (S2082) into law at a drug rehab center in Paterson. The Governor was joined at the bill signing by Jon Bon Jovi, leading drug prevention advocates and family members of individuals lost to drug overdoses.

The legislation takes a two-prong approach to help prevent drug overdose deaths in New Jersey. First, it provides legal protection to people who are in violation of the law while they are attempting to help a drug overdose victim. Secondly, it eliminates negative legal action against health care professionals or bystanders who administer overdose antidotes in life-threatening situations.

"No life is disposable, and this bill represents a giant leap forward in New Jersey's commitment to protecting and preserving all life, particularly when people need it most," said Governor Christie. "As elected officials, it's our obligation to ensure that we are doing everything we can to prevent tragic deaths from drug overdoses, and I believe this bill will do that. I'm grateful that we were able to come together and reach this bipartisan compromise and take meaningful action on this very important issue today."

"On behalf of those individuals and their families whose lives will be saved by this important legislation, I want to thank Governor Christie and the New Jersey Legislature for passing the Good Samaritan bill," said Jon Bon Jovi.

"As someone who has lost my son to an overdose, I know all too well the tragic consequences drugs can have," said Patty DiRenzo, a Blackwood native whose son died from a heroin overdose in 2010. "If people are no longer afraid of getting arrested in overdose situations, they will be more likely to call 911 and get help. This new law will save lives, and I am grateful to Governor Christie and the legislature for all their efforts in making it possible."

"The Overdose Protection Act will help people get treatment faster in life-threatening situations. It is an important tool in our ongoing efforts here in New Jersey to prevent senseless deaths and to get people into treatment" said Dr. Manuel Guantez, CEO of Turning Point, an addiction treatment program in Paterson, NJ that treats more than 2,700 men and women each year.

The bill, which passed the Senate 24-1 on Monday, combines important aspects from the Opioid Antidote and Overdose Prevention Act with the Good Samaritan Act, which Governor Christie recommended changes to in October 2012.

Since 1979, drug overdose death rates in the United States have increased steadily. Naloxone hydrochloride – commonly referred to as naloxone – reverses the effects of opioid drugs, such as heroin, morphine, and oxycontin. Naloxone is most commonly injected intravenously for fastest action, which usually causes the drug to act within a minute, and last up to 45 minutes. A 2002–2004 study referenced by the Center For Disease Control (CDC) found that 50 naloxone programs nationwide had reversed more than 10,000 overdoses.

The new law builds on the Governor's commitment and understanding that drug abuse is a disease to be treated and dealt with not simply from a punitive law enforcement perspective. It comes in addition to the Governor's commitment to expand the Drug Court program across the state, giving those individuals who commit non-violent crime the chance to veer off the path of committing crime to feed a drug addiction. Under this expansion, offenders are required to undergo mandatory drug treatment rather than just necessarily be incarcerated.

Governor Christie has long been supportive of this approach, dating back to his days as a board member of a highly effective youth treatment center, Daytop Village, in his home county of Morris.

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What They're Saying About The Bipartisan "Good Samaritan" Act:

Monday, May 06, 2013 Tags: [Pension and Health Benefits](#)

What They're Saying About The Bipartisan "Good Samaritan" Act: "Will Save Lives"; A "Common-Sense, Lifesaving Measure"

The Asbury Park Press: "The Bill, At Its Core, Is About Prioritizing The Saving Of Lives Over Putting People Behind Bars." "It's not often we come straight out of the gate with cheers for a group of politicians, particularly both Democrats and Republicans together, but it is in order for Gov. Chris Christie and state legislators in Trenton. They compromised last week on most of the provisions of the 'Good Samaritan' bill ... The bill, at its core, is about prioritizing the saving of lives over putting people behind bars." (Editorial, "Lives put ahead of prosecutions," Asbury Park Press, 5/3/13)

The Burlington County Times: "The Good Samaritan Overdose Prevention Act Is A Common-Sense, Lifesaving Measure ... It's Going To Save Lives, And Saving Lives Should Always Take Precedence Over Punishment." "Gov. Chris Christie signed the Good Samaritan Overdose Prevention Act into law Thursday...It is the result of a compromise reached between the governor and the Legislature after he conditionally vetoed the original legislation late last year. We applaud them." (Editorial, "Law will save lives," Burlington County Times, 5/3/13)

The Bergen Record: "This Legislation Will Make A Difference In Saving Their Lives." "Drug abuse and addiction is a real disease that too often results in people dying of an overdose. Hopefully 'good Samaritan' legislation signed into law by Governor Christie on Thursday will prevent some of those deaths." (Editorial, "Samaritan safety," The Record, 5/4/13)

The Press of Atlantic City: "The New Bill Is A Good One. Christie And Lawmakers Deserve Praise For Getting It Done." (Editorial, "Helping overdose victims / Trenton whiplash," Press of Atlantic City, 5/3/13)

The Express-Times: "New Jersey's Good Samaritan Overdose Law Will Save Lives." Too many people are dying from overdoses because the people around them refuse to call 911 for fear they will face arrest and prosecution. That's about to change in New Jersey. Last week Gov. Chris Christie signed a good Samaritan drug overdose immunity law. Under the law, those who call 911 to report overdoses will be immune from arrest and prosecution for drug possession. The law also applies to the person overdosing." (Editorial, "New Jersey's good Samaritan overdose law will save lives," The Express-Times, 5/6/13)

Jon Bon Jovi: "Today Is A Great Day...I Hope The Governor's Actions Will Cause Other States To Step Up And Follow In His Footsteps." (Susan K. Livio, "Christie, inspired by victims' parents and Bon Jovi, signs 'Good Samaritan' drug overdose bill," The Star-Ledger, 5/2/13)

New Jersey Drug Policy Alliance State Director Roseanne Scotti: "This is a real triumph of public health policy and we thank Gov. Christie and the Legislature for working so hard to come to an agreement..." (Samantha Henry, "NJ gov signs overdose law, Bon Jovi applauds it," Associated Press, 5/3/13)

Patty Direnzo, A Blackwood Native Whose Son Died From A Heroin Overdose In 2010: "This new law will save lives, and I am grateful to Governor Christie and the legislature for all their efforts in making it possible." (Max Pizarro, "With Bon Jovi at his side, Christie signs bipartisan drug bill into law," Politicker NJ, 5/3/13)

Senate Majority Leader Loretta Weinberg (D-Bergen): "This measure aligns our laws with our values that saving someone's life is more important that prosecuting either the victim or the person who does the right thing by calling for help." ("Vitale/Codey/Weinberg 'Overdose Prevention Act' Now Law," Press Release, 5/2/13)

Senator Richard J. Codey (D-Essex/Morris): "By removing barriers that could keep someone from either administering a life-saving dose of naloxone or calling 9-1-1 for help, we are providing overdose victims with a second chance." ("Vitale/Codey/Weinberg 'Overdose Prevention Act' Now Law," Press Release, 5/2/13)

Senate Health, Human Services and Senior Citizens Committee Chairman Joseph F. Vitale (D-Middlesex): "We are one step closer to ensuring that no one else needlessly dies because they did not have access to medication or emergency assistance to stop a drug overdose...Hopefully this bill will remove that fear and end their hesitation in reaching out for emergency help to save someone's life." ("Vitale/Codey/Weinberg 'Overdose Prevention Act' Now

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Law," Press Release, 5/2/13)

Assemblyman Daniel Benson (D-Mercer/Middlesex): "This is a sensible and life-saving compromise that many other states have already employed to great effect...By encouraging the wider distribution of naloxone or similarly acting drugs to those at risk of a narcotics overdose we can substantially reduce the number of related overdose deaths." ("Assembly Democrat-Sponsored Measure to Help Save Lives Signed Into Law," Press Release, 5/2/13)

Assemblywoman Connie Wagner (D-Bergen): "It's my hope that this law will not only save lives, but also provide a moment of clarity to help many with substance abuse problems turn their lives around." ("Assembly Democrat-Sponsored Measure to Help Save Lives Signed Into Law," Press Release, 5/2/13)

Assemblyman Thomas Giblin (D-Essex/Passaic): "This law will incorporate a responsible approach to make sure these life-saving drugs or timely medical assistance are given to those who need it most." ("Assembly Democrat-Sponsored Measure to Help Save Lives Signed Into Law," Press Release, 5/2/13)

Assemblyman Angel Fuentes (D-Camden): "This is not about turning a blind eye to drug use, but hopefully saving lives during a potentially fatal overdose...And once they are in the hands of medical professionals, hopefully they will receive the additional help they need to overcome any addictions." ("Assembly Democrat-Sponsored Measure to Help Save Lives Signed Into Law," Press Release, 5/2/13)

Assemblyman Reed Gusciora (D-Mercer/Hunterdon): "A drug overdose can sometimes be the clarion call an addict needs to seek help to overcome their addiction, but only if they survive, that is...This law will help save lives and turn them around." ("Assembly Democrat-Sponsored Measure to Help Save Lives Signed Into Law," Press Release, 5/2/13)

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