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"Christie signs measures aimed at battling heroin epidemic," The Record, 2-6-15

"Law shields responders administering Narcan," The Times, 2-6-15

"Police department adding Narcan to anti-drug arsenal," Suburban Trends, 2-8-15

"DA: Dozens saved by cops with Narcan," Burlington County Times, 2-8-15

LAW/RWH

P.L.2015, CHAPTER 10, *approved February 5, 2015*
Senate, No. 2378 (*First Reprint*)

1 AN ACT concerning overdose prevention and sterile syringe access
2 programs, ¹and¹ amending P.L.2006, c.99 and P.L.2013, c.46 ¹[,
3 and making an appropriation]¹.
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

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

10 3. As used in this act:

11 "Commissioner" means the Commissioner of Human Services.

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

18 ¹"Emergency medical response entity" means an organization,
19 company, governmental entity, community-based program, or
20 healthcare system that provides pre-hospital emergency medical
21 services and assistance to opioid or heroin addicts or abusers in the
22 event of an overdose.

23 "Emergency medical responder" means a person, other than a
24 health care practitioner, who is employed on a paid or volunteer
25 basis in the area of emergency response, including, but not limited
26 to, an emergency medical technician acting in that person's
27 professional capacity.¹

28 "Health care practitioner" means a prescriber, pharmacist, or
29 other individual whose professional practice is regulated pursuant to
30 Title 45 of the Revised Statutes, and who, in accordance with the
31 practitioner's scope of professional practice, ¹prescribes or¹
32 dispenses ¹[or administers]¹ an opioid antidote.

33 "Medical assistance" means professional medical services that
34 are provided to a person experiencing a drug overdose by a health
35 care **[professional]** practitioner, acting within the practitioner's
36 scope of **[his or her lawful]** professional practice, including
37 professional medical services that are mobilized through telephone
38 contact with the 911 telephone emergency service.

39 "Opioid antidote" means naloxone hydrochloride ¹,¹ or any other
40 similarly acting drug approved by the United States Food and Drug

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 October 9, 2014.

1 Administration for the treatment of an opioid overdose.

2 **["Health care professional" means a physician, physician**
3 **assistant, advanced practice nurse, or other individual who is**
4 **licensed or whose professional practice is otherwise regulated**
5 **pursuant to Title 45 of the Revised Statutes, other than a**
6 **pharmacist, and who, based upon the accepted scope of professional**
7 **authority, prescribes or dispenses an opioid antidote.]**

8 "Patient" **¹["includes] means¹ a person who is at risk of an opioid**
9 **overdose ¹["and] or¹ a person who is not at risk of an opioid**
10 **overdose [but] who [, in the judgment of a physician, may be in a**
11 **position to assist another individual during an overdose and who**
12 **has received patient overdose information as required by section 5**
13 **of this act on the indications for and administration of an opioid**
14 **antidote]** ^{1,1} **in the person's individual capacity, obtains an opioid**
15 **antidote from a health care practitioner, professional, or**
16 **professional entity for the purpose of administering that antidote to**
17 **another person in an emergency, in accordance with subsection c. of**
18 **section 4 of P.L.2013, c.46 (C.24:6J-4). "Patient" includes a**
19 **professional who is acting in that professional's individual capacity,**
20 **but does not include a professional who is acting in a professional**
21 **capacity.**

22 **"Prescriber" means a health care practitioner authorized by law**
23 **to prescribe medications who, acting within the practitioner's scope**
24 **of professional practice, prescribes an opioid antidote. "Prescriber"**
25 **includes, but is not limited to, a physician, physician assistant, or**
26 **advanced practice nurse.**

27 **"Professional" means a person, other than a health care**
28 **practitioner, who is employed on a paid ¹basis¹ or ¹is engaged on a¹**
29 **volunteer basis in the areas of ¹["health care,]¹ substance abuse**
30 **treatment or therapy, criminal justice, or ¹["emergency response]**
31 **a related area,¹ and who, acting in that person's professional ¹or**
32 **volunteer¹ capacity, obtains an opioid antidote from a health care**
33 **practitioner for the purposes of dispensing or administering that**
34 **antidote to other parties in the course of business ¹or volunteer**
35 **activities¹ . "Professional" includes, but is not limited to, a sterile**
36 **syringe access program employee, ¹or a¹ law enforcement official**
37 **¹[" , emergency medical technician, and any other emergency**
38 **responder, acting in that person's professional capacity]¹ .**

39 **"Professional entity" means an organization, company,**
40 **governmental entity, community-based program, ¹["first aid, rescue**
41 **or emergency squad,]¹ sterile syringe access program, or any other**
42 **organized group that employs two or more professionals who**
43 **engage, during the regular course of business ¹or volunteer**
44 **activities¹ , in direct interactions with opioid or heroin addicts or**
45 **abusers or other persons susceptible to opioid overdose, or with**
46 **other persons who are in a position to provide direct medical**

1 assistance to opioid or heroin addicts or abusers in the event of an
2 overdose.

3 “Recipient” means a patient, professional, ¹[or]¹ professional
4 entity ¹, emergency medical responder, or emergency medical
5 response entity¹ who is prescribed or dispensed an opioid antidote
6 in accordance with section 4 of P.L.2013, c.46 (C.24:6J-4) .

7 (cf: P.L.2013, c.46, s.3)

8

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

11 4. a. (1) A prescriber or other health care [professional or
12 pharmacist who, acting in good faith,] practitioner, as appropriate,
13 may prescribe or dispense an opioid antidote:

14 (a) directly or through a standing order, to any ¹[patient]
15 recipient¹ who is deemed by the health care practitioner to be
16 capable of administering the opioid antidote to an overdose victim
17 in an emergency;

18 (b) through a standing order, to any professional ¹or emergency
19 medical responder¹ who is not ¹[employed by] acting in a
20 professional or volunteer capacity for¹ a professional entity ¹, or an
21 emergency medical response entity¹ , but who is deemed by the
22 health care practitioner to be capable of administering opioid
23 antidotes to overdose victims, as part of the professional’s regular
24 course of business ¹or volunteer activities¹;

25 (c) through a standing order, to any professional who is not
26 ¹[employed by] acting in a professional or volunteer capacity for¹ a
27 professional entity, but who is deemed by the health care
28 practitioner to be capable of dispensing opioid antidotes to
29 ¹[patients] recipients¹ , for administration thereby, as part of the
30 professional’s regular course of business ¹or volunteer activities¹;

31 (d) through a standing order, to any professional entity ¹or any
32 emergency medical response entity,¹ which is deemed by the health
33 care practitioner to employ professionals ¹or emergency medical
34 responders, as appropriate,¹ who are capable of administering
35 opioid antidotes to overdose victims as part of the entity’s regular
36 course of business ¹or volunteer activities¹;

37 (e) through a standing order, to any professional entity which is
38 deemed by the health care practitioner to employ professionals who
39 are capable of dispensing opioid antidotes to ¹[patients]
40 recipients¹ , for administration thereby, as part of the entity’s
41 regular course of business ¹or volunteer activities¹ .

42 (2) ¹(a)¹ For the purposes of this subsection, whenever the law
43 expressly ¹authorizes or¹ requires a certain type of professional or
44 professional entity to obtain a standing order for opioid antidotes
45 pursuant to this section, such professional, or the professionals

1 employed¹ or engaged¹ by such professional entity, as the case may
2 be, shall be presumed by the prescribing or dispensing health care
3 practitioner to be capable of administering or dispensing the opioid
4 antidote, consistent with the express statutory requirement.

5 ¹(b) For the purposes of this subsection, whenever the law
6 expressly requires a certain type of emergency medical responder or
7 emergency medical response entity to obtain a standing order for
8 opioid antidotes pursuant to this section, such emergency medical
9 responder, or the emergency medical responders employed or
10 engaged by such emergency medical response entity, as the case
11 may be, shall be presumed by the prescribing or dispensing health
12 care practitioner to be capable of administering the opioid antidote,
13 consistent with the express statutory requirement.¹

14 (3) (a) Whenever a prescriber or other health care practitioner
15 prescribes or dispenses an opioid antidote to a professional or
16 professional entity pursuant to a standing order issued under
17 paragraph (1) of this subsection, the standing order shall specify
18 whether the professional or professional entity is authorized thereby
19 to directly administer the opioid antidote to overdose victims; to
20 dispense the opioid antidote to ¹【patients】 recipients¹ , for their
21 administration to third parties; or to both administer and dispense
22 the opioid antidote. If a standing order does not include a
23 specification in this regard, it shall be deemed to authorize the
24 professional or professional entity only to administer the opioid
25 antidote with immunity, as provided by subsection c. of this section,
26 and it shall not be deemed to authorize the professional or
27 professional entity to engage in the further dispensing of the
28 antidote to ¹【patients】 recipients¹ , unless such authority has been
29 granted by law, as provided by subparagraph (b) of this paragraph.

30 (b) Notwithstanding the provisions of this paragraph to the
31 contrary, if the law expressly authorizes or requires a certain type of
32 professional ¹【or】 ,¹ professional entity ¹, emergency medical
33 responder, or emergency medical response entity¹ to administer or
34 ¹【carry and】¹ dispense opioid antidotes pursuant to a standing order
35 issued hereunder, the standing order issued pursuant to this section
36 shall be deemed to grant the authority specified by the law, even if
37 such authority is not expressly indicated on the face of the standing
38 order.

39 (4) Any prescriber or other health care practitioner who
40 prescribes or dispenses an opioid antidote 【to a patient capable , in
41 the judgment of the health care professional, of administering the
42 opioid antidote in an emergency,】 in good faith, and in accordance
43 with the provisions of this subsection, shall not, as a result of the
44 【professional's】 practitioner's acts or omissions, be subject to any
45 criminal or civil liability, or any professional disciplinary action
46 under Title 45 of the Revised Statutes for prescribing or dispensing

1 an opioid antidote in accordance with **[this act]** P.L.2013, c.46
2 (C.24:6J-1 et seq.).

3 b. **[A person, other than a health care professional,]** (1) Any
4 professional or professional entity that has obtained a standing
5 order, pursuant to subsection a. of this section, for the dispensing of
6 opioid antidotes, may dispense an opioid antidote to any ¹**[patient]**
7 recipient¹ who is deemed by the professional or professional entity
8 to be capable of administering the opioid antidote to an overdose
9 victim in an emergency.

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

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

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

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

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

44 ¹**[d.] e.¹** In addition **[,]** to the immunity that is provided by
45 this section for authorized persons who are engaged in the
46 prescribing, dispensing, or administering of an opioid antidote, ¹**[a**
47 person who acts in accordance with this section shall additionally

1 be subject to¹ the immunity provided ~~for in~~ by section 7 or
2 section 8 of P.L.2013, c.46 (C.2C:35-30 or C.2C:35-31) ~~also shall~~
3 apply to a person acting pursuant to this section¹ ~~shall apply to a~~
4 person who acts in accordance with this section¹, provided that the
5 requirements of ~~section 7 or section 8 also~~ of those sections, as
6 applicable, have been met.

7 (cf: P.L.2013, c.46, s.4)

8

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

11 5. a. (1) A prescriber or other health care ~~professional~~
12 prescribing or dispensing ~~practitioner who prescribes or dispenses~~
13 an opioid antidote ~~to a patient~~ in accordance with subsection a. of
14 section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that ~~the~~
15 patient receives patient ~~overdose prevention~~ information is
16 provided to the antidote recipient. ~~This~~ The requisite overdose
17 prevention information shall include, but is not limited to:
18 information on opioid overdose prevention and recognition;
19 instructions on how to perform rescue breathing and resuscitation;
20 information on opioid antidote dosage and instructions on opioid
21 antidote administration; information describing the importance of
22 calling 911 emergency telephone service for assistance with an
23 opioid overdose; and instructions for appropriate care ~~for~~ of an
24 overdose victim after administration of the opioid antidote.

25 (2) A professional or professional entity that dispenses an opioid
26 antidote pursuant to a standing order, in accordance with subsection
27 b. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that each
28 patient who is dispensed an opioid antidote also receives a copy of
29 the overdose prevention information that has been provided to the
30 professional or professional entity pursuant to paragraph (1) of this
31 subsection.

32 b. (1) In order to fulfill the information distribution ~~of patient~~
33 overdose information required by ~~requirements of~~ subsection a. of
34 this section, ~~the~~ overdose prevention information may be
35 provided by the prescribing or dispensing health care
36 ~~professional~~ practitioner, by the dispensing professional or
37 professional entity , or by a community-based organization,
38 ~~substance abuse organization,~~ or other organization ~~which~~ that
39 addresses medical or social issues related to drug addiction ~~that~~ ,
40 and with which the health care ~~professional~~ practitioner,
41 professional, or professional entity, as appropriate, maintains a
42 written agreement ~~with, and that includes~~ . Any such written
43 agreement shall incorporate, at a minimum: procedures for
44 ~~providing patient~~ the timely dissemination of overdose
45 prevention information; information as to how employees or
46 volunteers providing the information will be trained; and standards

1 **【for documenting the provision of patient overdose information to**
2 **patients】** for recordkeeping under paragraph (2) of this subsection.

3 **【c.】** (2) The **【provision】** dissemination of 【patient】 overdose
4 prevention information in accordance with this section, and the
5 contact information for the persons receiving such information, to
6 the extent known, shall be documented by the prescribing or
7 dispensing health care practitioner, professional, or professional
8 entity, as appropriate, in : (a) the patient's medical record 【by a
9 health care professional】 , if applicable; or (b) another appropriate
10 record or log, if the patient's medical record is unavailable or
11 inaccessible, or if the antidote recipient is a professional or
12 professional entity acting in their professional capacity; or
13 **【through】** (c) any other similar 【means as determined by any】
14 recordkeeping location, as specified in a written agreement
15 **【between a health care professional and an organization as set forth**
16 **in】** that has been executed pursuant to paragraph (1) of this
17 subsection 【b. of this section】 .

18 **【d. The】** c. In order to facilitate the dissemination of overdose
19 prevention information in accordance with this section, the
20 Commissioner of Human Services, in consultation with Statewide
21 organizations representing physicians, advanced practice nurses, or
22 physician assistants, 【or】 and organizations operating community-
23 based programs, 【substance abuse programs,】 sterile syringe access
24 programs, or other programs which address medical or social issues
25 related to drug addiction, may develop 【and disseminate】 training
26 materials in video, electronic, or other appropriate formats , and
27 disseminate these materials to health care 【professionals or】
28 practitioners; professionals and professional entities that are
29 authorized by standing order to dispense opioid antidotes; and
30 organizations 【operating community-based programs, substance
31 abuse programs, syringe access programs, or other programs which
32 address medical or social issues related to drug addiction, to
33 facilitate the provision of patient overdose information】 that are
34 authorized to disseminate overdose prevention information under a
35 written agreement executed pursuant to paragraph (1) of subsection
36 b. of this section.

37 (cf: P.L.2013, c.46, s.5)

38

39 4. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read
40 as follows:

41 3. The Commissioner of Health shall establish a demonstration
42 program to permit up to six municipalities to operate a sterile
43 syringe access program in accordance with the provisions of this
44 act. For the purposes of the demonstration program, the
45 commissioner shall prescribe by regulation requirements for a
46 municipality to establish, or otherwise authorize the operation

1 within that municipality of, a sterile syringe access program to
2 provide for the exchange of hypodermic syringes and needles in
3 accordance with the provisions of **[this act]** P.L.2006,
4 c.99 (C.26:5C-25 et seq.) .

5 a. The commissioner shall:

6 (1) request an application, to be submitted on a form and in a
7 manner to be prescribed by the commissioner, from any
8 municipality that seeks to establish a sterile syringe access program,
9 or from other entities authorized to operate a sterile syringe access
10 program within that municipality as provided in paragraph (2) of
11 subsection a. of section 4 of **[this act]** P.L.2006, c.99 (C.26:5C-28);

12 (2) approve those applications that meet the requirements
13 established by regulation of the commissioner and contract with the
14 municipalities or entities whose applications are approved to
15 establish a sterile syringe access program as provided in paragraph
16 (2) of subsection a. of section 4 of **[this act]** P.L.2006,
17 c.99 (C.26:5C-28) to operate a sterile syringe access program in any
18 municipality in which the governing body has authorized the
19 operation of sterile syringe access programs within that
20 municipality by ordinance;

21 (3) support and facilitate, to the maximum extent practicable,
22 the linkage of sterile syringe access programs to : (a) health care
23 facilities and programs [as] that may provide appropriate health
24 care services, including mental health [and] services, medication-
25 assisted drug treatment services, and other substance abuse
26 treatment [,] services to consumers participating in a sterile syringe
27 access program; and [to] (b) housing assistance programs, career
28 and employment-related counseling programs, and education
29 counseling programs that may provide appropriate ancillary support
30 services to consumers participating in a sterile syringe access
31 program;

32 (4) provide for the adoption of a uniform identification card or
33 other uniform Statewide means of identification for consumers,
34 staff, and volunteers of a sterile syringe access program pursuant to
35 paragraph **[(8)]** (9) of subsection b. of section 4 of **[this act]**
36 P.L.2006, c.99 (C.26:5C-28); and

37 (5) maintain a record of the data reported to the commissioner
38 by sterile syringe access programs pursuant to paragraph **[(10)]**
39 (11) of subsection b. of section 4 of **[this act]** P.L.2006,
40 c.99 (C.26:5C-28).

41 b. The commissioner shall be authorized to accept funding as
42 may be made available from the private sector to effectuate the
43 purposes of **[this act]** P.L.2006, c.99 (C.26:5C-25 et seq.).

44 (cf: P.L.2012, c.17, s.345)

45
46 5. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read
47 as follows:

1 4. a. In accordance with the provisions of section 3 of
2 P.L.2006, c.99 (C.26:5C-27), a municipality may establish or
3 authorize establishment of a sterile syringe access program that is
4 approved by the commissioner to provide for the exchange of
5 hypodermic syringes and needles.

6 (1) A municipality that establishes a sterile syringe access
7 program, at a fixed location or through a mobile access component,
8 may operate the program directly or contract with one or more of
9 the following entities to operate the program: a hospital or other
10 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
11 et seq.), a federally qualified health center, a public health agency, a
12 substance abuse treatment program, an AIDS service organization,
13 or another nonprofit entity designated by the municipality. These
14 entities shall also be authorized to contract directly with the
15 commissioner in any municipality in which the governing body has
16 authorized the operation of sterile syringe access programs by
17 ordinance pursuant to paragraph (2) of this subsection. The
18 municipality or entity under contract shall implement the sterile
19 syringe access program in consultation with a federally qualified
20 health center and the New Jersey Office on Minority and
21 Multicultural Health in the Department of Health and Senior
22 Services, and in a culturally competent manner.

23 (2) Pursuant to paragraph (2) of subsection a. of section 3 of
24 P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body
25 has authorized the operation of sterile syringe access programs
26 within the municipality may require within the authorizing
27 ordinance that an entity as described in paragraph (1) of this
28 subsection obtain approval from the municipality, in a manner
29 prescribed by the authorizing ordinance, to operate a sterile syringe
30 access program prior to obtaining approval from the commissioner
31 to operate such a program, or may permit the entity to obtain
32 approval to operate such a program by application directly to the
33 commissioner without obtaining prior approval from the
34 municipality.

35 (3) Two or more municipalities may jointly establish or
36 authorize establishment of a sterile syringe access program that
37 operates within those municipalities pursuant to adoption of an
38 ordinance by each participating municipality pursuant to this
39 section.

40 b. A sterile syringe access program shall comply with the
41 following requirements:

42 (1) Sterile syringes and needles shall be provided at no cost to
43 consumers 18 years of age and older;

44 (2) Program staff shall be trained and regularly supervised in:
45 harm reduction; substance abuse, medical and social service
46 referrals; and infection control procedures, including universal
47 precautions and needle stick injury protocol; and programs shall

1 maintain records of staff and volunteer training and of hepatitis C
2 and tuberculosis screening provided to volunteers and staff;

3 (3) The program shall offer information about HIV, hepatitis C
4 and other bloodborne pathogens and prevention materials at no cost
5 to consumers, and shall seek to educate all consumers about safe
6 and proper disposal of needles and syringes;

7 (4) The program shall provide information and referrals to
8 consumers, including HIV testing options, access to medication-
9 assisted drug abuse treatment programs and other substance abuse
10 treatment programs, and available health and social service options
11 relevant to the consumer's needs **[, shall]** . The program shall
12 encourage consumers to receive an HIV test, and shall [also] ,
13 when appropriate, develop an individualized drug abuse treatment
14 plan for each participating consumer;

15 (5) The program shall screen out consumers under 18 years of
16 age from access to syringes and needles, and shall refer them to
17 drug abuse treatment and other appropriate programs for youth;

18 (6) The program shall develop a plan for the handling and
19 disposal of used syringes and needles in accordance with
20 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
21 medical waste disposal pursuant to the "Comprehensive Regulated
22 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
23 al.), and shall also develop and maintain protocols for post-
24 exposure treatment;

25 (7) (a) The program ¹[shall] may¹ obtain a standing order,
26 pursuant to the "Overdose Prevention Act," P.L.2013, c.46
27 (C.24:6J-1 et seq.), authorizing program staff to carry and dispense
28 naloxone hydrochloride or another opioid antidote to consumers and
29 the family members and friends thereof.

30 (b) The program shall provide overdose prevention information
31 to consumers, the family members and friends thereof, and other
32 persons associated therewith, as appropriate, in accordance with the
33 provisions of section 5 of the "Overdose Prevention Act," P.L.2013,
34 c.46 (C.24:6J-5);

35 (8) The program shall maintain the confidentiality of consumers
36 by the use of confidential identifiers, which shall consist of the first
37 two letters of the first name of the consumer's mother and the two-
38 digit day of birth and two-digit year of birth of the consumer, or by
39 the use of such other uniform Statewide mechanism as may be
40 approved by the commissioner for this purpose;

41 **[(8)] (9)** The program shall provide a uniform identification
42 card that has been approved by the commissioner to consumers and
43 to staff and volunteers involved in transporting, exchanging or
44 possessing syringes and needles, or shall provide for such other
45 uniform Statewide means of identification as may be approved by
46 the commissioner for this purpose;

47 **[(9)] (10)** The program shall provide consumers at the time of
48 enrollment with a schedule of program operation hours and

1 locations, in addition to information about prevention and harm
2 reduction and drug abuse treatment services; and

3 **[(10)] (11)** The program shall establish and implement accurate
4 data collection methods and procedures as required by the
5 commissioner for the purpose of evaluating the sterile syringe
6 access programs, including the monitoring and evaluation on a
7 quarterly basis of:

8 (a) sterile syringe access program participation rates, including
9 the number of consumers who enter drug abuse treatment programs
10 and the status of their treatment;

11 (b) the effectiveness of the sterile syringe access programs in
12 meeting their objectives, including, but not limited to, return rates
13 of syringes and needles distributed to consumers and the impact of
14 the sterile syringe access programs on intravenous drug use; and

15 (c) the number and type of referrals provided by the sterile
16 syringe access programs and the specific actions taken by the sterile
17 syringe access programs on behalf of each consumer.

18 c. A municipality may terminate a sterile syringe access
19 program established or authorized pursuant to this act, which is
20 operating within that municipality, if its governing body approves
21 such an action by ordinance, in which case the municipality shall
22 notify the commissioner of its action in a manner prescribed by
23 regulation of the commissioner.

24 (cf: P.L.2006, c.99, s.4)

25

26 6. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read
27 as follows:

28 5. a. (1) The Commissioner of Health and Senior Services
29 shall report to the Governor and, pursuant to section 2 of P.L.1991,
30 164 (C.52:14-19.1), the Legislature, no later than one year after the
31 effective date of **[this act]** P.L.2006, c.99 (C.26:5C-25 et seq.) and
32 biennially thereafter, on the status of sterile syringe access
33 programs established pursuant to sections 3 and 4 of P.L.2006,
34 c.99 (C.26:5C-27 and C.26:5C-28), and shall include in that report
35 the data provided to the commissioner by each sterile syringe access
36 program pursuant to paragraph **[(10)] (11)** of subsection b. of
37 section 4 of P.L.2006, c.99 (C.26:5C-28).

38 (2) For the purpose of each biennial report pursuant to
39 paragraph (1) of this subsection, the commissioner shall:

40 (a) consult with local law enforcement authorities regarding the
41 impact of the sterile syringe access programs on the rate and
42 volume of crime in the affected municipalities and include that
43 information in the report; and

44 (b) seek to obtain data from public safety and emergency
45 medical services providers Statewide regarding the incidence and
46 location of needle stick injuries to their personnel and include that
47 information in the report.

1 b. The commissioner shall report to the Governor and, pursuant
2 to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, no
3 later than six months after the date that the initial sterile syringe
4 access program, which is approved by the commissioner pursuant to
5 section 3 of P.L.2006, c.99 (C.26:5C-27), commences its
6 operations, and shall include in that report:

7 (1) an assessment of whether an adequate number of drug abuse
8 treatment program slots is available to meet the treatment needs of
9 persons who have been referred to drug abuse treatment programs
10 by sterile syringe access programs pursuant to paragraph (4) of
11 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28); and

12 (2) a recommendation for such appropriation as the
13 commissioner determines necessary to ensure the provision of an
14 adequate number of drug abuse treatment program slots for those
15 persons.

16 c. The commissioner shall contract with an entity that is
17 independent of the department to prepare a detailed analysis of the
18 sterile syringe access programs, and to report on the results of that
19 analysis to the Governor, the Governor's Advisory Council on
20 HIV/AIDS and Related Blood-Borne Pathogens, and, pursuant to
21 section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, no
22 later than 24 months after the adoption of regulations required
23 pursuant to subsection b. of section 7 of P.L.2006, c.99 (C.26:5C-
24 31) and annually thereafter. The analysis shall include, but not be
25 limited to:

26 (1) any increase or decrease in the spread of HIV, hepatitis C
27 and other blood-borne pathogens that may be transmitted by the use
28 of contaminated syringes and needles;

29 (2) the number of exchanged syringes and needles and an
30 evaluation of the disposal of syringes and needles that are not
31 returned by consumers;

32 (3) the number of consumers participating in the sterile syringe
33 access programs and an assessment of their reasons for participating
34 in the programs;

35 (4) the number of consumers in the sterile syringe access
36 programs who participated in drug abuse treatment programs; and

37 (5) the number of consumers in the sterile syringe access
38 programs who benefited from counseling and referrals to programs
39 and entities that are relevant to their health, housing, social service,
40 employment and other needs.

41 d. Within 90 days after receipt of the third report pursuant to
42 subsection c. of this section, the commissioner shall submit to the
43 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
44 19.1), the Legislature, on a day when both Houses of the
45 Legislature are meeting in the course of a regular or special session,
46 the commissioner's recommendations regarding whether or not to
47 continue the demonstration program established pursuant to this act.
48 The commissioner's recommendations shall be effective unless the

1 Legislature passes a concurrent resolution overriding the
2 commissioner's recommendations no later than the 45th day after its
3 receipt of those recommendations.

4 (cf: P.L.2006, c.99, s.5)

5

6 ¹**[7.** There is appropriated \$500,000 from the General Fund to
7 the Department of Health for the purpose of providing financial
8 assistance to sterile syringe access programs in the State, as may be
9 necessary to enable and facilitate program compliance with the
10 requirements of paragraph (7) of subsection b. of section 4 of
11 P.L.2006, c.99 (C.26:5C-28).**]**

12

13 ¹**[8.]** 7.¹ This act shall take effect immediately.

14

15

16

17

18 Extends "Overdose Prevention Act" immunity provisions to
19 certain professionals and professional entities, and permits needle
20 exchange programs to obtain standing order for opioid antidote
21 dispensation.

SENATE, No. 2378

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED SEPTEMBER 22, 2014

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator ROBERT W. SINGER

District 30 (Monmouth and Ocean)

Co-Sponsored by:

Senator Lesniak

SYNOPSIS

Extends “Overdose Prevention Act” immunity provisions to certain professionals and professional entities, and requires needle exchange programs to obtain standing order for opioid antidote dispensation; appropriates \$500,000.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning overdose prevention and sterile syringe access
2 programs, amending P.L.2006, c.99 and P.L.2013, c.46, and
3 making an appropriation.
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

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

10 3. As used in this act:

11 "Commissioner" means the Commissioner of Human Services.

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

18 "Health care practitioner" means a prescriber, pharmacist, or
19 other individual whose professional practice is regulated pursuant to
20 Title 45 of the Revised Statutes, and who, in accordance with the
21 practitioner's scope of professional practice, dispenses or
22 administers an opioid antidote.

23 "Medical assistance" means professional medical services that
24 are provided to a person experiencing a drug overdose by a health
25 care **【professional】** practitioner, acting within the practitioner's
26 scope of **【his or her lawful】** professional practice, including
27 professional medical services that are mobilized through telephone
28 contact with the 911 telephone emergency service.

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

32 **【"Health care professional" means a physician, physician**
33 **assistant, advanced practice nurse, or other individual who is**
34 **licensed or whose professional practice is otherwise regulated**
35 **pursuant to Title 45 of the Revised Statutes, other than a**
36 **pharmacist, and who, based upon the accepted scope of professional**
37 **authority, prescribes or dispenses an opioid antidote.】**

38 "Patient" includes a person who is at risk of an opioid overdose
39 and a person who is not at risk of an opioid overdose **【but】** who **【**,
40 in the judgment of a physician, may be in a position to assist
41 another individual during an overdose and who has received patient
42 overdose information as required by section 5 of this act on the
43 indications for and administration of an opioid antidote**】** in the
44 person's individual capacity, obtains an opioid antidote from a
45 health care practitioner, professional, or professional entity for the

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 purpose of administering that antidote to another person in an
2 emergency, in accordance with subsection c. of section 4 of
3 P.L.2013, c.46 (C.24:6J-4). “Patient” includes a professional who
4 is acting in that professional’s individual capacity, but does not
5 include a professional who is acting in a professional capacity.

6 “Prescriber” means a health care practitioner authorized by law
7 to prescribe medications who, acting within the practitioner’s scope
8 of professional practice, prescribes an opioid antidote. “Prescriber”
9 includes, but is not limited to, a physician, physician assistant, or
10 advanced practice nurse.

11 “Professional” means a person, other than a health care
12 practitioner, who is employed on a paid or volunteer basis in the
13 areas of health care, substance abuse treatment or therapy, criminal
14 justice, or emergency response, and who, acting in that person’s
15 professional capacity, obtains an opioid antidote from a health care
16 practitioner for the purposes of dispensing or administering that
17 antidote to other parties in the course of business. “Professional”
18 includes, but is not limited to, a sterile syringe access program
19 employee, law enforcement official, emergency medical technician,
20 and any other emergency responder, acting in that person’s
21 professional capacity.

22 “Professional entity” means an organization, company,
23 governmental entity, community-based program, first aid, rescue or
24 emergency squad, sterile syringe access program, or any other
25 organized group that employs two or more professionals who
26 engage, during the regular course of business, in direct interactions
27 with opioid or heroin addicts or abusers or other persons susceptible
28 to opioid overdose, or with other persons who are in a position to
29 provide direct medical assistance to opioid or heroin addicts or
30 abusers in the event of an overdose.

31 “Recipient” means a patient, professional, or professional entity
32 who is prescribed or dispensed an opioid antidote in accordance
33 with section 4 of P.L.2013, c.46 (C.24:6J-4) .

34 (cf: P.L.2013, c.46, s.3)

35
36 2. Section 4 of P.L.2013, c.46 (C.24:6J-4) is amended to read
37 as follows:

38 4. a. (1) A prescriber or other health care [professional or
39 pharmacist who, acting in good faith,] practitioner, as appropriate,
40 may prescribe or dispense an opioid antidote:

41 (a) directly or through a standing order, to any patient who is
42 deemed by the health care practitioner to be capable of
43 administering the opioid antidote to an overdose victim in an
44 emergency;

45 (b) through a standing order, to any professional who is not
46 employed by a professional entity, but who is deemed by the health
47 care practitioner to be capable of administering opioid antidotes to

1 overdose victims, as part of the professional's regular course of
2 business;

3 (c) through a standing order, to any professional who is not
4 employed by a professional entity, but who is deemed by the health
5 care practitioner to be capable of dispensing opioid antidotes to
6 patients, for administration thereby, as part of the professional's
7 regular course of business;

8 (d) through a standing order, to any professional entity which is
9 deemed by the health care practitioner to employ professionals who
10 are capable of administering opioid antidotes to overdose victims as
11 part of the entity's regular course of business;

12 (e) through a standing order, to any professional entity which is
13 deemed by the health care practitioner to employ professionals who
14 are capable of dispensing opioid antidotes to patients, for
15 administration thereby, as part of the entity's regular course of
16 business.

17 (2) For the purposes of this subsection, whenever the law
18 expressly requires a certain type of professional or professional
19 entity to obtain a standing order for opioid antidotes pursuant to this
20 section, such professional, or the professionals employed by such
21 professional entity, as the case may be, shall be presumed by the
22 prescribing or dispensing health care practitioner to be capable of
23 administering or dispensing the opioid antidote, consistent with the
24 express statutory requirement.

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

41 (b) Notwithstanding the provisions of this paragraph to the
42 contrary, if the law expressly authorizes or requires a certain type of
43 professional or professional entity to administer or carry and
44 dispense opioid antidotes pursuant to a standing order issued
45 hereunder, the standing order issued pursuant to this section shall be
46 deemed to grant the authority specified by the law, even if such
47 authority is not expressly indicated on the face of the standing
48 order.

1 (4) Any prescriber or other health care practitioner who
2 prescribes or dispenses an opioid antidote [to a patient capable , in
3 the judgment of the health care professional, of administering the
4 opioid antidote in an emergency,] in good faith, and in accordance
5 with the provisions of this subsection, shall not, as a result of the
6 **[professional's] practitioner's** acts or omissions, be subject to any
7 criminal or civil liability, or any professional disciplinary action
8 under Title 45 of the Revised Statutes for prescribing or dispensing
9 an opioid antidote in accordance with **[this act] P.L.2013,**
10 c.46 (C.24:6J-1 et seq.).

11 b. **[A person, other than a health care professional,]** (1) Any
12 professional or professional entity that has obtained a standing
13 order, pursuant to subsection a. of this section, for the dispensing of
14 opioid antidotes, may dispense an opioid antidote to any patient
15 who is deemed by the professional or professional entity to be
16 capable of administering the opioid antidote to an overdose victim
17 in an emergency.

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

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

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

40 d. In addition **[,]** to the immunity that is provided by this
41 section for authorized persons who are engaged in the prescribing,
42 dispensing, or administering of an opioid antidote, a person who
43 acts in accordance with this section shall additionally be subject to
44 the immunity provided **[for in]** by section 7 or section 8 of
45 P.L.2013, c.46 (C.2C:35-30 or C.2C:35-31) [also shall apply to a
46 person acting pursuant to this section] , provided that the

1 requirements of **section 7 or section 8 also** of those sections, as
2 applicable, have been met.

3 (cf: P.L.2013, c.46, s.4)

4

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

7 5. a. (1) A prescriber or other health care **professional**
8 prescribing or dispensing **practitioner who prescribes or dispenses**
9 an opioid antidote **to a patient** in accordance with subsection a. of
10 section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that **the**
11 patient receives patient **overdose prevention information is**
12 provided to the antidote recipient. **This** The requisite overdose
13 prevention information shall include, but is not limited to:
14 information on opioid overdose prevention and recognition;
15 instructions on how to perform rescue breathing and resuscitation;
16 information on opioid antidote dosage and instructions on opioid
17 antidote administration; information describing the importance of
18 calling 911 emergency telephone service for assistance with an
19 opioid overdose; and instructions for appropriate care **for** of an
20 overdose victim after administration of the opioid antidote.

21 (2) A professional or professional entity that dispenses an opioid
22 antidote pursuant to a standing order, in accordance with subsection
23 b. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that each
24 patient who is dispensed an opioid antidote also receives a copy of
25 the overdose prevention information that has been provided to the
26 professional or professional entity pursuant to paragraph (1) of this
27 subsection.

28 b. (1) In order to fulfill the information distribution **of patient**
29 overdose information required by requirements of subsection a. of
30 this section, **the** overdose prevention information may be
31 provided by the prescribing or dispensing health care
32 **professional** practitioner, by the dispensing professional or
33 professional entity , or by a community-based organization,
34 **substance abuse organization,** or other organization **which** that
35 addresses medical or social issues related to drug addiction **that** ,
36 and with which the health care **professional** practitioner,
37 professional, or professional entity, as appropriate, maintains a
38 written agreement **with, and that includes** . Any such written
39 agreement shall incorporate, at a minimum: procedures for
40 **providing patient** the timely dissemination of overdose
41 prevention information; information as to how employees or
42 volunteers providing the information will be trained; and standards
43 **for documenting the provision of patient overdose information to**
44 **patients** for recordkeeping under paragraph (2) of this subsection.

45 **c.** (2) The **provision** dissemination of **patient** overdose
46 prevention information in accordance with this section, and the

1 contact information for the persons receiving such information, to
2 the extent known, shall be documented by the prescribing or
3 dispensing health care practitioner, professional, or professional
4 entity, as appropriate, in : (a) the patient's medical record [by a
5 health care professional] , if applicable; or (b) another appropriate
6 record or log, if the patient's medical record is unavailable or
7 inaccessible, or if the antidote recipient is a professional or
8 professional entity acting in their professional capacity; or
9 [through] (c) any other similar [means as determined by any]
10 recordkeeping location, as specified in a written agreement
11 [between a health care professional and an organization as set forth
12 in] that has been executed pursuant to paragraph (1) of this
13 subsection [b. of this section] .

14 [d. The] c. In order to facilitate the dissemination of overdose
15 prevention information in accordance with this section, the
16 Commissioner of Human Services, in consultation with Statewide
17 organizations representing physicians, advanced practice nurses, or
18 physician assistants, [or] and organizations operating community-
19 based programs, [substance abuse programs,] sterile syringe access
20 programs, or other programs which address medical or social issues
21 related to drug addiction, may develop [and disseminate] training
22 materials in video, electronic, or other appropriate formats , and
23 disseminate these materials to health care [professionals or]
24 practitioners; professionals and professional entities that are
25 authorized by standing order to dispense opioid antidotes; and
26 organizations [operating community-based programs, substance
27 abuse programs, syringe access programs, or other programs which
28 address medical or social issues related to drug addiction, to
29 facilitate the provision of patient overdose information] that are
30 authorized to disseminate overdose prevention information under a
31 written agreement executed pursuant to paragraph (1) of subsection
32 b. of this section.

33 (cf: P.L.2013, c.46, s.5)

34

35 4. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read
36 as follows:

37 3. The Commissioner of Health shall establish a demonstration
38 program to permit up to six municipalities to operate a sterile
39 syringe access program in accordance with the provisions of this
40 act. For the purposes of the demonstration program, the
41 commissioner shall prescribe by regulation requirements for a
42 municipality to establish, or otherwise authorize the operation
43 within that municipality of, a sterile syringe access program to
44 provide for the exchange of hypodermic syringes and needles in
45 accordance with the provisions of [this act] P.L.2006,
46 c.99 (C.26:5C-25 et seq.) .

47 a. The commissioner shall:

1 (1) request an application, to be submitted on a form and in a
2 manner to be prescribed by the commissioner, from any
3 municipality that seeks to establish a sterile syringe access program,
4 or from other entities authorized to operate a sterile syringe access
5 program within that municipality as provided in paragraph (2) of
6 subsection a. of section 4 of **[this act]** P.L.2006, c.99 (C.26:5C-28);

7 (2) approve those applications that meet the requirements
8 established by regulation of the commissioner and contract with the
9 municipalities or entities whose applications are approved to
10 establish a sterile syringe access program as provided in paragraph
11 (2) of subsection a. of section 4 of **[this act]** P.L.2006,
12 c.99 (C.26:5C-28) to operate a sterile syringe access program in any
13 municipality in which the governing body has authorized the
14 operation of sterile syringe access programs within that
15 municipality by ordinance;

16 (3) support and facilitate, to the maximum extent practicable,
17 the linkage of sterile syringe access programs to : (a) health care
18 facilities and programs **[as]** that may provide appropriate health
19 care services, including mental health **[and]** services, medication-
20 assisted drug treatment services, and other substance abuse
21 treatment **[,]** services to consumers participating in a sterile syringe
22 access program; and **[to]** (b) housing assistance programs, career
23 and employment-related counseling programs, and education
24 counseling programs that may provide appropriate ancillary support
25 services to consumers participating in a sterile syringe access
26 program;

27 (4) provide for the adoption of a uniform identification card or
28 other uniform Statewide means of identification for consumers,
29 staff, and volunteers of a sterile syringe access program pursuant to
30 paragraph **[(8)]** (9) of subsection b. of section 4 of **[this act]**
31 P.L.2006, c.99 (C.26:5C-28); and

32 (5) maintain a record of the data reported to the commissioner
33 by sterile syringe access programs pursuant to paragraph **[(10)]**
34 (11) of subsection b. of section 4 of **[this act]** P.L.2006,
35 c.99 (C.26:5C-28).

36 b. The commissioner shall be authorized to accept funding as
37 may be made available from the private sector to effectuate the
38 purposes of **[this act]** P.L.2006, c.99 (C.26:5C-25 et seq.).

39 (cf: P.L.2012, c.17, s.345)

40

41 5. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read
42 as follows:

43 4. a. In accordance with the provisions of section 3 of
44 P.L.2006, c.99 (C.26:5C-27), a municipality may establish or
45 authorize establishment of a sterile syringe access program that is
46 approved by the commissioner to provide for the exchange of
47 hypodermic syringes and needles.

1 (1) A municipality that establishes a sterile syringe access
2 program, at a fixed location or through a mobile access component,
3 may operate the program directly or contract with one or more of
4 the following entities to operate the program: a hospital or other
5 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
6 et seq.), a federally qualified health center, a public health agency, a
7 substance abuse treatment program, an AIDS service organization,
8 or another nonprofit entity designated by the municipality. These
9 entities shall also be authorized to contract directly with the
10 commissioner in any municipality in which the governing body has
11 authorized the operation of sterile syringe access programs by
12 ordinance pursuant to paragraph (2) of this subsection. The
13 municipality or entity under contract shall implement the sterile
14 syringe access program in consultation with a federally qualified
15 health center and the New Jersey Office on Minority and
16 Multicultural Health in the Department of Health and Senior
17 Services, and in a culturally competent manner.

18 (2) Pursuant to paragraph (2) of subsection a. of section 3 of
19 P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body
20 has authorized the operation of sterile syringe access programs
21 within the municipality may require within the authorizing
22 ordinance that an entity as described in paragraph (1) of this
23 subsection obtain approval from the municipality, in a manner
24 prescribed by the authorizing ordinance, to operate a sterile syringe
25 access program prior to obtaining approval from the commissioner
26 to operate such a program, or may permit the entity to obtain
27 approval to operate such a program by application directly to the
28 commissioner without obtaining prior approval from the
29 municipality.

30 (3) Two or more municipalities may jointly establish or
31 authorize establishment of a sterile syringe access program that
32 operates within those municipalities pursuant to adoption of an
33 ordinance by each participating municipality pursuant to this
34 section.

35 b. A sterile syringe access program shall comply with the
36 following requirements:

37 (1) Sterile syringes and needles shall be provided at no cost to
38 consumers 18 years of age and older;

39 (2) Program staff shall be trained and regularly supervised in:
40 harm reduction; substance abuse, medical and social service
41 referrals; and infection control procedures, including universal
42 precautions and needle stick injury protocol; and programs shall
43 maintain records of staff and volunteer training and of hepatitis C
44 and tuberculosis screening provided to volunteers and staff;

45 (3) The program shall offer information about HIV, hepatitis C
46 and other bloodborne pathogens and prevention materials at no cost
47 to consumers, and shall seek to educate all consumers about safe
48 and proper disposal of needles and syringes;

1 (4) The program shall provide information and referrals to
2 consumers, including HIV testing options, access to medication-
3 assisted drug abuse treatment programs and other substance abuse
4 treatment programs, and available health and social service options
5 relevant to the consumer's needs **【, shall】** . The program shall
6 encourage consumers to receive an HIV test, and shall **【also】** ,
7 when appropriate, develop an individualized drug abuse treatment
8 plan for each participating consumer;

9 (5) The program shall screen out consumers under 18 years of
10 age from access to syringes and needles, and shall refer them to
11 drug abuse treatment and other appropriate programs for youth;

12 (6) The program shall develop a plan for the handling and
13 disposal of used syringes and needles in accordance with
14 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
15 medical waste disposal pursuant to the "Comprehensive Regulated
16 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
17 al.), and shall also develop and maintain protocols for post-
18 exposure treatment;

19 (7) (a) The program shall obtain a standing order, pursuant to
20 the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.),
21 authorizing program staff to carry and dispense naloxone
22 hydrochloride or another opioid antidote to consumers and the
23 family members and friends thereof.

24 (b) The program shall provide overdose prevention information
25 to consumers, the family members and friends thereof, and other
26 persons associated therewith, as appropriate, in accordance with the
27 provisions of section 5 of the "Overdose Prevention Act," P.L.2013,
28 c.46 (C.24:6J-5);

29 (8) The program shall maintain the confidentiality of consumers
30 by the use of confidential identifiers, which shall consist of the first
31 two letters of the first name of the consumer's mother and the two-
32 digit day of birth and two-digit year of birth of the consumer, or by
33 the use of such other uniform Statewide mechanism as may be
34 approved by the commissioner for this purpose;

35 **【(8)】** (9) The program shall provide a uniform identification
36 card that has been approved by the commissioner to consumers and
37 to staff and volunteers involved in transporting, exchanging or
38 possessing syringes and needles, or shall provide for such other
39 uniform Statewide means of identification as may be approved by
40 the commissioner for this purpose;

41 **【(9)】** (10) The program shall provide consumers at the time of
42 enrollment with a schedule of program operation hours and
43 locations, in addition to information about prevention and harm
44 reduction and drug abuse treatment services; and

45 **【(10)】** (11) The program shall establish and implement accurate
46 data collection methods and procedures as required by the
47 commissioner for the purpose of evaluating the sterile syringe

1 access programs, including the monitoring and evaluation on a
2 quarterly basis of:

3 (a) sterile syringe access program participation rates, including
4 the number of consumers who enter drug abuse treatment programs
5 and the status of their treatment;

6 (b) the effectiveness of the sterile syringe access programs in
7 meeting their objectives, including, but not limited to, return rates
8 of syringes and needles distributed to consumers and the impact of
9 the sterile syringe access programs on intravenous drug use; and

10 (c) the number and type of referrals provided by the sterile
11 syringe access programs and the specific actions taken by the sterile
12 syringe access programs on behalf of each consumer.

13 c. A municipality may terminate a sterile syringe access
14 program established or authorized pursuant to this act, which is
15 operating within that municipality, if its governing body approves
16 such an action by ordinance, in which case the municipality shall
17 notify the commissioner of its action in a manner prescribed by
18 regulation of the commissioner.

19 (cf: P.L.2006, c.99, s.4)

20

21 6. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read
22 as follows:

23 5. a. (1) The Commissioner of Health and Senior Services
24 shall report to the Governor and, pursuant to section 2 of P.L.1991,
25 164 (C.52:14-19.1), the Legislature, no later than one year after the
26 effective date of **【this act】** P.L.2006, c.99 (C.26:5C-25 et seq.) and
27 biennially thereafter, on the status of sterile syringe access
28 programs established pursuant to sections 3 and 4 of P.L.2006,
29 c.99 (C.26:5C-27 and C.26:5C-28), and shall include in that report
30 the data provided to the commissioner by each sterile syringe access
31 program pursuant to paragraph **【(10)】** (11) of subsection b. of
32 section 4 of P.L.2006, c.99 (C.26:5C-28).

33 (2) For the purpose of each biennial report pursuant to
34 paragraph (1) of this subsection, the commissioner shall:

35 (a) consult with local law enforcement authorities regarding the
36 impact of the sterile syringe access programs on the rate and
37 volume of crime in the affected municipalities and include that
38 information in the report; and

39 (b) seek to obtain data from public safety and emergency
40 medical services providers Statewide regarding the incidence and
41 location of needle stick injuries to their personnel and include that
42 information in the report.

43 b. The commissioner shall report to the Governor and, pursuant
44 to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, no
45 later than six months after the date that the initial sterile syringe
46 access program, which is approved by the commissioner pursuant to
47 section 3 of P.L.2006, c.99 (C.26:5C-27), commences its
48 operations, and shall include in that report:

1 (1) an assessment of whether an adequate number of drug abuse
2 treatment program slots is available to meet the treatment needs of
3 persons who have been referred to drug abuse treatment programs
4 by sterile syringe access programs pursuant to paragraph (4) of
5 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28); and

6 (2) a recommendation for such appropriation as the
7 commissioner determines necessary to ensure the provision of an
8 adequate number of drug abuse treatment program slots for those
9 persons.

10 c. The commissioner shall contract with an entity that is
11 independent of the department to prepare a detailed analysis of the
12 sterile syringe access programs, and to report on the results of that
13 analysis to the Governor, the Governor's Advisory Council on
14 HIV/AIDS and Related Blood-Borne Pathogens, and, pursuant to
15 section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, no
16 later than 24 months after the adoption of regulations required
17 pursuant to subsection b. of section 7 of P.L.2006, c.99 (C.26:5C-
18 31) and annually thereafter. The analysis shall include, but not be
19 limited to:

20 (1) any increase or decrease in the spread of HIV, hepatitis C
21 and other blood-borne pathogens that may be transmitted by the use
22 of contaminated syringes and needles;

23 (2) the number of exchanged syringes and needles and an
24 evaluation of the disposal of syringes and needles that are not
25 returned by consumers;

26 (3) the number of consumers participating in the sterile syringe
27 access programs and an assessment of their reasons for participating
28 in the programs;

29 (4) the number of consumers in the sterile syringe access
30 programs who participated in drug abuse treatment programs; and

31 (5) the number of consumers in the sterile syringe access
32 programs who benefited from counseling and referrals to programs
33 and entities that are relevant to their health, housing, social service,
34 employment and other needs.

35 d. Within 90 days after receipt of the third report pursuant to
36 subsection c. of this section, the commissioner shall submit to the
37 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
38 19.1), the Legislature, on a day when both Houses of the
39 Legislature are meeting in the course of a regular or special session,
40 the commissioner's recommendations regarding whether or not to
41 continue the demonstration program established pursuant to this act.
42 The commissioner's recommendations shall be effective unless the
43 Legislature passes a concurrent resolution overriding the
44 commissioner's recommendations no later than the 45th day after its
45 receipt of those recommendations.

46 (cf: P.L.2006, c.99, s.5)

47
48 7. There is appropriated \$500,000 from the General Fund to the

1 Department of Health for the purpose of providing financial
2 assistance to sterile syringe access programs in the State, as may be
3 necessary to enable and facilitate program compliance with the
4 requirements of paragraph (7) of subsection b. of section 4 of
5 P.L.2006, c.99 (C.26:5C-28).

6
7 8. This act shall take effect immediately.

8
9
10 STATEMENT

11
12 This bill would amend the “Overdose Prevention Act,” P.L.2013,
13 c.46, in order to extend the act’s immunity provisions to certain
14 professionals and professional entities that administer or dispense
15 opioid antidotes.

16 “Professional” would be defined by the bill to mean any person,
17 other than a health care practitioner, who is employed on a paid or
18 volunteer basis in the areas of health care, substance abuse
19 treatment or therapy, criminal justice, or emergency response, and
20 who, acting in that person’s professional capacity, obtains an opioid
21 antidote from a health care practitioner for the purposes of
22 dispensing or administering that antidote to other parties in the
23 course of business. The term would include, but would not be
24 limited to, a sterile syringe access program employee, law
25 enforcement official, emergency medical technician, and any other
26 emergency responder, acting in that person’s professional capacity.

27 The bill defines a “professional entity” as any organization,
28 company, governmental entity, community-based program, first aid,
29 rescue or emergency squad, sterile syringe access program, or any
30 other organized group that employs two or more professionals who
31 engage, during the regular course of business, in direct interactions
32 with opioid or heroin addicts or abusers or other persons susceptible
33 to opioid overdose, or with other persons who are in a position to
34 provide direct medical assistance to opioid or heroin addicts or
35 abusers in the event of an overdose.

36 The bill would authorize a health care practitioner (including a
37 physician, physician assistant, advanced practice nurse, pharmacist,
38 certified or licensed alcohol and drug counselor, or other
39 practitioner regulated by Title 45 of the Revised Statutes), pursuant
40 to issue a standing order issued by a practitioner authorized to
41 prescribe medications, to dispense opioid antidotes to any
42 professional who is deemed by the health care practitioner to be
43 capable of administering or dispensing the antidote, or to any
44 professional entity whose employees are deemed by the health care
45 practitioner to be capable of administering or dispensing the
46 antidote. The bill would specify, however, that whenever the
47 statutory law expressly requires a professional or professional entity
48 to obtain a standing order for opioid antidotes pursuant to the

1 Overdose Prevention Act (as this bill does for sterile syringe access
2 programs), such professional, or the professionals employed by
3 such professional entity, as the case may be, must be presumed by
4 the health care practitioner to be capable of administering or
5 dispensing the opioid antidote, consistent with the statutory
6 requirement.

7 A health care prescriber issuing a standing order pursuant to the
8 bill's provisions would be required to indicate thereon whether the
9 order authorizes the professional or professional entity to dispense
10 the antidote, administer the antidote, or both. However, if the law
11 already specifies which type of authorization is to be granted by the
12 standing order, the standing order will be deemed to grant the
13 authorization specified in the law, even if such authority is not
14 expressly indicated on the face of the order.

15 The bill would further require any professional or professional
16 entity who is dispensing opioid antidotes to patients to provide
17 these patients with overdose prevention information. This overdose
18 prevention information would first be provided to the professional
19 or professional entity by a health care practitioner, at the time of the
20 standing order's issuance, and would then be copied by the
21 professional or professional entity and disseminated to the patients
22 who are dispensed an opioid antidote thereby.

23 Finally, the bill would amend the law pertaining to sterile
24 syringe access programs (also known as needle exchange
25 programs), in order to expressly require each such program to both
26 obtain a standing order authorizing its employees to carry and
27 dispense opioid antidotes, and provide overdose prevention
28 information to clients and other persons, in accordance with the
29 revised provisions of the "Overdose Prevention Act." The bill
30 would appropriate \$500,000 from the General Fund to the
31 Department of Health for the purpose of providing financial
32 assistance to sterile syringe access programs in the State, as may be
33 necessary to enable and facilitate the programs' compliance with
34 these new statutory mandates. Finally, the bill would authorize
35 sterile syringe access programs to link to, and provide patient
36 information and referrals regarding, medication-assisted treatment
37 programs.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 2378

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 9, 2014

The Senate Health, Human Services and Senior Services Committee reports favorably and with amendments Senate Bill No. 2378.

As amended by the committee, this bill would amend the “Overdose Prevention Act,” P.L.2013, c.46, in order to extend the act’s immunity provisions to certain professionals, professional entities, emergency medical responders, and emergency medical response entities that administer or dispense opioid antidotes.

“Professional” would be defined by the bill to mean any person, other than a health care practitioner, who is employed on a paid or volunteer basis in the areas of substance abuse treatment or therapy, criminal justice, or a related area and who, acting in that person’s professional or volunteer capacity, obtains an opioid antidote from a health care practitioner for the purposes of dispensing or administering that antidote to other parties in the course of business. The term would include, but would not be limited to, a sterile syringe access program employee, and a law enforcement official.

The bill defines a “professional entity” as any organization, company, governmental entity, community-based program, sterile syringe access program, or any other organized group that employs two or more professionals who engage, during the regular course of business or volunteer activities, in direct interactions with opioid or heroin addicts or abusers or other persons susceptible to opioid overdose, or with other persons who are in a position to provide direct medical assistance to opioid or heroin addicts or abusers in the event of an overdose.

“Emergency medical response entity” is defined by the bill to mean any organization, company, governmental entity, community-based program, or health care system that provides pre-hospital emergency medical services and assistance to opioid or heroin addicts or abusers in the event of an overdose. “Emergency medical responder” is defined to mean any person, other than a health care practitioner, who is employed on a paid basis or engaged on a

volunteer basis in the area of emergency response, including, but not limited to, an emergency medical technician acting in the person's professional capacity.

The bill would authorize a health care practitioner (including a physician, physician assistant, advanced practice nurse, pharmacist, certified or licensed alcohol and drug counselor, or other practitioner regulated by Title 45 of the Revised Statutes), pursuant to a standing order issued by a practitioner authorized to prescribe medications, to dispense opioid antidotes to any professional or emergency medical responder who is deemed by the health care practitioner to be capable of administering or dispensing the antidote, or to any professional entity or emergency medical response entity whose employees are deemed by the health care practitioner to be capable of administering or dispensing the antidote. The bill would specify, however, that whenever the statutory law expressly requires a professional, professional entity, emergency medical responder, or emergency medical response entity to obtain a standing order for opioid antidotes pursuant to the Overdose Prevention Act (as this bill does for sterile syringe access programs), such professional, emergency medical responder, or the professionals or emergency medical responders employed by such professional entity or emergency medical response entity, as the case may be, must be presumed by the health care practitioner to be capable of administering or dispensing the opioid antidote, consistent with the statutory requirement.

A health care prescriber issuing a standing order pursuant to the bill's provisions would be required to indicate thereon whether the order authorizes the professional, emergency medical responder, professional entity, or emergency medical response entity to dispense the antidote, administer the antidote, or both. However, if the law already specifies which type of authorization is to be granted by the standing order, the standing order will be deemed to grant the authorization specified in the law, even if such authority is not expressly indicated on the face of the order.

The bill would further require any professional, professional entity, emergency medical responder, or emergency medical response entity engaged in the dispensation of opioid antidotes to provide their patients with overdose prevention information. This overdose prevention information would first be provided to the professional, emergency medical responder, professional entity, or emergency medical response entity by a health care practitioner, at the time of the standing order's issuance, and would then be copied by the professional, professional entity, emergency medical responder, or emergency medical response entity, and disseminated to the patients who are dispensed an opioid antidote thereby.

Finally, the bill would amend the law pertaining to sterile syringe access programs (also known as needle exchange programs), in order both to expressly authorize each such program to obtain a standing

order allowing its employees to carry and dispense opioid antidotes, and to require such entities to provide overdose prevention information to their clients and other persons, in accordance with the revised provisions of the Overdose Prevention Act. Finally, the bill would authorize sterile syringe access programs to link to, and provide patient information and referrals regarding, medication-assisted treatment programs.

The committee amended the bill to:

- eliminate a \$500,000 appropriation;
- make a distinction between professionals and emergency medical responders and between professional entities and emergency medical response entities; eliminate language associated with emergency medical responders and response entities from the definitions and provisions related to professionals and professional entities; and insert new provisions specifically applicable to emergency medical responders and emergency medical response entities;
- clarify that the bill's provisions apply to individuals acting in a volunteer capacity in the same manner as individuals acting in a professional capacity;
- clarify the distinctions between "patients" and "recipients" as those terms are used in the bill; and
- authorize, rather than require, sterile syringe access programs to obtain a standing order pursuant to the Overdose Prevention Act.

ASSEMBLY, No. 3720

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED SEPTEMBER 22, 2014

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblywoman NANCY F. MUNOZ

District 21 (Morris, Somerset and Union)

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblywoman NANCY J. PINKIN

District 18 (Middlesex)

Assemblyman DECLAN J. O'SCANLON, JR.

District 13 (Monmouth)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Co-Sponsored by:

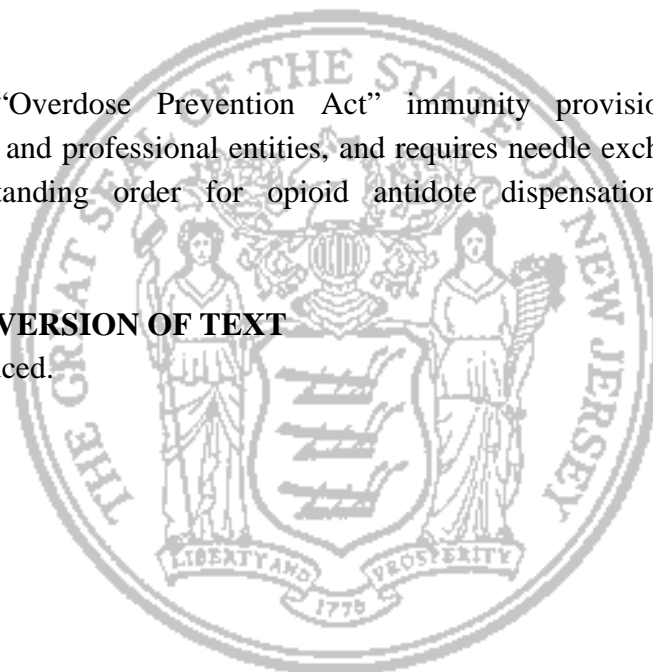
Assemblyman Eustace

SYNOPSIS

Extends "Overdose Prevention Act" immunity provisions to certain professionals and professional entities, and requires needle exchange programs to obtain standing order for opioid antidote dispensation; appropriates \$500,000.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/24/2014)

1 AN ACT concerning overdose prevention and sterile syringe access
2 programs, amending P.L.2006, c.99 and P.L.2013, c.46, and
3 making an appropriation.
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

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

10 3. As used in this act:

11 "Commissioner" means the Commissioner of Human Services.

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

18 "Health care practitioner" means a prescriber, pharmacist, or
19 other individual whose professional practice is regulated pursuant to
20 Title 45 of the Revised Statutes, and who, in accordance with the
21 practitioner's scope of professional practice, dispenses or
22 administers an opioid antidote.

23 "Medical assistance" means professional medical services that
24 are provided to a person experiencing a drug overdose by a health
25 care **【professional】** practitioner, acting within the practitioner's
26 scope of **【his or her lawful】** professional practice, including
27 professional medical services that are mobilized through telephone
28 contact with the 911 telephone emergency service.

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

32 **【"Health care professional" means a physician, physician**
33 **assistant, advanced practice nurse, or other individual who is**
34 **licensed or whose professional practice is otherwise regulated**
35 **pursuant to Title 45 of the Revised Statutes, other than a**
36 **pharmacist, and who, based upon the accepted scope of professional**
37 **authority, prescribes or dispenses an opioid antidote.】**

38 "Patient" includes a person who is at risk of an opioid overdose
39 and a person who is not at risk of an opioid overdose **【but】** who **【**,
40 in the judgment of a physician, may be in a position to assist
41 another individual during an overdose and who has received patient
42 overdose information as required by section 5 of this act on the
43 indications for and administration of an opioid antidote**】** in the
44 person's individual capacity, obtains an opioid antidote from a
45 health care practitioner, professional, or professional entity for the

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】 in the above bill is not enacted and is intended to be omitted in the law.**

Matter underlined thus is new matter.

1 purpose of administering that antidote to another person in an
2 emergency, in accordance with subsection c. of section 4 of
3 P.L.2013, c.46 (C.24:6J-4). “Patient” includes a professional who
4 is acting in that professional’s individual capacity, but does not
5 include a professional who is acting in a professional capacity.

6 “Prescriber” means a health care practitioner authorized by law
7 to prescribe medications who, acting within the practitioner’s scope
8 of professional practice, prescribes an opioid antidote. “Prescriber”
9 includes, but is not limited to, a physician, physician assistant, or
10 advanced practice nurse.

11 “Professional” means a person, other than a health care
12 practitioner, who is employed on a paid or volunteer basis in the
13 areas of health care, substance abuse treatment or therapy, criminal
14 justice, or emergency response, and who, acting in that person’s
15 professional capacity, obtains an opioid antidote from a health care
16 practitioner for the purposes of dispensing or administering that
17 antidote to other parties in the course of business. “Professional”
18 includes, but is not limited to, a sterile syringe access program
19 employee, law enforcement official, emergency medical technician,
20 and any other emergency responder, acting in that person’s
21 professional capacity.

22 “Professional entity” means an organization, company,
23 governmental entity, community-based program, first aid, rescue or
24 emergency squad, sterile syringe access program, or any other
25 organized group that employs two or more professionals who
26 engage, during the regular course of business, in direct interactions
27 with opioid or heroin addicts or abusers or other persons susceptible
28 to opioid overdose, or with other persons who are in a position to
29 provide direct medical assistance to opioid or heroin addicts or
30 abusers in the event of an overdose.

31 “Recipient” means a patient, professional, or professional entity
32 who is prescribed or dispensed an opioid antidote in accordance
33 with section 4 of P.L.2013, c.46 (C.24:6J-4) .

34 (cf: P.L.2013, c.46, s.3)

35
36 2. Section 4 of P.L.2013, c.46 (C.24:6J-4) is amended to read
37 as follows:

38 4. a. (1) A prescriber or other health care [professional or
39 pharmacist who, acting in good faith,] practitioner, as appropriate,
40 may prescribe or dispense an opioid antidote:

41 (a) directly or through a standing order, to any patient who is
42 deemed by the health care practitioner to be capable of
43 administering the opioid antidote to an overdose victim in an
44 emergency;

45 (b) through a standing order, to any professional who is not
46 employed by a professional entity, but who is deemed by the health
47 care practitioner to be capable of administering opioid antidotes to

1 overdose victims, as part of the professional's regular course of
2 business;

3 (c) through a standing order, to any professional who is not
4 employed by a professional entity, but who is deemed by the health
5 care practitioner to be capable of dispensing opioid antidotes to
6 patients, for administration thereby, as part of the professional's
7 regular course of business;

8 (d) through a standing order, to any professional entity which is
9 deemed by the health care practitioner to employ professionals who
10 are capable of administering opioid antidotes to overdose victims as
11 part of the entity's regular course of business;

12 (e) through a standing order, to any professional entity which is
13 deemed by the health care practitioner to employ professionals who
14 are capable of dispensing opioid antidotes to patients, for
15 administration thereby, as part of the entity's regular course of
16 business.

17 (2) For the purposes of this subsection, whenever the law
18 expressly requires a certain type of professional or professional
19 entity to obtain a standing order for opioid antidotes pursuant to this
20 section, such professional, or the professionals employed by such
21 professional entity, as the case may be, shall be presumed by the
22 prescribing or dispensing health care practitioner to be capable of
23 administering or dispensing the opioid antidote, consistent with the
24 express statutory requirement.

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

41 (b) Notwithstanding the provisions of this paragraph to the
42 contrary, if the law expressly authorizes or requires a certain type of
43 professional or professional entity to administer or carry and
44 dispense opioid antidotes pursuant to a standing order issued
45 hereunder, the standing order issued pursuant to this section shall be
46 deemed to grant the authority specified by the law, even if such
47 authority is not expressly indicated on the face of the standing
48 order.

1 (4) Any prescriber or other health care practitioner who
2 prescribes or dispenses an opioid antidote [to a patient capable , in
3 the judgment of the health care professional, of administering the
4 opioid antidote in an emergency,] in good faith, and in accordance
5 with the provisions of this subsection, shall not, as a result of the
6 **[professional's] practitioner's** acts or omissions, be subject to any
7 criminal or civil liability, or any professional disciplinary action
8 under Title 45 of the Revised Statutes for prescribing or dispensing
9 an opioid antidote in accordance with **[this act]** P.L.2013, c.46
10 (C.24:6J-1 et seq.).

11 b. **[A person, other than a health care professional,]** (1) Any
12 professional or professional entity that has obtained a standing
13 order, pursuant to subsection a. of this section, for the dispensing of
14 opioid antidotes, may dispense an opioid antidote to any patient
15 who is deemed by the professional or professional entity to be
16 capable of administering the opioid antidote to an overdose victim
17 in an emergency.

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

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

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

40 d. In addition **[,]** to the immunity that is provided by this
41 section for authorized persons who are engaged in the prescribing,
42 dispensing, or administering of an opioid antidote, a person who
43 acts in accordance with this section shall additionally be subject to
44 the immunity provided [for in] by section 7 or section 8 of
45 P.L.2013, c.46 (C.2C:35-30 or C.2C:35-31) [also shall apply to a
46 person acting pursuant to this section] , provided that the

1 requirements of **section 7 or section 8 also** of those sections, as
2 applicable, have been met.

3 (cf: P.L.2013, c.46, s.4)

4

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

7 5. a. (1) A prescriber or other health care **professional**
8 prescribing or dispensing **practitioner who prescribes or dispenses**
9 an opioid antidote **to a patient** in accordance with subsection a. of
10 section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that **the**
11 patient receives patient **overdose prevention information is**
12 provided to the antidote recipient. **This** The requisite overdose
13 prevention information shall include, but is not limited to:
14 information on opioid overdose prevention and recognition;
15 instructions on how to perform rescue breathing and resuscitation;
16 information on opioid antidote dosage and instructions on opioid
17 antidote administration; information describing the importance of
18 calling 911 emergency telephone service for assistance with an
19 opioid overdose; and instructions for appropriate care **for** of an
20 overdose victim after administration of the opioid antidote.

21 (2) A professional or professional entity that dispenses an opioid
22 antidote pursuant to a standing order, in accordance with subsection
23 b. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that each
24 patient who is dispensed an opioid antidote also receives a copy of
25 the overdose prevention information that has been provided to the
26 professional or professional entity pursuant to paragraph (1) of this
27 subsection.

28 b. (1) In order to fulfill the information distribution **of patient**
29 overdose information required by requirements of subsection a. of
30 this section, **the** overdose prevention information may be
31 provided by the prescribing or dispensing health care
32 **professional** practitioner, by the dispensing professional or
33 professional entity , or by a community-based organization,
34 **substance abuse organization,** or other organization **which** that
35 addresses medical or social issues related to drug addiction **that** ,
36 and with which the health care **professional** practitioner,
37 professional, or professional entity, as appropriate, maintains a
38 written agreement **with, and that includes** . Any such written
39 agreement shall incorporate, at a minimum: procedures for
40 **providing patient** the timely dissemination of overdose
41 prevention information; information as to how employees or
42 volunteers providing the information will be trained; and standards
43 **for documenting the provision of patient overdose information to**
44 **patients** for recordkeeping under paragraph (2) of this subsection.

45 **c.** (2) The **provision** dissemination of **patient** overdose
46 prevention information in accordance with this section, and the

1 contact information for the persons receiving such information, to
2 the extent known, shall be documented by the prescribing or
3 dispensing health care practitioner, professional, or professional
4 entity, as appropriate, in : (a) the patient's medical record [by a
5 health care professional] , if applicable; or (b) another appropriate
6 record or log, if the patient's medical record is unavailable or
7 inaccessible, or if the antidote recipient is a professional or
8 professional entity acting in their professional capacity; or
9 [through] (c) any other similar [means as determined by any]
10 recordkeeping location, as specified in a written agreement
11 [between a health care professional and an organization as set forth
12 in] that has been executed pursuant to paragraph (1) of this
13 subsection [b. of this section] .

14 [d. The] c. In order to facilitate the dissemination of overdose
15 prevention information in accordance with this section, the
16 Commissioner of Human Services, in consultation with Statewide
17 organizations representing physicians, advanced practice nurses, or
18 physician assistants, [or] and organizations operating community-
19 based programs, [substance abuse programs,] sterile syringe access
20 programs, or other programs which address medical or social issues
21 related to drug addiction, may develop [and disseminate] training
22 materials in video, electronic, or other appropriate formats , and
23 disseminate these materials to health care [professionals or]
24 practitioners; professionals and professional entities that are
25 authorized by standing order to dispense opioid antidotes; and
26 organizations [operating community-based programs, substance
27 abuse programs, syringe access programs, or other programs which
28 address medical or social issues related to drug addiction, to
29 facilitate the provision of patient overdose information] that are
30 authorized to disseminate overdose prevention information under a
31 written agreement executed pursuant to paragraph (1) of subsection
32 b. of this section.

33 (cf: P.L.2013, c.46, s.5)

34

35 4. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read
36 as follows:

37 3. The Commissioner of Health shall establish a demonstration
38 program to permit up to six municipalities to operate a sterile
39 syringe access program in accordance with the provisions of this
40 act. For the purposes of the demonstration program, the
41 commissioner shall prescribe by regulation requirements for a
42 municipality to establish, or otherwise authorize the operation
43 within that municipality of, a sterile syringe access program to
44 provide for the exchange of hypodermic syringes and needles in
45 accordance with the provisions of [this act] P.L.2006, c.99
46 (C.26:5C-25 et seq.) .

47 a. The commissioner shall:

1 (1) request an application, to be submitted on a form and in a
2 manner to be prescribed by the commissioner, from any
3 municipality that seeks to establish a sterile syringe access program,
4 or from other entities authorized to operate a sterile syringe access
5 program within that municipality as provided in paragraph (2) of
6 subsection a. of section 4 of **[this act]** P.L.2006, c.99 (C.26:5C-28);

7 (2) approve those applications that meet the requirements
8 established by regulation of the commissioner and contract with the
9 municipalities or entities whose applications are approved to
10 establish a sterile syringe access program as provided in paragraph
11 (2) of subsection a. of section 4 of **[this act]** P.L.2006, c.99
12 (C.26:5C-28) to operate a sterile syringe access program in any
13 municipality in which the governing body has authorized the
14 operation of sterile syringe access programs within that
15 municipality by ordinance;

16 (3) support and facilitate, to the maximum extent practicable,
17 the linkage of sterile syringe access programs to : (a) health care
18 facilities and programs [as] that may provide appropriate health
19 care services, including mental health [and] services, medication-
20 assisted drug treatment services, and other substance abuse
21 treatment [,] services to consumers participating in a sterile syringe
22 access program; and [to] (b) housing assistance programs, career
23 and employment-related counseling programs, and education
24 counseling programs that may provide appropriate ancillary support
25 services to consumers participating in a sterile syringe access
26 program;

27 (4) provide for the adoption of a uniform identification card or
28 other uniform Statewide means of identification for consumers,
29 staff, and volunteers of a sterile syringe access program pursuant to
30 paragraph **[(8)] (9)** of subsection b. of section 4 of **[this act]**
31 P.L.2006, c.99 (C.26:5C-28); and

32 (5) maintain a record of the data reported to the commissioner
33 by sterile syringe access programs pursuant to paragraph **[(10)]**
34 **(11)** of subsection b. of section 4 of **[this act]** P.L.2006, c.99
35 (C.26:5C-28).

36 b. The commissioner shall be authorized to accept funding as
37 may be made available from the private sector to effectuate the
38 purposes of **[this act]** P.L.2006, c.99 (C.26:5C-25 et seq.).

39 (cf: P.L.2012, c.17, s.345)

40
41 5. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read
42 as follows:

43 4. a. In accordance with the provisions of section 3 of
44 P.L.2006, c.99 (C.26:5C-27), a municipality may establish or
45 authorize establishment of a sterile syringe access program that is
46 approved by the commissioner to provide for the exchange of
47 hypodermic syringes and needles.

1 (1) A municipality that establishes a sterile syringe access
2 program, at a fixed location or through a mobile access component,
3 may operate the program directly or contract with one or more of
4 the following entities to operate the program: a hospital or other
5 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
6 et seq.), a federally qualified health center, a public health agency, a
7 substance abuse treatment program, an AIDS service organization,
8 or another nonprofit entity designated by the municipality. These
9 entities shall also be authorized to contract directly with the
10 commissioner in any municipality in which the governing body has
11 authorized the operation of sterile syringe access programs by
12 ordinance pursuant to paragraph (2) of this subsection. The
13 municipality or entity under contract shall implement the sterile
14 syringe access program in consultation with a federally qualified
15 health center and the New Jersey Office on Minority and
16 Multicultural Health in the Department of Health and Senior
17 Services, and in a culturally competent manner.

18 (2) Pursuant to paragraph (2) of subsection a. of section 3 of
19 P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body
20 has authorized the operation of sterile syringe access programs
21 within the municipality may require within the authorizing
22 ordinance that an entity as described in paragraph (1) of this
23 subsection obtain approval from the municipality, in a manner
24 prescribed by the authorizing ordinance, to operate a sterile syringe
25 access program prior to obtaining approval from the commissioner
26 to operate such a program, or may permit the entity to obtain
27 approval to operate such a program by application directly to the
28 commissioner without obtaining prior approval from the
29 municipality.

30 (3) Two or more municipalities may jointly establish or
31 authorize establishment of a sterile syringe access program that
32 operates within those municipalities pursuant to adoption of an
33 ordinance by each participating municipality pursuant to this
34 section.

35 b. A sterile syringe access program shall comply with the
36 following requirements:

37 (1) Sterile syringes and needles shall be provided at no cost to
38 consumers 18 years of age and older;

39 (2) Program staff shall be trained and regularly supervised in:
40 harm reduction; substance abuse, medical and social service
41 referrals; and infection control procedures, including universal
42 precautions and needle stick injury protocol; and programs shall
43 maintain records of staff and volunteer training and of hepatitis C
44 and tuberculosis screening provided to volunteers and staff;

45 (3) The program shall offer information about HIV, hepatitis C
46 and other bloodborne pathogens and prevention materials at no cost
47 to consumers, and shall seek to educate all consumers about safe
48 and proper disposal of needles and syringes;

1 (4) The program shall provide information and referrals to
2 consumers, including HIV testing options, access to medication-
3 assisted drug abuse treatment programs and other substance abuse
4 treatment programs, and available health and social service options
5 relevant to the consumer's needs **【, shall】** . The program shall
6 encourage consumers to receive an HIV test, and shall **【also】** ,
7 when appropriate, develop an individualized drug abuse treatment
8 plan for each participating consumer;

9 (5) The program shall screen out consumers under 18 years of
10 age from access to syringes and needles, and shall refer them to
11 drug abuse treatment and other appropriate programs for youth;

12 (6) The program shall develop a plan for the handling and
13 disposal of used syringes and needles in accordance with
14 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
15 medical waste disposal pursuant to the "Comprehensive Regulated
16 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
17 al.), and shall also develop and maintain protocols for post-
18 exposure treatment;

19 (7) (a) The program shall obtain a standing order, pursuant to
20 the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.),
21 authorizing program staff to carry and dispense naloxone
22 hydrochloride or another opioid antidote to consumers and the
23 family members and friends thereof.

24 (b) The program shall provide overdose prevention information
25 to consumers, the family members and friends thereof, and other
26 persons associated therewith, as appropriate, in accordance with the
27 provisions of section 5 of the "Overdose Prevention Act," P.L.2013,
28 c.46 (C.24:6J-5);

29 (8) The program shall maintain the confidentiality of consumers
30 by the use of confidential identifiers, which shall consist of the first
31 two letters of the first name of the consumer's mother and the two-
32 digit day of birth and two-digit year of birth of the consumer, or by
33 the use of such other uniform Statewide mechanism as may be
34 approved by the commissioner for this purpose;

35 **【(8)】** (9) The program shall provide a uniform identification
36 card that has been approved by the commissioner to consumers and
37 to staff and volunteers involved in transporting, exchanging or
38 possessing syringes and needles, or shall provide for such other
39 uniform Statewide means of identification as may be approved by
40 the commissioner for this purpose;

41 **【(9)】** (10) The program shall provide consumers at the time of
42 enrollment with a schedule of program operation hours and
43 locations, in addition to information about prevention and harm
44 reduction and drug abuse treatment services; and

45 **【(10)】** (11) The program shall establish and implement accurate
46 data collection methods and procedures as required by the
47 commissioner for the purpose of evaluating the sterile syringe

1 access programs, including the monitoring and evaluation on a
2 quarterly basis of:

3 (a) sterile syringe access program participation rates, including
4 the number of consumers who enter drug abuse treatment programs
5 and the status of their treatment;

6 (b) the effectiveness of the sterile syringe access programs in
7 meeting their objectives, including, but not limited to, return rates
8 of syringes and needles distributed to consumers and the impact of
9 the sterile syringe access programs on intravenous drug use; and

10 (c) the number and type of referrals provided by the sterile
11 syringe access programs and the specific actions taken by the sterile
12 syringe access programs on behalf of each consumer.

13 c. A municipality may terminate a sterile syringe access
14 program established or authorized pursuant to this act, which is
15 operating within that municipality, if its governing body approves
16 such an action by ordinance, in which case the municipality shall
17 notify the commissioner of its action in a manner prescribed by
18 regulation of the commissioner.

19 (cf: P.L.2006, c.99, s.4)

20

21 6. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read
22 as follows:

23 5. a. (1) The Commissioner of Health and Senior Services shall
24 report to the Governor and, pursuant to section 2 of P.L.1991, 164
25 (C.52:14-19.1), the Legislature, no later than one year after the
26 effective date of **【this act】** P.L.2006, c.99 (C.26:5C-25 et seq.) and
27 biennially thereafter, on the status of sterile syringe access
28 programs established pursuant to sections 3 and 4 of P.L.2006, c.99
29 (C.26:5C-27 and C.26:5C-28), and shall include in that report the
30 data provided to the commissioner by each sterile syringe access
31 program pursuant to paragraph **【(10)】** (11) of subsection b. of
32 section 4 of P.L.2006, c.99 (C.26:5C-28).

33 (2) For the purpose of each biennial report pursuant to
34 paragraph (1) of this subsection, the commissioner shall:

35 (a) consult with local law enforcement authorities regarding the
36 impact of the sterile syringe access programs on the rate and
37 volume of crime in the affected municipalities and include that
38 information in the report; and

39 (b) seek to obtain data from public safety and emergency
40 medical services providers Statewide regarding the incidence and
41 location of needle stick injuries to their personnel and include that
42 information in the report.

43 b. The commissioner shall report to the Governor and, pursuant
44 to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, no
45 later than six months after the date that the initial sterile syringe
46 access program, which is approved by the commissioner pursuant to
47 section 3 of P.L.2006, c.99 (C.26:5C-27), commences its
48 operations, and shall include in that report:

1 (1) an assessment of whether an adequate number of drug abuse
2 treatment program slots is available to meet the treatment needs of
3 persons who have been referred to drug abuse treatment programs
4 by sterile syringe access programs pursuant to paragraph (4) of
5 subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28); and

6 (2) a recommendation for such appropriation as the
7 commissioner determines necessary to ensure the provision of an
8 adequate number of drug abuse treatment program slots for those
9 persons.

10 c. The commissioner shall contract with an entity that is
11 independent of the department to prepare a detailed analysis of the
12 sterile syringe access programs, and to report on the results of that
13 analysis to the Governor, the Governor's Advisory Council on
14 HIV/AIDS and Related Blood-Borne Pathogens, and, pursuant to
15 section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, no
16 later than 24 months after the adoption of regulations required
17 pursuant to subsection b. of section 7 of P.L.2006, c.99 (C.26:5C-
18 31) and annually thereafter. The analysis shall include, but not be
19 limited to:

20 (1) any increase or decrease in the spread of HIV, hepatitis C
21 and other blood-borne pathogens that may be transmitted by the use
22 of contaminated syringes and needles;

23 (2) the number of exchanged syringes and needles and an
24 evaluation of the disposal of syringes and needles that are not
25 returned by consumers;

26 (3) the number of consumers participating in the sterile syringe
27 access programs and an assessment of their reasons for participating
28 in the programs;

29 (4) the number of consumers in the sterile syringe access
30 programs who participated in drug abuse treatment programs; and

31 (5) the number of consumers in the sterile syringe access
32 programs who benefited from counseling and referrals to programs
33 and entities that are relevant to their health, housing, social service,
34 employment and other needs.

35 d. Within 90 days after receipt of the third report pursuant to
36 subsection c. of this section, the commissioner shall submit to the
37 Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
38 19.1), the Legislature, on a day when both Houses of the
39 Legislature are meeting in the course of a regular or special session,
40 the commissioner's recommendations regarding whether or not to
41 continue the demonstration program established pursuant to this act.
42 The commissioner's recommendations shall be effective unless the
43 Legislature passes a concurrent resolution overriding the
44 commissioner's recommendations no later than the 45th day after its
45 receipt of those recommendations.

46 (cf: P.L.2006, c.99, s.5)

1 to obtain a standing order for opioid antidotes pursuant to the
2 Overdose Prevention Act (as this bill does for sterile syringe access
3 programs), such professional, or the professionals employed by
4 such professional entity, as the case may be, must be presumed by
5 the health care practitioner to be capable of administering or
6 dispensing the opioid antidote, consistent with the statutory
7 requirement.

8 A health care prescriber issuing a standing order pursuant to the
9 bill's provisions would be required to indicate thereon whether the
10 order authorizes the professional or professional entity to dispense
11 the antidote, administer the antidote, or both. However, if the law
12 already specifies which type of authorization is to be granted by the
13 standing order, the standing order will be deemed to grant the
14 authorization specified in the law, even if such authority is not
15 expressly indicated on the face of the order.

16 The bill would further require any professional or professional
17 entity who is dispensing opioid antidotes to patients to provide
18 these patients with overdose prevention information. This overdose
19 prevention information would first be provided to the professional
20 or professional entity by a health care practitioner, at the time of the
21 standing order's issuance, and would then be copied by the
22 professional or professional entity and disseminated to the patients
23 who are dispensed an opioid antidote thereby.

24 Finally, the bill would amend the law pertaining to sterile
25 syringe access programs (also known as needle exchange
26 programs), in order to expressly require each such program to both
27 obtain a standing order authorizing its employees to carry and
28 dispense opioid antidotes, and provide overdose prevention
29 information to clients and other persons, in accordance with the
30 revised provisions of the "Overdose Prevention Act." The bill
31 would appropriate \$500,000 from the General Fund to the
32 Department of Health for the purpose of providing financial
33 assistance to sterile syringe access programs in the State, as may be
34 necessary to enable and facilitate the programs' compliance with
35 these new statutory mandates. Finally, the bill would authorize
36 sterile syringe access programs to link to, and provide patient
37 information and referrals regarding, medication-assisted treatment
38 programs.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3720

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 23, 2014

The Assembly Health and Senior Services Committee reports favorably and with amendments Assembly Bill No. 3720.

As amended by the committee, this bill amends the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:2J-1 et al.), in order to extend the act’s immunity provisions to certain professionals, professional entities, emergency medical responders, and emergency medical response entities that administer or dispense opioid antidotes.

“Professional” would be defined by the bill to mean any person, other than a health care practitioner, who is employed on a paid or volunteer basis in the areas of health care, substance abuse treatment or therapy, criminal justice, or a related area, and who, acting in that person’s professional or volunteer capacity, obtains an opioid antidote from a health care practitioner for the purposes of dispensing or administering that antidote to other parties in the course of business or volunteer activities. The term would include, but would not be limited to, a sterile syringe access program employee or a law enforcement official.

The bill defines a “professional entity” as any organization, company, governmental entity, community-based program, sterile syringe access program, or any other organized group that employs two or more professionals who engage, during the regular course of business or volunteer activities, in direct interactions with opioid or heroin addicts or abusers or other persons susceptible to opioid overdose, or with other persons who are in a position to provide direct medical assistance to opioid or heroin addicts or abusers in the event of an overdose.

The bill defines “emergency medical response entity” as an organization, company, governmental entity, community-based program, or healthcare system that provides pre-hospital emergency medical services and assistance to opioid or heroin addicts or abusers in the event of an overdose. “Emergency medical responder” is defined to mean a person, other than a health care practitioner, who is employed on a paid or volunteer basis in the area of emergency response, including, but not limited to, an emergency medical technician acting in that person’s professional capacity. Under the bill,

emergency medical responders and emergency medical technicians generally only have the authority to administer, and not dispense, opioid antidotes.

The bill would authorize a health care practitioner, including a physician, physician assistant, advanced practice nurse, pharmacist, certified or licensed alcohol and drug counselor, or other practitioner regulated by Title 45 of the Revised Statutes, pursuant to a standing order issued by an authorized prescriber, to dispense opioid antidotes to any professional who is deemed by the health care practitioner to be capable of administering or dispensing the antidote, or to any professional entity whose employees are deemed by the health care practitioner to be capable of administering or dispensing the antidote. The bill would specify, however, that whenever the statutory law expressly requires a professional, professional entity, emergency medical responder, or emergency medical response entity to obtain a standing order for opioid antidotes pursuant to the Overdose Prevention Act, the professional, professional entity, emergency medical responder, or emergency medical response entity must be presumed by the health care practitioner to be capable of administering or dispensing the opioid antidote, consistent with the statutory requirement.

A health care prescriber issuing a standing order pursuant to the bill's provisions would be required to indicate on the order whether the professional or professional entity named in the order is authorized to dispense the antidote, administer the antidote, or both. If a standing order is silent, the professional or professional entity will be authorized only to administer the opioid antidote. However, if the law expressly indicates the scope of authority granted to a professional, professional entity, emergency medical responder, or emergency medical response entity, the scope of authority specified by law will apply even if such authority is not expressly indicated on the face of the order.

The bill would further require any professional, professional entity, emergency medical responder, or emergency medical response entity engaged in dispensing opioid antidotes to provide recipients with overdose prevention information. This overdose prevention information would be provided to the professional, professional entity, emergency medical responder, or emergency medical response entity by the health care practitioner at the time the standing order is issued for later dissemination to overdose antidote recipients.

Finally, as amended, the bill revises the law pertaining to sterile syringe access programs, also known as "needle exchange" programs, to clarify that a program may obtain a standing order authorizing its employees to carry and dispense opioid antidotes and provide overdose prevention information to clients and other persons.

As reported by the committee, this bill is identical to Senate Bill No. 2378(1R) (Vitale/Singer).

COMMITTEE AMENDMENTS:

The committee amended the bill to eliminate a \$500,000 appropriation.

The committee amended the bill to distinguish between professionals and emergency medical responders, and between professional entities and emergency medical response entities. The amendments update references throughout the bill to reflect this distinction.

The committee amended the bill to clarify that its provisions apply to individuals acting in a volunteer capacity in the same manner as individuals acting in a professional capacity.

The committee amended the bill to clarify the distinctions between “patient” and “recipient,” as those terms are defined in the bill.

The committee amended the bill to authorize, rather than require, sterile syringe access programs to obtain a standing order to dispense opioid antidotes and overdose prevention information pursuant to the Overdose Prevention Act.

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Governor Christie Builds On Commitment To Saving Lives With Expansion of Overdose Protection Act

Thursday, February 5, 2015

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New Law Cements Immunity Provision For First Responders To Save Even More Lives

Trenton, NJ – Building on a commitment to reclaim lives from the menace of drug addiction, Governor Christie today signed legislation expanding the bipartisan Overdose Prevention Act of 2013 by adding a provision that provides immunity to first responders. The new law cements in statute the protections for first responders taking part in the Christie Administration's lifesaving Narcan pilot program and EMS waiver in effect in communities throughout New Jersey.

The bill, S-2378, clarifies immunity provisions for administering and dispensing Narcan to individuals and programs involved in the treatment of substance abuse and those that interact with substance abusers.

"Nearly two years ago, I signed the bipartisan Overdose Prevention Act to protect those good Samaritans who attempt to help a drug overdose victim by administering overdose antidotes in life-threatening situations," said Governor Christie. "Today, we are cementing in our laws those same protections for our first responders who are doing this incredible, lifesaving work every day under our statewide Narcan program. By doing so, we will have an even greater ability to save lives, reverse the effects of overdose and prevent tragedies with this life-saving treatment."

The legislation advances the successful efforts of the Attorney General and the Commissioner of the Department of Health over the past year in implementing programs and removing regulatory barriers to enable the widespread availability of Narcan treatment.

According to the most recent statistics provided by Department of Health, 186 EMS squads have registered with the department and 245 Narcan administrations have occurred since the March 2014 waiver signed by Governor Christie.

In addition, 473 law enforcement agencies have been trained in Narcan administration and are currently carrying Narcan on patrol. More than 585 overdoses have been reversed through successful naloxone deployment.

In addition to S-2378, Governor Christie today signed two other bills that will help add to New Jersey's drug treatment and prevention efforts:

SCS for S-2373/ACS for A-3716 (Vitale, Addiego/Vainieri Huttle, Sumter, Mukherji, Mosquera, Gusciora) - Requires Division of Mental Health and Addiction Services to annually prepare substance use treatment provider performance report, and make available to public

SCS for S-2380/ACS for A-3722 (Vitale, Lesniak/Vainieri Huttle, Sumter, Mukherji, Angelini, Mosquera, Gusciora) - Requires DHS and DOC to formulate joint arrangement and plan to ensure provision of mental health and substance use disorder services to inmates

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