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FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

RWH/JA

P.L.2016, CHAPTER 70, *approved December 5, 2016*
Senate, No. 384 (*Third Reprint*)

1 AN ACT concerning provision of prescription medications to certain
2 incarcerated persons and supplementing Title 30 of the Revised
3 Statutes.

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

7
8 1. a. For the purposes of this section “incarcerated person”
9 means a person in the custody of the Department of Corrections.

10 b. The Commissioner of Corrections shall ensure that each
11 incarcerated person continues to receive medication for chronic
12 conditions that was prescribed by a physician prior to the
13 commencement of the incarcerated person’s imprisonment. The
14 provision of the prescribed medications shall be continued during
15 admittance to a correctional facility, while placed in that facility,
16 and during transfers to other facilities.

17 c. Medications provided pursuant to subsection b. of this
18 section shall continue to be administered to the incarcerated person
19 for a minimum of 30 days from the date the person is committed to
20 the custody of a Department of Corrections’ facility. The facility
21 receiving ¹**[such]** these¹ persons shall thereafter resume appropriate
22 and commensurate management of the chronic condition including,
23 but not limited to, the use of appropriate therapeutic treatments and
24 medications or their generic substitution in accordance with State
25 law and regulations established by the commissioner. ³Nothing in
26 this subsection shall prohibit an examining physician from changing
27 a course of treatment or prescription within the 30 day period to
28 ensure that the incarcerated person receives clinically appropriate
29 medical care.³

30 d. The commissioner shall establish a system to ensure that all
31 necessary medications are given to incarcerated persons in a timely
32 manner while in the custody of a State correctional facility.
33 Necessary medications shall include ²**[**, but shall not be limited
34 to,**]**² those medications which, if missed, may cause serious illness,
35 death^{1,1} or other harmful effects. The system shall include, but
36 shall not be limited to^{1,1} the following:

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 this is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SLP committee amendments adopted February 4, 2016.

²Senate SBA committee amendments adopted March 7, 2016.

³Assembly floor amendments adopted June 16, 2016.

- 1 (1) a screening staff for each facility, which shall include any
2 medical professional currently employed by ¹【such】 the¹ facility
3 who shall be trained to determine the medications for which timely
4 continuation is an urgent matter;
- 5 (2) a method for determining which medications shall be
6 deemed necessary;
- 7 (3) a method for contacting the prescribing physician;
- 8 (4) a method for validating the prescription;
- 9 (5) a method for checking that all medications brought into a
10 facility are labeled to ensure that the container contains the correct
11 medication;
- 12 (6) a method for providing necessary medications to an
13 incarcerated person who has been taken into custody without a
14 supply of ¹【such】 the¹ medication;
- 15 (7) a method for notifying in advance a facility receiving a
16 transferred incarcerated person, that ¹【such】 the¹ person has been
17 prescribed a necessary medication and the continuation of ¹【such】
18 the¹ medication is an urgent matter; and
- 19 (8) a method for maintaining a supply of the most common
20 necessary medications at each facility or an on-call physician, or
21 other medical professional capable of prescribing medications,
22 available to prescribe ¹【such】¹ medications ^{1,1} and with the ability
23 to fill ¹【such】¹ prescriptions.
- 24 e. The commissioner shall not be required under the provisions
25 of this section to supply an incarcerated person with any medication
26 which has no currently accepted medical use in treatment in the
27 United States as a matter of federal law.
- 28 ¹f. To the extent possible, a generic substitution of a
29 prescription drug shall be given to an incarcerated person who is
30 provided with medication under the provisions of this section.¹
31
- 32 2. a. The chief executive officer, warden ^{1,1} or keeper of any
33 county correctional institution shall ensure that each incarcerated
34 person under the institution's custody ¹【.】¹ continues to receive any
35 medications prescribed by a physician prior to the person's
36 incarceration for the treatment of chronic conditions. The provision
37 of the prescribed medications shall be continued during admittance
38 to a correctional facility, while placed in that facility ^{1,1} and during
39 transfers to other facilities.
- 40 b. Medications provided pursuant to subsection a. of this
41 section shall continue to be administered to the incarcerated person
42 in a county correctional facility for a minimum of 30 days from the
43 date the person is committed to the custody of a facility. The
44 facility receiving ¹【such】 these¹ persons shall resume appropriate
45 and commensurate management of the chronic condition including,
46 but not limited to, the use of appropriate therapeutic treatments and
47 medications or their generic substitution in accordance with State

1 law and regulations established by the Commissioner of
2 Corrections. ³Nothing in this subsection shall prohibit an examining
3 physician from changing a course of treatment or prescription
4 within the 30 day period to ensure that the incarcerated person
5 receives clinically appropriate medical care.³

6 c. The chief executive officer, warden ^{1,1} or keeper of any
7 county correctional institution shall establish a system to ensure that
8 all necessary medications are given to incarcerated persons in a
9 timely manner while in the custody of a county correctional facility.
10 Necessary medications shall include ²**[**, but shall not be limited
11 to,**]**² those medications which, if missed, may cause serious illness,
12 death ^{1,1} or other harmful effects. The system shall include, but
13 shall not be limited to ^{1,1} the following:

14 (1) a screening staff for each facility, which shall include any
15 medical professional currently employed by ¹**[such]** the¹ facility
16 who shall be trained to determine the medications for which timely
17 continuation is an urgent matter;

18 (2) a method for determining which medications shall be
19 deemed necessary;

20 (3) a method for contacting the prescribing physician;

21 (4) a method for validating the prescription;

22 (5) a method for checking that all medications brought into a
23 facility are labeled to ensure that the container contains the correct
24 medication;

25 (6) a method for providing necessary medications to an
26 incarcerated person who has been taken into custody without a
27 supply of ¹**[such]** the¹ medication;

28 (7) a method for notifying in advance a facility receiving a
29 transferred incarcerated person, that ¹**[such]** the¹ person has been
30 prescribed a necessary medication and the continuation of ¹**[such]**
31 the¹ medication is an urgent matter; and

32 (8) a method for maintaining a supply of the most common
33 necessary medications at each facility or an on-call physician, or
34 other medical professional capable of prescribing medications,
35 available to prescribe ¹**[such]**¹ medications ^{1,1} and with the ability
36 to fill ¹**[such]**¹ prescriptions.

37 d. The chief executive officer, warden, or keeper of any county
38 correctional institution shall not be required under the provisions of
39 this section to supply an incarcerated person with any medication
40 which has no currently accepted medical use in treatment in the
41 United States as a matter of federal law.

42 ¹e. The requirement to administer medication pursuant to this
43 section shall not apply to synthetic opioid drug addiction
44 detoxifiers, unless the facility employs a medical professional who
45 is trained to administer this type of medication.

1 f. To the extent possible, a generic substitution of a prescription
2 drug shall be given to an incarcerated person who is provided with
3 medication under the provisions of this section.¹
4

5 3. This act shall take effect on the first day of the seventh
6 month after enactment.

7

8

9

10

11 _____
12 Requires correctional facilities to provide inmates with
13 prescription medication that was prescribed for chronic conditions
existing prior to incarceration.

SENATE, No. 384

STATE OF NEW JERSEY 217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

Senator PETER J. BARNES, III

District 18 (Middlesex)

SYNOPSIS

Requires correctional facilities to provide inmates with prescription medication that was prescribed for chronic conditions existing prior to incarceration.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning provision of prescription medications to certain
2 incarcerated persons and supplementing Title 30 of the Revised
3 Statutes.

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

7
8 1. a. For the purposes of this section “incarcerated person”
9 means a person in the custody of the Department of Corrections.

10 b. The Commissioner of Corrections shall ensure that each
11 incarcerated person continues to receive medication for chronic
12 conditions that was prescribed by a physician prior to the
13 commencement of the incarcerated person’s imprisonment. The
14 provision of the prescribed medications shall be continued during
15 admittance to a correctional facility, while placed in that facility,
16 and during transfers to other facilities.

17 c. Medications provided pursuant to subsection b. of this
18 section shall continue to be administered to the incarcerated person
19 for a minimum of 30 days from the date the person is committed to
20 the custody of a Department of Corrections’ facility. The facility
21 receiving such persons shall thereafter resume appropriate and
22 commensurate management of the chronic condition including, but
23 not limited to, the use of appropriate therapeutic treatments and
24 medications or their generic substitution in accordance with State
25 law and regulations established by the commissioner.

26 d. The commissioner shall establish a system to ensure that all
27 necessary medications are given to incarcerated persons in a timely
28 manner while in the custody of a State correctional facility.
29 Necessary medications shall include, but shall not be limited to,
30 those medications which, if missed, may cause serious illness, death
31 or other harmful effects. The system shall include, but shall not be
32 limited to the following:

33 (1) a screening staff for each facility, which shall include any
34 medical professional currently employed by such facility who shall
35 be trained to determine the medications for which timely
36 continuation is an urgent matter;

37 (2) a method for determining which medications shall be
38 deemed necessary;

39 (3) a method for contacting the prescribing physician;

40 (4) a method for validating the prescription;

41 (5) a method for checking that all medications brought into a
42 facility are labeled to ensure that the container contains the correct
43 medication;

44 (6) a method for providing necessary medications to an
45 incarcerated person who has been taken into custody without a
46 supply of such medication;

47 (7) a method for notifying in advance a facility receiving a
48 transferred incarcerated person, that such person has been

1 prescribed a necessary medication and the continuation of such
2 medication is an urgent matter; and

3 (8) a method for maintaining a supply of the most common
4 necessary medications at each facility or an on-call physician, or
5 other medical professional capable of prescribing medications,
6 available to prescribe such medications and with the ability to fill
7 such prescriptions.

8 e. The commissioner shall not be required under the provisions
9 of this section to supply an incarcerated person with any medication
10 which has no currently accepted medical use in treatment in the
11 United States as a matter of federal law.

12

13 2. a. The chief executive officer, warden or keeper of any
14 county correctional institution shall ensure that each incarcerated
15 person under the institution's custody, continues to receive any
16 medications prescribed by a physician prior to the person's
17 incarceration for the treatment of chronic conditions. The provision
18 of the prescribed medications shall be continued during admittance
19 to a correctional facility, while placed in that facility and during
20 transfers to other facilities.

21 b. Medications provided pursuant to subsection a. of this
22 section shall continue to be administered to the incarcerated person
23 in a county correctional facility for a minimum of 30 days from the
24 date the person is committed to the custody of a facility. The
25 facility receiving such persons shall resume appropriate and
26 commensurate management of the chronic condition including, but
27 not limited to, the use of appropriate therapeutic treatments and
28 medications or their generic substitution in accordance with State
29 law and regulations established by the Commissioner of
30 Corrections.

31 c. The chief executive officer, warden or keeper of any county
32 correctional institution shall establish a system to ensure that all
33 necessary medications are given to incarcerated persons in a timely
34 manner while in the custody of a county correctional facility.
35 Necessary medications shall include, but shall not be limited to,
36 those medications which, if missed, may cause serious illness, death
37 or other harmful effects. The system shall include, but shall not be
38 limited to the following:

39 (1) a screening staff for each facility, which shall include any
40 medical professional currently employed by such facility who shall
41 be trained to determine the medications for which timely
42 continuation is an urgent matter;

43 (2) a method for determining which medications shall be
44 deemed necessary;

45 (3) a method for contacting the prescribing physician;

46 (4) a method for validating the prescription;

1 (5) a method for checking that all medications brought into a
2 facility are labeled to ensure that the container contains the correct
3 medication;

4 (6) a method for providing necessary medications to an
5 incarcerated person who has been taken into custody without a
6 supply of such medication;

7 (7) a method for notifying in advance a facility receiving a
8 transferred incarcerated person, that such person has been
9 prescribed a necessary medication and the continuation of such
10 medication is an urgent matter; and

11 (8) a method for maintaining a supply of the most common
12 necessary medications at each facility or an on-call physician, or
13 other medical professional capable of prescribing medications,
14 available to prescribe such medications and with the ability to fill
15 such prescriptions.

16 d. The chief executive officer, warden, or keeper of any county
17 correctional institution shall not be required under the provisions of
18 this section to supply an incarcerated person with any medication
19 which has no currently accepted medical use in treatment in the
20 United States as a matter of federal law.

21

22 3. This act shall take effect on the first day of the seventh
23 month after enactment.

24

25

26

STATEMENT

27

28 This bill requires the Commissioner of Corrections to ensure that
29 all medications prescribed for inmates prior to incarceration for
30 treatment of chronic conditions are continued while they are
31 incarcerated in a State correctional facility. The bill would place
32 similar requirements on county correctional facilities.

33 The bill requires that medication prescribed for the treatment of
34 chronic conditions be administered to the inmate for a minimum of
35 30 days from the date the inmate is committed to the custody of the
36 department before resuming treatment in compliance with State law
37 and regulations promulgated by the commissioner. The bill also
38 requires the commissioner and each chief executive officer, warden,
39 or keeper of a county correctional institution to establish a means
40 for providing medication and treatment for chronic conditions,
41 including establishing a screening process and a means of verifying
42 prescriptions. Inmates would not be entitled to any medication
43 which has no currently accepted medical use in treatment in the
44 United States as a matter of federal law. For example, inmates
45 would be precluded from receiving medical marijuana while
46 incarcerated.

SENATE LAW AND PUBLIC SAFETY COMMITTEE

STATEMENT TO

SENATE, No. 384

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 28, 2016

The Senate Law and Public Safety Committee reports favorably and with committee amendments Senate Bill No. 384.

As amended and reported by the committee, Senate Bill No. 384 requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The amended bill places similar requirements on county correctional facilities.

The amended bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. At the end of this period, the department or facility is to resume treatment of the chronic condition in compliance with State law and regulations promulgated by the commissioner.

The amended bill also requires the commissioner and each chief executive officer, warden, or keeper of a county correctional institution to establish a means for providing medication and treatment for chronic conditions, including establishing a screening process and a means of verifying prescriptions.

Under the amended bill, inmates would not be entitled to any medication which has no currently accepted medical use in treatment in the United States as a matter of federal law. For example, inmates would be precluded from receiving medical marijuana while incarcerated.

In addition, the amended bill provides that to the extent possible, a generic substitution of a prescription drug is to be given to an inmate who is provided with medication pursuant to the provisions of the bill.

Finally, under the amended bill, county correctional facilities are not required to provide synthetic opioid drug addiction detoxifiers to inmates unless the facility employs a medical professional who is trained to administer this type of medication.

This bill was pre-filed for introduction in the 2016-2017 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

The committee amended the bill to:

- 1) require that, to the extent possible, a generic substitution of a prescription drug be given to an inmate who is provided with medication pursuant to the provisions of the bill;
- 2) provide that county correctional facilities are not required to provide synthetic opioid drug addiction detoxifiers to inmates unless the facility employs a medical professional who is trained to administer this type of medication; and
- 3) make technical corrections.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 384

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 7, 2016

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 384 (1R), with committee amendments.

As amended, this bill requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

The bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. At the end of this period, the department or facility is to resume treatment of the chronic condition in compliance with State law and regulations promulgated by the commissioner.

The bill also requires the commissioner and each chief executive officer, warden, or keeper of a county correctional institution to establish a means for providing medication and treatment for chronic conditions, including establishing a screening process and a means of verifying prescriptions.

Under the bill, inmates would not be entitled to any medication which has no currently accepted medical use in treatment in the United States as a matter of federal law. For example, inmates would be precluded from receiving medical marijuana while incarcerated.

In addition, the bill provides that to the extent possible, a generic substitution of a prescription drug is to be given to an inmate who is provided with medication pursuant to the provisions of the bill.

Finally, under the bill, county correctional facilities are not required to provide synthetic opioid drug addiction detoxifiers to inmates unless the facility employs a medical professional who is trained to administer this type of medication.

COMMITTEE AMENDMENTS:

The amendments clarify that necessary medications shall include only those medications which, if missed, may cause serious illness,

death, or other harmful effects. Necessary medications must meet this standard, and this standard does not include a more extensive list of other possible effects if medications are missed.

FISCAL IMPACT:

The Office of Legislative Services (OLS) notes that the Department of Corrections provides a medical evaluation for all inmates as they begin their terms of incarceration within the State prison system and provisions are made for receipt of necessary medical services and prescription medications. This bill would make certain that these inmates receive immediate access to prescribed medications upon entrance into the system. Since the bill allows for the dispensing of generic medications during the time between admittance and formal receipt of medical care, it is anticipated that the cost of this bill would be nominal.

The OLS also notes that while no information was received from the county jails, information verbally received from the NJ Association of Counties indicates that currently, county jail inmates receive physical examinations upon their initial incarceration, and provisions are made for their medical care. No fiscal impact is anticipated as a result of this bill.

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

SENATE, No. 384

STATE OF NEW JERSEY 217th LEGISLATURE

DATED: MARCH 18, 2016

SUMMARY

- Synopsis:** Requires correctional facilities to provide inmates with prescription medication that was prescribed for chronic conditions existing prior to incarceration.
- Type of Impact:** General Fund expenditure, County expenditure.
- Agencies Affected:** Department of Corrections, County jails.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost	Indeterminate – See comments below		
Local Cost	Indeterminate – See comments below		

- The Office of Legislative Services (OLS) notes that the Department of Corrections (DOC) provides a medical evaluation for all inmates as they begin their terms of incarceration within the State prison system and provisions are made for receipt of necessary medical services and prescription medications. This bill would make certain that these inmates receive immediate access to prescribed medications upon entrance into the system. Since the bill allows for the dispensing of generic medications during the time between admittance and formal receipt of medical care, it is anticipated that the cost of this bill would be nominal.
- The OLS also notes that while no information was received from the county jails, information verbally received from the NJ Association of Counties indicates that currently, county jail inmates receive physical examinations upon their initial incarceration, and provisions are made for their medical care. No fiscal impact is anticipated as a result of this bill.
- The bill requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

BILL DESCRIPTION

Senate Bill No. 384 (2R) of 2016 requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

The bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. At the end of this period, the department or facility is to resume treatment of the chronic condition in compliance with State law and regulations promulgated by the commissioner.

The bill also requires the commissioner and each chief executive officer, warden, or keeper of a county correctional institution to establish a means for providing medication and treatment for chronic conditions, including establishing a screening process and a means of verifying prescriptions.

Under the bill, inmates would not be entitled to any medication which has no currently accepted medical use in treatment in the United States as a matter of federal law. For example, inmates would be precluded from receiving medical marijuana while incarcerated.

In addition, the bill provides that to the extent possible, a generic substitution of a prescription drug is to be given to an inmate who is provided with medication pursuant to the provisions of the bill.

Finally, under the bill, county correctional facilities are not required to provide synthetic opioid drug addiction detoxifiers to inmates unless the facility employs a medical professional who is trained to administer this type of medication.

FISCAL ANALYSIS

EXECUTIVE BRANCH

Department of Corrections

None received.

County Jails

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS notes that the DOC provides a medical evaluation for all inmates as they begin their terms of incarceration within the State prison system and provisions are made for receipt of necessary medical services and prescription medications. This bill would make certain that these inmates receive immediate access to prescribed medications upon entrance into the system. Since the bill allows for the dispensing of generic medications during the time between admittance and formal receipt of medical care, it is anticipated that the cost of this bill would be nominal.

The OLS also notes that while no information was received from the county jails, information verbally received from the NJ Association of Counties indicates that currently,

county jail inmates receive physical examinations upon their initial incarceration, and provisions are made for their medical care. No fiscal impact is anticipated as a result of this bill.

Section: Judiciary

*Analyst: Anne Raughley
Principal Fiscal Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

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

ASSEMBLY LAW AND PUBLIC SAFETY COMMITTEE

STATEMENT TO

[Second Reprint]
SENATE, No. 384

STATE OF NEW JERSEY

DATED: JUNE 2, 2016

The Assembly Law and Public Safety Committee reports favorably Senate Bill No. 384 (2R).

Senate Bill No. 384 (2R) requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

The bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. At the end of this period, the department or facility is to resume treatment of the chronic condition in compliance with State law and regulations promulgated by the commissioner.

The bill also requires the commissioner and each chief executive officer, warden, or keeper of a county correctional institution to establish a means for providing medication and treatment for chronic conditions, including establishing a screening process and a means of verifying prescriptions.

Under the bill, inmates would be prohibited from receiving medication which is not a currently accepted medical treatment in the United States as a matter of federal law. For example, inmates would be precluded from receiving medical marijuana while incarcerated.

In addition, the bill provides that to the extent possible, a generic substitution of a prescription drug is to be given to an inmate who is provided with medication pursuant to the provisions of the bill.

Finally, under the bill, county correctional facilities are not required to provide synthetic opioid drug addiction detoxifiers to inmates unless the facility employs a medical professional who is trained to administer this type of medication.

As reported by the committee, Senate Bill No. 384 (2R) is identical to Assembly Bill No. 3470, also amended and reported on this same date.

STATEMENT TO
[Second Reprint]
SENATE, No. 384

with Assembly Floor Amendments
(Proposed by Assemblyman JOHNSON)

ADOPTED: JUNE 16, 2016

Senate Bill No. 384 (2R) requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

The bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. These Assembly amendments clarify that an examining physician may change a course of treatment or prescription within the 30 day period to ensure that the incarcerated person receives clinically appropriate medical care.

LEGISLATIVE FISCAL ESTIMATE

[Third Reprint]

SENATE, No. 384

STATE OF NEW JERSEY 217th LEGISLATURE

DATED: JULY 6, 2016

SUMMARY

- Synopsis:** Requires correctional facilities to provide inmates with prescription medication that was prescribed for chronic conditions existing prior to incarceration.
- Type of Impact:** General Fund expenditure, County expenditure.
- Agencies Affected:** Department of Corrections, County jails.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost	Indeterminate – See comments below		
Local Cost	Indeterminate – See comments below		

- The Office of Legislative Services (OLS) notes that the Department of Corrections provides a medical evaluation for all inmates as they begin their terms of incarceration within the State prison system and provisions are made for receipt of necessary medical services and prescription medications. This bill would make certain that these inmates receive immediate access to prescribed medications upon entrance into the system. Since the bill allows for the dispensing of generic medications during the time between admittance and formal receipt of medical care, it is anticipated that the cost of this bill would be nominal.
- The OLS also notes that while no information was received from the county jails, information verbally received from the NJ Association of Counties indicates that currently, county jail inmates receive physical examinations upon their initial incarceration, and provisions are made for their medical care. No fiscal impact is anticipated as a result of this bill.
- The bill requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

BILL DESCRIPTION

Senate Bill No. 384 (3R) of 2016 requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

The bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. The bill provides that an examining physician may change a course of treatment or prescription within the 30 day period to ensure that the incarcerated person receives clinically appropriate medical care. At the end of this period, the department or facility is to resume treatment of the chronic condition in compliance with State law and regulations promulgated by the commissioner.

The bill also requires the commissioner and each chief executive officer, warden, or keeper of a county correctional institution to establish a means for providing medication and treatment for chronic conditions, including establishing a screening process and a means of verifying prescriptions.

Under the bill, inmates would not be entitled to any medication which has no currently accepted medical use in treatment in the United States as a matter of federal law. For example, inmates would be precluded from receiving medical marijuana while incarcerated.

In addition, the bill provides that to the extent possible, a generic substitution of a prescription drug is to be given to an inmate who is provided with medication pursuant to the provisions of the bill.

Finally, under the bill, county correctional facilities are not required to provide synthetic opioid drug addiction detoxifiers to inmates unless the facility employs a medical professional who is trained to administer this type of medication.

FISCAL ANALYSIS

EXECUTIVE BRANCH

Department of Corrections

None received.

County Jails

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS notes that the Department of Corrections provides a medical evaluation for all inmates as they begin their terms of incarceration within the State prison system and provisions are made for receipt of necessary medical services and prescription medications. This bill would make certain that these inmates receive immediate access to prescribed medications upon entrance into the system. Since the bill allows for the dispensing of generic medications during the time between admittance and formal receipt of medical care, it is anticipated that the cost of this bill would be nominal.

The OLS also notes that while no information was received from the county jails, information verbally received from the NJ Association of Counties indicates that currently,

county jail inmates receive physical examinations upon their initial incarceration, and provisions are made for their medical care. No fiscal impact is anticipated as a result of this bill.

Section: Judiciary

*Analyst: Raughley, Anne C.
Principal Fiscal Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

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

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

ASSEMBLY, No. 3470

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED MARCH 14, 2016

Sponsored by:
Assemblyman GORDON M. JOHNSON
District 37 (Bergen)

SYNOPSIS

Requires correctional facilities to provide inmates with prescription medication that was prescribed for chronic conditions existing prior to incarceration.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning provision of prescription medications to certain
2 incarcerated persons and supplementing Title 30 of the Revised
3 Statutes.

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

7
8 1. a. For the purposes of this section “incarcerated person”
9 means a person in the custody of the Department of Corrections.

10 b. The Commissioner of Corrections shall ensure that each
11 incarcerated person continues to receive medication for chronic
12 conditions that was prescribed by a physician prior to the
13 commencement of the incarcerated person’s imprisonment. The
14 provision of the prescribed medications shall be continued during
15 admittance to a correctional facility, while placed in that facility,
16 and during transfers to other facilities.

17 c. Medications provided pursuant to subsection b. of this
18 section shall continue to be administered to the incarcerated person
19 for a minimum of 30 days from the date the person is committed to
20 the custody of a Department of Corrections’ facility. The facility
21 receiving these persons shall thereafter resume appropriate and
22 commensurate management of the chronic condition including, but
23 not limited to, the use of appropriate therapeutic treatments and
24 medications or their generic substitution in accordance with State
25 law and regulations established by the commissioner.

26 d. The commissioner shall establish a system to ensure that all
27 necessary medications are given to incarcerated persons in a timely
28 manner while in the custody of a State correctional facility.
29 Necessary medications shall include, but shall not be limited to,
30 those medications which, if missed, may cause serious illness,
31 death, or other harmful effects. The system shall include, but shall
32 not be limited to, the following:

33 (1) a screening staff for each facility, which shall include any
34 medical professional currently employed by the facility who shall
35 be trained to determine the medications for which timely
36 continuation is an urgent matter;

37 (2) a method for determining which medications shall be
38 deemed necessary;

39 (3) a method for contacting the prescribing physician;

40 (4) a method for validating the prescription;

41 (5) a method for checking that all medications brought into a
42 facility are labeled to ensure that the container contains the correct
43 medication;

44 (6) a method for providing necessary medications to an
45 incarcerated person who has been taken into custody without a
46 supply of the medication;

47 (7) a method for notifying in advance a facility receiving a
48 transferred incarcerated person, that the person has been prescribed

1 a necessary medication and the continuation of the medication is an
2 urgent matter; and

3 (8) a method for maintaining a supply of the most common
4 necessary medications at each facility or an on-call physician, or
5 other medical professional capable of prescribing medications,
6 available to prescribe medications, and with the ability to fill
7 prescriptions.

8 e. The commissioner shall not be required under the provisions
9 of this section to supply an incarcerated person with any medication
10 which has no currently accepted medical use in treatment in the
11 United States as a matter of federal law.

12 f. To the extent possible, a generic substitution of a
13 prescription drug shall be given to an incarcerated person who is
14 provided with medication under the provisions of this section.

15

16 2. a. The chief executive officer, warden, or keeper of any
17 county correctional institution shall ensure that each incarcerated
18 person under the institution's custody continues to receive any
19 medications prescribed by a physician prior to the person's
20 incarceration for the treatment of chronic conditions. The provision
21 of the prescribed medications shall be continued during admittance
22 to a correctional facility, while placed in that facility, and during
23 transfers to other facilities.

24 b. Medications provided pursuant to subsection a. of this
25 section shall continue to be administered to the incarcerated person
26 in a county correctional facility for a minimum of 30 days from the
27 date the person is committed to the custody of a facility. The
28 facility receiving these persons shall resume appropriate and
29 commensurate management of the chronic condition including, but
30 not limited to, the use of appropriate therapeutic treatments and
31 medications or their generic substitution in accordance with State
32 law and regulations established by the Commissioner of
33 Corrections.

34 c. The chief executive officer, warden, or keeper of any county
35 correctional institution shall establish a system to ensure that all
36 necessary medications are given to incarcerated persons in a timely
37 manner while in the custody of a county correctional facility.
38 Necessary medications shall include, but shall not be limited to,
39 those medications which, if missed, may cause serious illness,
40 death, or other harmful effects. The system shall include, but shall
41 not be limited to, the following:

42 (1) a screening staff for each facility, which shall include any
43 medical professional currently employed by the facility who shall
44 be trained to determine the medications for which timely
45 continuation is an urgent matter;

46 (2) a method for determining which medications shall be
47 deemed necessary;

48 (3) a method for contacting the prescribing physician;

1 (4) a method for validating the prescription;

2 (5) a method for checking that all medications brought into a
3 facility are labeled to ensure that the container contains the correct
4 medication;

5 (6) a method for providing necessary medications to an
6 incarcerated person who has been taken into custody without a
7 supply of the medication;

8 (7) a method for notifying in advance a facility receiving a
9 transferred incarcerated person, that the person has been prescribed
10 a necessary medication and the continuation of the medication is an
11 urgent matter; and

12 (8) a method for maintaining a supply of the most common
13 necessary medications at each facility or an on-call physician, or
14 other medical professional capable of prescribing medications,
15 available to prescribe medications, and with the ability to fill
16 prescriptions.

17 d. The chief executive officer, warden, or keeper of any county
18 correctional institution shall not be required under the provisions of
19 this section to supply an incarcerated person with any medication
20 which has no currently accepted medical use in treatment in the
21 United States as a matter of federal law.

22 e. The requirement to administer medication pursuant to this
23 section shall not apply to synthetic opioid drug addiction
24 detoxifiers, unless the facility employs a medical professional who
25 is trained to administer this type of medication.

26 f. To the extent possible, a generic substitution of a prescription
27 drug shall be given to an incarcerated person who is provided with
28 medication under the provisions of this section.

29

30 3. This act shall take effect on the first day of the seventh
31 month after enactment.

32

33

34

STATEMENT

35

36 This bill requires the Commissioner of Corrections to ensure that
37 all medications prescribed for inmates prior to incarceration for
38 treatment of chronic conditions are continued while they are
39 incarcerated in a State correctional facility. The bill places similar
40 requirements on county correctional facilities.

41 The bill requires that medication prescribed for chronic
42 conditions be administered to the inmate for a minimum of 30 days
43 after the inmate is committed to the custody of the department or
44 facility. At the end of this period, the department or facility is to
45 resume treatment of the chronic condition in compliance with State
46 law and regulations promulgated by the commissioner.

47 The bill also requires the commissioner and each chief executive
48 officer, warden, or keeper of a county correctional institution to

1 establish a means for providing medication and treatment for
2 chronic conditions, including establishing a screening process and a
3 means of verifying prescriptions.

4 Under the bill, inmates would not be entitled to any medication
5 which has no currently accepted medical use in treatment in the
6 United States as a matter of federal law. For example, inmates
7 would be precluded from receiving medical marijuana while
8 incarcerated.

9 In addition, the bill provides that to the extent possible, a generic
10 substitution of a prescription drug is to be given to an inmate who is
11 provided with medication pursuant to the provisions of the bill.

12 Finally, under the bill, county correctional facilities are not
13 required to provide synthetic opioid drug addiction detoxifiers to
14 inmates unless the facility employs a medical professional who is
15 trained to administer this type of medication.

ASSEMBLY LAW AND PUBLIC SAFETY COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3470

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 2, 2016

The Assembly Law and Public Safety Committee reports favorably and with committee amendments Assembly Bill No. 3470.

As amended and reported by the committee, Assembly Bill No. 3470 requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

The bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. At the end of this period, the department or facility is to resume treatment of the chronic condition in compliance with State law and regulations promulgated by the commissioner.

The bill also requires the commissioner and each chief executive officer, warden, or keeper of a county correctional institution to establish a means for providing medication and treatment for chronic conditions, including establishing a screening process and a means of verifying prescriptions.

Under the bill, inmates would be prohibited from receiving medication which is not a currently accepted medical treatment in the United States as a matter of federal law. For example, inmates would be precluded from receiving medical marijuana while incarcerated.

In addition, the bill provides that to the extent possible, a generic substitution of a prescription drug is to be given to an inmate who is provided with medication pursuant to the provisions of the bill.

Finally, under the bill, county correctional facilities are not required to provide synthetic opioid drug addiction detoxifiers to inmates unless the facility employs a medical professional who is trained to administer this type of medication.

As amended and reported by the committee, Assembly Bill No. 3470 is identical to Senate Bill No. 384 (2R), also reported on this same date.

COMMITTEE AMENDMENTS:

The amendments clarify that necessary medications are to include only those medications which, if missed, may cause serious illness, death, or other harmful effects.

STATEMENT TO
[First Reprint]
ASSEMBLY, No. 3470

with Assembly Floor Amendments
(Proposed by Assemblyman JOHNSON)

ADOPTED: JUNE 16, 2016

Assembly Bill No. 3470 (1R) requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

The bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. These Assembly amendments clarify that an examining physician may change a course of treatment or prescription within the 30 day period to ensure that the incarcerated person receives clinically appropriate medical care.

FISCAL ESTIMATE
[Second Reprint]
ASSEMBLY, No. 3470
STATE OF NEW JERSEY
217th LEGISLATURE

DATED: JULY 6, 2016

SUMMARY

- Synopsis:** Requires correctional facilities to provide inmates with prescription medication that was prescribed for chronic conditions existing prior to incarceration.
- Type of Impact:** General Fund expenditure, County expenditure.
- Agencies Affected:** Department of Corrections, County jails.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
State Cost	Indeterminate – See comments below		
Local Cost	Indeterminate – See comments below		

- The Office of Legislative Services (OLS) notes that the Department of Corrections provides a medical evaluation for all inmates as they begin their terms of incarceration within the State prison system and provisions are made for receipt of necessary medical services and prescription medications. This bill would make certain that these inmates receive immediate access to prescribed medications upon entrance into the system. Since the bill allows for the dispensing of generic medications during the time between admittance and formal receipt of medical care, it is anticipated that the cost of this bill would be nominal.
- The OLS also notes that while no information was received from the county jails, information verbally received from the NJ Association of Counties indicates that currently, county jail inmates receive physical examinations upon their initial incarceration, and provisions are made for their medical care. No fiscal impact is anticipated as a result of this bill.
- The bill requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

BILL DESCRIPTION

Assembly Bill No. 3470 (2R) of 2016 requires the Commissioner of Corrections to ensure that all medications prescribed for inmates prior to incarceration for treatment of chronic conditions are continued while they are incarcerated in a State correctional facility. The bill places similar requirements on county correctional facilities.

The bill requires that medication prescribed for chronic conditions be administered to the inmate for a minimum of 30 days after the inmate is committed to the custody of the department or facility. The bill provides that an examining physician may change a course of treatment or prescription within the 30 day period to ensure that the incarcerated person receives clinically appropriate medical care. At the end of this period, the department or facility is to resume treatment of the chronic condition in compliance with State law and regulations promulgated by the commissioner.

The bill also requires the commissioner and each chief executive officer, warden, or keeper of a county correctional institution to establish a means for providing medication and treatment for chronic conditions, including establishing a screening process and a means of verifying prescriptions.

Under the bill, inmates would not be entitled to any medication which has no currently accepted medical use in treatment in the United States as a matter of federal law. For example, inmates would be precluded from receiving medical marijuana while incarcerated.

In addition, the bill provides that to the extent possible, a generic substitution of a prescription drug is to be given to an inmate who is provided with medication pursuant to the provisions of the bill.

Finally, under the bill, county correctional facilities are not required to provide synthetic opioid drug addiction detoxifiers to inmates unless the facility employs a medical professional who is trained to administer this type of medication.

FISCAL ANALYSIS

EXECUTIVE BRANCH

Department of Corrections

None received.

County Jails

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS notes that the Department of Corrections provides a medical evaluation for all inmates as they begin their terms of incarceration within the State prison system and provisions are made for receipt of necessary medical services and prescription medications. This bill would make certain that these inmates receive immediate access to prescribed medications upon entrance into the system. Since the bill allows for the dispensing of generic medications during the time between admittance and formal receipt of medical care, it is anticipated that the cost of this bill would be nominal.

The OLS also notes that while no information was received from the county jails, information verbally received from the NJ Association of Counties indicates that currently, county jail inmates receive physical examinations upon their initial incarceration, and provisions are made for their medical care. No fiscal impact is anticipated as a result of this bill.

Section: Judiciary

*Analyst: Raughley, Anne C.
Principal Fiscal Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

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

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

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Governor Chris Christie Signs Legislation Strengthening New Jersey Residents' Security

Monday, December 5, 2016

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Takes Action on Pending Legislation

Trenton, NJ – Governor Chris Christie today signed a package of legislation designed to make New Jerseyans safer. The measures include requirements for schools to conduct yearly security training alongside first responders (A-3349/S-2438) and that existing and any new school architectural plans include certain security measures (A-3348/S-2439). Additionally, A-1946/S-1257 expands domestic violence statutes to include cyber-harassment.

"We must make every effort to ensure New Jersey citizens are safe and secure whether they are in their school buildings or online," said Governor Christie. "These new laws will require safety measures to be built into new school construction and all school personnel to be trained annually on safety and security. Additionally, I have signed a bill to address one of the fastest growing threats we face in the 21st century, cyber-harassment. This new law will help victims of domestic violence whose abusers choose to attack through the web and social media outlets."

Governor Chris Christie also took action on the following legislation:

BILL SIGNINGS:

S-384/A-3470 (Greenstein/Johnson) - Requires correctional facilities to provide inmates with prescription medication that was prescribed for chronic conditions existing prior to incarceration

S-743/ACS for A-2761 (Beach, Sarlo, Ruiz/Mazzeo, Zwicker, Jasey, Vainieri Huttle, Schaer, Jones, Eustace, Land, Gusciora, Andrzejczak, Downey, Houghtaling, Benson, Mukherji, McKeon, Lampitt) - Directs Higher Education Student Assistance Authority to forgive certain student loans in the event of student borrower's death or total and permanent disability and grant deferment for temporary total disability

S-1041/A-1449 (Weinberg, Gordon/Lampitt, Benson, Vainieri Huttle, Tucker, Wimberly, Downey) - Requires DHS to develop timeline for use by individuals with developmental disabilities to gain benefit of State and federal programs; requires posting timeline on DHS, DCF, and DOE websites

S-2024/A-3793 (Madden, Oroho/Eustace, Peterson, Conaway, Mukherji, Benson, McKnight) - Clarifies that product approval from U.S. Food and Drug Administration is not required for drug manufacturer to file registration statement, and specifies timeframe by which DOH must review registration statements

S-2337/A-3985 (Sacco, Allen/Jimenez, O'Scanlon, Mukherji, Benson, Peterson) - Permits law enforcement agencies to buy firearms directly from manufacturers; clarifies permits and identification cards not required

S-2338/A-3914 (Whelan, Stack/Mazzeo) - Allows existing rural development areas zoned for industrial use under pinelands comprehensive management plan to be included as eligible areas under certain business incentive programs

A-1878/S-2404 (Wimberly/Rice) - Increases to under \$15,000 from under \$10,000 amount of permitted annual compensation paid to TPAF retiree reemployed as athletic coach by former school district within 180 days of

retirement

A-2519/S-1152 (DeAngelo, Holley, Mazzeo, Downey, McKnight/Greenstein, Beach) - Directs Attorney General to develop plan to disseminate Amber and Silver Alert information through social media

A-3662/S-2374 (Schaer, Caride, Vainieri Huttie, Mukherji, McKnight, Chiaravalloti, Quijano/Weinberg, Pou) – "Rosa-Bonilla Family Act"; concerns development of carbon monoxide poisoning educational program for drivers

A-3748/S-2115 (DeAngelo, Eustace, Mukherji, Holley, Benson, Beach/Cruz-Perez) - Requires DMVA to create registry for organizations providing services to veterans

AJR-23/SJR-30 (Andrzejczak, Land, Wimberly, Taliaferro/Van Drew) - Designates third weekend in October each year as "Shuck, Sip, and Slurp Weekend" to promote NJ oysters, wine, and beer

AJR-24/SJR-36 (Andrzejczak, Houghtaling/Van Drew, Connors) - Declares aquaculture an important State economic driver and urges State to include aquaculture industry in its economic development plans

AJR-25/SJR-14 (Land, Andrzejczak/Van Drew) - Recognizes Delaware Bayshore as region of special significance in NJ

AJR-98 (Space, Taliaferro) - Designates June of each year as "Native Plant Appreciation Month"

BILLS VETOED:

S-51/A-547 (Lesniak, Cunningham/Pinkin, Sumter, Vainieri Huttie, Gusciora, Muolo) – ABSOLUTE - Restricts use of isolated confinement in correctional facilities

S-92/A-2815 (Whelan/Mosquera, Jones, DeAngelo, Mazzeo, Johnson, Houghtaling) – CONDITIONAL - Revises "Overseas Residents Absentee Voting Law" to mirror federal law; permits overseas voters to vote in any election; permits use of federal write-in absentee ballot to vote, register or request ballot for all elections

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