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"N.J. legalizes sale of over-the-counter overdose antidotes," The Star-Ledger, June 10, 2017

RWH/JA.

P.L.2017, CHAPTER 88, *approved June 9, 2017*
Senate, No. 295 (*First Reprint*)

1 AN ACT concerning overdose prevention and the dispensation of
2 opioid antidotes ¹**[,]** and¹ supplementing P.L.2003, c.280
3 (C.45:14-40 et seq.) ¹**[, and amending P.L.2013, c.46]**¹.
4

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

8 1. ¹**[(New section)]**¹ a. Notwithstanding any other law or
9 regulation to the contrary, a pharmacist may dispense ¹**[or**
10 otherwise supply]¹ an opioid antidote to any patient, regardless of
11 whether the patient holds an individual prescription ¹**[therefor;**
12 provided that the pharmacist complies] for the opioid antidote,
13 pursuant to a standing order issued by a prescriber or pursuant to
14 the standing order issued pursuant to subsection b. of this section.
15 A pharmacist who dispenses an opioid antidote pursuant to this
16 section shall comply¹ with the provisions of the “Overdose
17 Prevention Act,” P.L.2013, c.46 (C.24:6J-1 et ¹**[seq.] al.**¹) ¹**[and, if**
18 applicable, the standardized protocols established by the Board of
19 Pharmacy pursuant to this section]¹.

20 b. ¹**[(1) Within 90 days after the effective date of P.L. ,**
21 c. (C.) (pending before the Legislature as this bill), the Board
22 of Pharmacy shall adopt standardized protocols for licensed
23 pharmacists to supply opioid antidotes to patients who do not
24 present an individual prescription therefor.

25 (2) The standardized protocols established pursuant to this
26 subsection shall be consistent with the provisions of the “Overdose
27 Prevention Act,” P.L.2013, c.46 (C.24:6J-1 et seq.), and shall
28 require a licensed pharmacist to determine, in accordance with the
29 provisions of subsection a. of section 4 of the “Overdose Prevention
30 Act,” P.L.2013, c.46 (C.24:6J-4), and prior to supplying an opioid
31 antidote to a patient without a prescription therefor, that the patient
32 is capable of administering the opioid antidote to an overdose
33 victim in an emergency] The Commissioner of Health, or, if the
34 commissioner is not a duly licensed physician, the Deputy
35 Commissioner for Public Health Services, shall issue, upon request
36 by a pharmacist licensed to practice in this State, a standing order
37 authorizing the pharmacist to dispense an opioid antidote to any
38 patient, regardless of whether the patient holds an individual
39 prescription for the opioid antidote, provided the pharmacist

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted February 27, 2017.

1 complies with the requirements of the “Overdose Prevention Act,”
2 P.L.2013, c.46 (C.24:6J-1 et al.)¹.

3 c. As used in this section:

4 “Opioid antidote” means naloxone hydrochloride, or any other
5 similarly acting drug approved by the United States Food and Drug
6 Administration for ¹self-administration for¹ the treatment of an
7 opioid overdose.

8 “Patient” means ¹**[**a person who is at risk of an opioid overdose
9 or a person who is not at risk of an opioid overdose who, in the
10 person’s individual capacity, obtains an opioid antidote from a
11 pharmacist for the purpose of administering that antidote to another
12 person in an emergency, in accordance with the provisions of
13 subsection d. of section 4 of the “Overdose Prevention Act,”
14 P.L.2013, c.46 (C.24:6J-4)**]** the same as that term is defined in
15 section 3 of P.L.2013, c.46 (C.24:6J-3).

16 “Prescriber means the same as that term is defined in section 3 of
17 P.L.2013, c.46 (C.24:6J-3)¹.

18

19 ¹**[**2. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read
20 as follows:

21 3. As used in this act:

22 "Commissioner" means the Commissioner of Human Services.

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

29 "Emergency medical response entity" means an organization,
30 company, governmental entity, community-based program, or
31 healthcare system that provides pre-hospital emergency medical
32 services and assistance to opioid **[**or heroin addicts or abusers**]**
33 users in the event of an overdose.

34 "Emergency medical responder" means a person, other than a
35 health care practitioner, who is employed on a paid or volunteer
36 basis in the area of emergency response, including, but not limited
37 to, an emergency medical technician acting in that person's
38 professional capacity.

39 "Health care practitioner" means a prescriber, pharmacist, or
40 other individual whose professional practice is regulated pursuant to
41 Title 45 of the Revised Statutes, and who, in accordance with the
42 practitioner's scope of professional practice, prescribes or dispenses
43 an opioid antidote.

44 "Medical assistance" means professional medical services that
45 are provided to a person experiencing a drug overdose by a health
46 care practitioner, acting within the practitioner's scope of
47 professional practice, including professional medical services that

1 are mobilized through telephone contact with the 911 telephone
2 emergency service.

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

6 "Patient" means a person who is at risk of an opioid overdose or
7 a person who is not at risk of an opioid overdose who, in the
8 person's individual capacity, obtains an opioid antidote from a
9 health care practitioner, professional, or professional entity for the
10 purpose of administering that antidote to another person in an
11 emergency, in accordance with subsection **[c.] d.** of section 4 of
12 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
13 acting in that professional's individual capacity, but does not
14 include a professional who is acting in a professional capacity.

15 "Prescriber" means a health care practitioner authorized by law
16 to prescribe medications who, acting within the practitioner's scope
17 of professional practice, prescribes an opioid antidote. "Prescriber"
18 includes, but is not limited to, a physician, physician assistant, or
19 advanced practice nurse.

20 "Professional" means a person, other than a health care
21 practitioner, who is employed on a paid basis or is engaged on a
22 volunteer basis in the areas of substance abuse treatment or therapy,
23 criminal justice, or a related area, and who, acting in that person's
24 professional or volunteer capacity, obtains an opioid antidote from a
25 health care practitioner for the purposes of dispensing or
26 administering that antidote to other parties in the course of business
27 or volunteer activities. "Professional" includes, but is not limited
28 to, a sterile syringe access program employee, or a law enforcement
29 official.

30 "Professional entity" means an organization, company,
31 governmental entity, community-based program, sterile syringe
32 access program, or any other organized group that employs two or
33 more professionals who engage, during the regular course of
34 business or volunteer activities, in direct interactions with opioid
35 **[or heroin addicts or abusers] users** or other persons susceptible to
36 opioid overdose, or with other persons who are in a position to
37 provide direct medical assistance to opioid **[or heroin addicts or**
38 **abusers] users** in the event of an overdose.

39 "Recipient" means a patient, professional, professional entity,
40 emergency medical responder, or emergency medical response
41 entity who is prescribed **[or] , dispensed , or otherwise supplied,** an
42 opioid antidote in accordance with section 4 of P.L.2013, c.46
43 (C.24:6J-4).

44 (cf: P.L.2015, c.10, s.1)¹

45

46 ¹**[3.**Section 4 of P.L.2013, c.46 (C.24:6J-4) is amended to read
47 as follows:

- 1 4. a. (1) A prescriber or other health care practitioner, as
2 appropriate, may prescribe or dispense an opioid antidote:
- 3 (a) directly or through a standing order, to any recipient who is
4 deemed by the health care practitioner to be capable of
5 administering the opioid antidote to an overdose victim in an
6 emergency;
- 7 (b) through a standing order, to any professional or emergency
8 medical responder who is not acting in a professional or volunteer
9 capacity for a professional entity, or an emergency medical
10 response entity, but who is deemed by the health care practitioner to
11 be capable of administering opioid antidotes to overdose victims, as
12 part of the professional's regular course of business or volunteer
13 activities;
- 14 (c) through a standing order, to any professional who is not
15 acting in a professional or volunteer capacity for a professional
16 entity, but who is deemed by the health care practitioner to be
17 capable of dispensing opioid antidotes to recipients, for
18 administration thereby, as part of the professional's regular course
19 of business or volunteer activities;
- 20 (d) through a standing order, to any professional entity or any
21 emergency medical response entity, which is deemed by the health
22 care practitioner to employ professionals or emergency medical
23 responders, as appropriate, who are capable of administering opioid
24 antidotes to overdose victims as part of the entity's regular course of
25 business or volunteer activities; or
- 26 (e) through a standing order, to any professional entity which is
27 deemed by the health care practitioner to employ professionals who
28 are capable of dispensing opioid antidotes to recipients, for
29 administration thereby, as part of the entity's regular course of
30 business or volunteer activities.
- 31 (2) Notwithstanding any other law or regulation to the contrary,
32 a licensed pharmacist who is authorized to dispense an opioid
33 antidote pursuant to this subsection may dispense or otherwise
34 supply an opioid antidote to any patient, regardless of whether the
35 patient has an individual prescription therefor; provided that the
36 patient is deemed to be capable of administering the opioid antidote
37 to an overdose victim in an emergency, and provided, further, that
38 the pharmacist acts in compliance with the standardized protocols
39 established by the Board of Pharmacy, pursuant to section 1 of
40 P.L. , c. (C.) (pending before the Legislature as this bill),
41 when supplying an opioid antidote to a patient who lacks a
42 prescription therefor.
- 43 (3) (a) For the purposes of this subsection, whenever the law
44 expressly authorizes or requires a certain type of professional or
45 professional entity to obtain a standing order for opioid antidotes
46 pursuant to this section, such professional, or the professionals
47 employed or engaged by such professional entity, as the case may
48 be, shall be presumed by the prescribing or dispensing health care

1 practitioner to be capable of administering or dispensing the opioid
2 antidote, consistent with the express statutory requirement.

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

12 **[(3)] (4)** (a) Whenever a prescriber or other health care
13 practitioner prescribes or dispenses an opioid antidote to a
14 professional or professional entity pursuant to a standing order
15 issued under paragraph (1) of this subsection, the standing order
16 shall specify whether the professional or professional entity is
17 authorized thereby to directly administer the opioid antidote to
18 overdose victims; to dispense the opioid antidote to recipients, for
19 their administration to third parties; or to both administer and
20 dispense the opioid antidote. If a standing order does not include a
21 specification in this regard, it shall be deemed to authorize the
22 professional or professional entity only to administer the opioid
23 antidote with immunity, as provided by subsection **[c.] d.** of this
24 section, and it shall not be deemed to authorize the professional or
25 professional entity to engage in the further dispensing of the
26 antidote to recipients, unless such authority has been granted by
27 law, as provided by subparagraph (b) of this paragraph.

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

36 **[(4)] (5)** Any prescriber or other health care practitioner who
37 prescribes **[or]** dispenses, or otherwise supplies, an opioid
38 antidote in good faith, and in accordance with the provisions of this
39 subsection, shall not, as a result of the practitioner's acts or
40 omissions, be subject to any criminal or civil liability, or any
41 professional disciplinary action under Title 45 of the Revised
42 Statutes for prescribing [or] dispensing, or otherwise supplying,
43 an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
44 seq.).

45 b. (1) Any professional or professional entity that has obtained
46 a standing order, pursuant to subsection a. of this section, for the
47 dispensing of opioid antidotes, may dispense or otherwise supply an

1 opioid antidote to any recipient who is deemed by the professional
2 or professional entity to be capable of administering the opioid
3 antidote to an overdose victim in an emergency.

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

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

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

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

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

37 e. In addition to the immunity that is provided by this section
38 for authorized persons who are engaged in the prescribing,
39 dispensing, or administering of an opioid antidote, the immunity
40 provided by section 7 or section 8 of P.L.2013, c.46 (C.2C:35-30 or
41 C.2C:35-31) shall apply to a person who acts in accordance with
42 this section, provided that the requirements of those sections, as
43 applicable, have been met.

44 (cf: P.L.2015, c.10, s.2)¹

45

46 ¹**[4.] 2.**¹ This act shall take effect immediately.

S295 [1R]

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3

4

5

Requires DOH to issue standing order authorizing pharmacists to dispense opioid antidotes to patients without individual prescriptions.

SENATE, No. 295

STATE OF NEW JERSEY 217th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2016 SESSION

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator PAUL A. SARLO

District 36 (Bergen and Passaic)

Co-Sponsored by:

Senator Addiego

SYNOPSIS

Authorizes pharmacists to provide opioid antidotes to patients without individual prescriptions, in accordance with standardized protocols to be adopted by Board of Pharmacy.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 5/3/2016)

1 AN ACT concerning overdose prevention and the dispensation of
2 opioid antidotes, supplementing P.L.2003, c.280 (C.45:14-40 et
3 seq.), and amending P.L.2013, c.46.
4

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

8 1. (New section) a. Notwithstanding any other law or
9 regulation to the contrary, a pharmacist may dispense or otherwise
10 supply an opioid antidote to any patient, regardless of whether the
11 patient holds an individual prescription therefor; provided that the
12 pharmacist complies with the provisions of the "Overdose
13 Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.) and, if
14 applicable, the standardized protocols established by the Board of
15 Pharmacy pursuant to this section.

16 b. (1) Within 90 days after the effective date of P.L. ,
17 c. (C.) (pending before the Legislature as this bill), the Board
18 of Pharmacy shall adopt standardized protocols for licensed
19 pharmacists to supply opioid antidotes to patients who do not
20 present an individual prescription therefor.

21 (2) The standardized protocols established pursuant to this
22 subsection shall be consistent with the provisions of the "Overdose
23 Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.), and shall
24 require a licensed pharmacist to determine, in accordance with the
25 provisions of subsection a. of section 4 of the "Overdose Prevention
26 Act," P.L.2013, c.46 (C.24:6J-4), and prior to supplying an opioid
27 antidote to a patient without a prescription therefor, that the patient
28 is capable of administering the opioid antidote to an overdose
29 victim in an emergency.

30 c. As used in this section:

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

34 "Patient" means a person who is at risk of an opioid overdose or
35 a person who is not at risk of an opioid overdose who, in the
36 person's individual capacity, obtains an opioid antidote from a
37 pharmacist for the purpose of administering that antidote to another
38 person in an emergency, in accordance with the provisions of
39 subsection d. of section 4 of the "Overdose Prevention Act,"
40 P.L.2013, c.46 (C.24:6J-4).
41

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

44 3. As used in this act:

45 "Commissioner" means the Commissioner of Human Services.

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

7 "Emergency medical response entity" means an organization,
8 company, governmental entity, community-based program, or
9 healthcare system that provides pre-hospital emergency medical
10 services and assistance to opioid **【or heroin addicts or abusers】**
11 users in the event of an overdose.

12 "Emergency medical responder" means a person, other than a
13 health care practitioner, who is employed on a paid or volunteer
14 basis in the area of emergency response, including, but not limited
15 to, an emergency medical technician acting in that person's
16 professional capacity.

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

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

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

31 "Patient" means a person who is at risk of an opioid overdose or
32 a person who is not at risk of an opioid overdose who, in the
33 person's individual capacity, obtains an opioid antidote from a
34 health care practitioner, professional, or professional entity for the
35 purpose of administering that antidote to another person in an
36 emergency, in accordance with subsection **【c.】** d. of section 4 of
37 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
38 acting in that professional's individual capacity, but does not
39 include a professional who is acting in a professional capacity.

40 "Prescriber" means a health care practitioner authorized by law
41 to prescribe medications who, acting within the practitioner's scope
42 of professional practice, prescribes an opioid antidote. "Prescriber"
43 includes, but is not limited to, a physician, physician assistant, or
44 advanced practice nurse.

45 "Professional" means a person, other than a health care
46 practitioner, who is employed on a paid basis or is engaged on a
47 volunteer basis in the areas of substance abuse treatment or therapy,
48 criminal justice, or a related area, and who, acting in that person's

1 professional or volunteer capacity, obtains an opioid antidote from a
2 health care practitioner for the purposes of dispensing or
3 administering that antidote to other parties in the course of business
4 or volunteer activities. "Professional" includes, but is not limited
5 to, a sterile syringe access program employee, or a law enforcement
6 official.

7 "Professional entity" means an organization, company,
8 governmental entity, community-based program, sterile syringe
9 access program, or any other organized group that employs two or
10 more professionals who engage, during the regular course of
11 business or volunteer activities, in direct interactions with opioid
12 **【or heroin addicts or abusers】** users or other persons susceptible to
13 opioid overdose, or with other persons who are in a position to
14 provide direct medical assistance to opioid **【or heroin addicts or**
15 **abusers】** users in the event of an overdose.

16 "Recipient" means a patient, professional, professional entity,
17 emergency medical responder, or emergency medical response
18 entity who is prescribed **【or】** , dispensed , or otherwise supplied, an
19 opioid antidote in accordance with section 4 of P.L.2013, c.46
20 (C.24:6J-4).

21 (cf: P.L.2015, c.10, s.1)

22

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

25 4. a. (1) A prescriber or other health care practitioner, as
26 appropriate, may prescribe or dispense an opioid antidote:

27 (a) directly or through a standing order, to any recipient who is
28 deemed by the health care practitioner to be capable of
29 administering the opioid antidote to an overdose victim in an
30 emergency;

31 (b) through a standing order, to any professional or emergency
32 medical responder who is not acting in a professional or volunteer
33 capacity for a professional entity, or an emergency medical
34 response entity, but who is deemed by the health care practitioner to
35 be capable of administering opioid antidotes to overdose victims, as
36 part of the professional's regular course of business or volunteer
37 activities;

38 (c) through a standing order, to any professional who is not
39 acting in a professional or volunteer capacity for a professional
40 entity, but who is deemed by the health care practitioner to be
41 capable of dispensing opioid antidotes to recipients, for
42 administration thereby, as part of the professional's regular course
43 of business or volunteer activities;

44 (d) through a standing order, to any professional entity or any
45 emergency medical response entity, which is deemed by the health
46 care practitioner to employ professionals or emergency medical
47 responders, as appropriate, who are capable of administering opioid

1 antidotes to overdose victims as part of the entity's regular course of
2 business or volunteer activities; or

3 (e) through a standing order, to any professional entity which is
4 deemed by the health care practitioner to employ professionals who
5 are capable of dispensing opioid antidotes to recipients, for
6 administration thereby, as part of the entity's regular course of
7 business or volunteer activities.

8 (2) Notwithstanding any other law or regulation to the contrary,
9 a licensed pharmacist who is authorized to dispense an opioid
10 antidote pursuant to this subsection may dispense or otherwise
11 supply an opioid antidote to any patient, regardless of whether the
12 patient has an individual prescription therefor; provided that the
13 patient is deemed to be capable of administering the opioid antidote
14 to an overdose victim in an emergency, and provided, further, that
15 the pharmacist acts in compliance with the standardized protocols
16 established by the Board of Pharmacy, pursuant to section 1 of
17 P.L. , c. (C.) (pending before the Legislature as this bill),
18 when supplying an opioid antidote to a patient who lacks a
19 prescription therefor.

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

28 (b) For the purposes of this subsection, whenever the law
29 expressly requires a certain type of emergency medical responder or
30 emergency medical response entity to obtain a standing order for
31 opioid antidotes pursuant to this section, such emergency medical
32 responder, or the emergency medical responders employed or
33 engaged by such emergency medical response entity, as the case
34 may be, shall be presumed by the prescribing or dispensing health
35 care practitioner to be capable of administering the opioid antidote,
36 consistent with the express statutory requirement.

37 **[(3)]** (4) (a) Whenever a prescriber or other health care
38 practitioner prescribes or dispenses an opioid antidote to a
39 professional or professional entity pursuant to a standing order
40 issued under paragraph (1) of this subsection, the standing order
41 shall specify whether the professional or professional entity is
42 authorized thereby to directly administer the opioid antidote to
43 overdose victims; to dispense the opioid antidote to recipients, for
44 their administration to third parties; or to both administer and
45 dispense the opioid antidote. If a standing order does not include a
46 specification in this regard, it shall be deemed to authorize the
47 professional or professional entity only to administer the opioid
48 antidote with immunity, as provided by subsection **[c.] d.** of this

1 section, and it shall not be deemed to authorize the professional or
2 professional entity to engage in the further dispensing of the
3 antidote to recipients, unless such authority has been granted by
4 law, as provided by subparagraph (b) of this paragraph.

5 (b) Notwithstanding the provisions of this paragraph to the
6 contrary, if the law expressly authorizes or requires a certain type of
7 professional, professional entity, emergency medical responder, or
8 emergency medical response entity to administer or dispense opioid
9 antidotes pursuant to a standing order issued hereunder, the
10 standing order issued pursuant to this section shall be deemed to
11 grant the authority specified by the law, even if such authority is not
12 expressly indicated on the face of the standing order.

13 ~~[(4)]~~ (5) Any prescriber or other health care practitioner who
14 prescribes ~~[or]~~ , dispenses , or otherwise supplies, an opioid
15 antidote in good faith, and in accordance with the provisions of this
16 subsection, shall not, as a result of the practitioner's acts or
17 omissions, be subject to any criminal or civil liability, or any
18 professional disciplinary action under Title 45 of the Revised
19 Statutes , for prescribing ~~[or]~~ , dispensing , or otherwise supplying,
20 an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
21 seq.).

22 b. (1) Any professional or professional entity that has obtained
23 a standing order, pursuant to subsection a. of this section, for the
24 dispensing of opioid antidotes, may dispense or otherwise supply an
25 opioid antidote to any recipient who is deemed by the professional
26 or professional entity to be capable of administering the opioid
27 antidote to an overdose victim in an emergency.

28 (2) Any professional or professional entity that dispenses or
29 otherwise supplies an opioid antidote in accordance with paragraph
30 (1) of this subsection, in good faith, and pursuant to a standing
31 order issued under subsection a. of this section, shall not, as a result
32 of any acts or omissions, be subject to any criminal or civil
33 liability , or any professional disciplinary action , for dispensing or
34 otherwise supplying an opioid antidote in accordance with
35 P.L.2013, c.46 (C.24:6J-1 et seq.).

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

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

1 d. (1) Any person who is the recipient of an opioid antidote,
2 which has been prescribed **[or]** , dispensed , or otherwise supplied,
3 thereto for administration purposes pursuant to subsection a. or b. of
4 this section, and who has received overdose prevention information
5 pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5), may administer
6 the opioid antidote to another person in an emergency, without fee,
7 if the antidote recipient believes, in good faith, that the other person
8 is experiencing an opioid overdose.

9 (2) Any person who administers an opioid antidote pursuant to
10 paragraph (1) of this subsection shall not, as a result of the person's
11 acts or omissions, be subject to any criminal or civil liability , or
12 any professional disciplinary action, for administering the opioid
13 antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

14 e. In addition to the immunity that is provided by this section
15 for authorized persons who are engaged in the prescribing,
16 dispensing, or administering of an opioid antidote, the immunity
17 provided by section 7 or section 8 of P.L.2013, c.46 (C.2C:35-30 or
18 C.2C:35-31) shall apply to a person who acts in accordance with
19 this section, provided that the requirements of those sections, as
20 applicable, have been met.

21 (cf: P.L.2015, c.10, s.2)

22
23 4. This act shall take effect immediately.
24
25

26 STATEMENT

27
28 This bill would expand public access to opioid antidotes, such as
29 naloxone hydrochloride, by supplementing the “New Jersey
30 Pharmacy Practice Act,” P.L.2003, c.280 (C.45:14-40 et seq.) and
31 amending the provisions of the “Overdose Prevention Act,” (OPA)
32 P.L.2013, c.46 (C.24:6J-1 et seq.), in order to authorize pharmacists
33 to supply opioid antidotes to patients without prescriptions under
34 standardized protocols that are to be adopted by the Board of
35 Pharmacy in accordance with the bill’s provisions. The authority
36 granted by the bill would be in addition to the existing authority of
37 pharmacists to supply opioid antidotes to patients without
38 prescriptions under a standing order issued by a physician.

39 The bill would define the term “patient” – consistent with the
40 OPA – to mean a person who is at risk of an opioid overdose or a
41 person who is not at risk of an opioid overdose who, in the person’s
42 individual capacity, obtains an opioid antidote from a pharmacist
43 for the purpose of administering that antidote to another person in
44 an emergency, in accordance with the provisions of the OPA.

45 The bill would provide, in particular, that a licensed pharmacist
46 may dispense or otherwise supply an opioid antidote to any patient
47 who is deemed to be capable of administering the same, regardless
48 of whether that patient presents an individual prescription for the

1 antidote. The bill would require the Board of Pharmacy, within 90
2 days after the bill's effective date, to adopt standardized protocols
3 to be used by licensed pharmacists when furnishing an opioid
4 antidote to a patient who does not present a prescription therefor.
5 The protocols must be consistent with the provisions of the OPA,
6 and must require a pharmacist to determine that the patient seeking
7 the antidote is capable of administering the same to an overdose
8 victim in an emergency. This is the same determination that must
9 be made under the OPA before a pharmacist may dispense an opioid
10 antidote to any person or entity under a standing order. Any
11 pharmacist who acts in good faith, and in accordance with the bill's
12 requirements, in supplying an opioid antidote to a patient without a
13 prescription, would be immune under the OPA from any civil or
14 criminal liability or any professional disciplinary action stemming
15 from such act.

16 The bill would also make minor technical and clarifying
17 corrections to the OPA, in order to correct citations, ensure internal
18 consistency, remove pejorative language, and clarify imprecise
19 language therein.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 295

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 27, 2017

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Senate Bill No. 295.

As amended by the committee, this bill would permit pharmacists to dispense opioid antidotes to any patient, regardless of whether the patient holds an individual prescription for the opioid antidote, pursuant to a standing order issued by a prescriber or pursuant to a standing order issued by the Commissioner of Health, or, if the commissioner is not a duly licensed physician, by the Deputy Commissioner for Public Health Services. A standing order issued by the Commissioner of Health or the Deputy Commissioner for Public Health Services is to be issued to a pharmacist upon request. A pharmacist dispensing an opioid antidote pursuant to any standing order is to comply with the provisions of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.).

As amended by the committee, bill provides the following definitions: "patient" means any person who is at risk of an opioid overdose or a person who obtains an opioid antidote for the purpose of administering that antidote to another person in an emergency; "opioid antidote" means naloxone hydrochloride or any similar drug approved by the federal Food and Drug Administration for self-administration for the treatment of an opioid overdose; and "prescriber" means a health care practitioner authorized by law to prescribe medications, including, but not limited to, a physician, physician assistant, or advanced practice nurse. The definitions of "patient" and "prescriber" track those used in the "Overdose Prevention Act."

As reported by the committee, this bill is identical to Assembly Bill No. 2334(1R), which the committee also reported on this date.

COMMITTEE AMENDMENTS:

The committee amended the bill to provide that pharmacists may dispense naloxone to any person, without a prescription, pursuant to a standing order issued by a prescriber or, upon request by the pharmacist, pursuant to a standing order issued by the Commissioner of Health or the Deputy Commissioner for Public Health Services. As introduced, the bill would have permitted pharmacists to dispense opioid antidotes without a prescription pursuant to standardized

protocols to be developed by the Board of Pharmacy. The amendments remove the standardized protocols provisions and related amendments to the “Overdose Prevention Act,” P.L.2013, C.46 (C.24:6J-1 et al.).

The committee amendments revise the definition of “patient” and add a new definition of “prescriber,” which track the definitions of “patient” and “prescriber” as set forth in the “Overdose Prevention Act.” Additionally, the committee amendments revise the definition of “opioid antidote” to clarify that it applies to products that have been approved by the federal Food and Drug Administration for self-administration for the treatment of an opioid overdose.

The committee amendments update the title and synopsis of the bill.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 295

STATE OF NEW JERSEY

DATED: MAY 2, 2016

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 295.

This bill would expand public access to opioid antidotes, such as naloxone hydrochloride, by supplementing the “New Jersey Pharmacy Practice Act,” P.L.2003, c.280 (C.45:14-40 et seq.) and amending the provisions of the “Overdose Prevention Act,” (OPA) P.L.2013, c.46 (C.24:6J-1 et seq.), in order to authorize pharmacists to supply opioid antidotes to patients without prescriptions under standardized protocols that are to be adopted by the Board of Pharmacy in accordance with the bill’s provisions. The authority granted by the bill would be in addition to the existing authority of pharmacists to supply opioid antidotes to patients without prescriptions under a standing order issued by a physician.

The bill would define the term “patient” – consistent with the OPA – to mean a person who is at risk of an opioid overdose or a person who is not at risk of an opioid overdose who, in the person’s individual capacity, obtains an opioid antidote from a pharmacist for the purpose of administering that antidote to another person in an emergency, in accordance with the provisions of the OPA.

The bill would provide, in particular, that a licensed pharmacist may dispense or otherwise supply an opioid antidote to any patient who is deemed to be capable of administering the same, regardless of whether that patient presents an individual prescription for the antidote. The bill would require the Board of Pharmacy, within 90 days after the bill’s effective date, to adopt standardized protocols to be used by licensed pharmacists when furnishing an opioid antidote to a patient who does not present a prescription therefor. The protocols must be consistent with the provisions of the OPA, and must require a pharmacist to determine that the patient seeking the antidote is capable of administering the same to an overdose victim in an emergency. This is the same determination that must be made under the OPA before a pharmacist may dispense an opioid antidote to any person or entity under a standing order. Any pharmacist who acts in good faith, and in accordance with the bill’s requirements, in supplying an opioid antidote to a patient without a

prescription, would be immune under the OPA from any civil or criminal liability or any professional disciplinary action stemming from such act.

The bill would also make minor technical and clarifying corrections to the OPA, in order to correct citations, ensure internal consistency, remove pejorative language, and clarify imprecise language therein.

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.

ASSEMBLY, No. 2334

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED FEBRUARY 4, 2016

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman VINCENT MAZZEO

District 2 (Atlantic)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Assemblywoman JOANN DOWNEY

District 11 (Monmouth)

Co-Sponsored by:

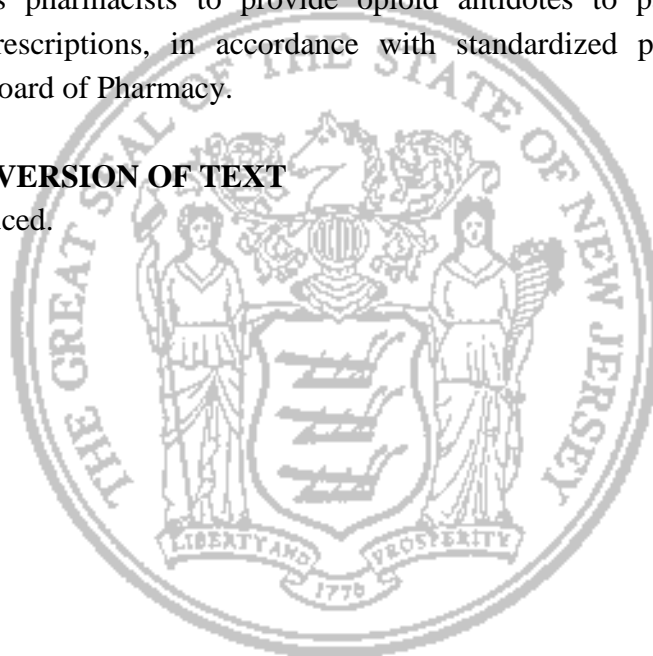
Assemblyman Holley

SYNOPSIS

Authorizes pharmacists to provide opioid antidotes to patients without individual prescriptions, in accordance with standardized protocols to be adopted by Board of Pharmacy.

CURRENT VERSION OF TEXT

As introduced.



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

1 AN ACT concerning overdose prevention and the dispensation of
2 opioid antidotes, supplementing P.L.2003, c.280 (C.45:14-40 et
3 seq.), and amending P.L.2013, c.46.

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

7
8 1. (New section) a. Notwithstanding any other law or
9 regulation to the contrary, a pharmacist may dispense or otherwise
10 supply an opioid antidote to any patient, regardless of whether the
11 patient holds an individual prescription therefor; provided that the
12 pharmacist complies with the provisions of the "Overdose
13 Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.) and, if
14 applicable, the standardized protocols established by the Board of
15 Pharmacy pursuant to this section.

16 b. (1) Within 90 days after the effective date of P.L. , c. (C.)
17 (pending before the Legislature as this bill), the Board of Pharmacy
18 shall adopt standardized protocols for licensed pharmacists to
19 supply opioid antidotes to patients who do not present an individual
20 prescription therefor.

21 (2) The standardized protocols established pursuant to this
22 subsection shall be consistent with the provisions of the "Overdose
23 Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.), and shall
24 require a licensed pharmacist to determine, in accordance with the
25 provisions of subsection a. of section 4 of the "Overdose Prevention
26 Act," P.L.2013, c.46 (C.24:6J-4), and prior to supplying an opioid
27 antidote to a patient without a prescription therefor, that the patient
28 is capable of administering the opioid antidote to an overdose
29 victim in an emergency.

30 c. As used in this section:

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

34 "Patient" means a person who is at risk of an opioid overdose or
35 a person who is not at risk of an opioid overdose who, in the
36 person's individual capacity, obtains an opioid antidote from a
37 pharmacist for the purpose of administering that antidote to another
38 person in an emergency, in accordance with the provisions of
39 subsection d. of section 4 of the "Overdose Prevention Act,"
40 P.L.2013, c.46 (C.24:6J-4).

41
42 2. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read
43 as follows:

44 3. As used in this act:

45 "Commissioner" means the Commissioner of Human Services.

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

7 "Emergency medical response entity" means an organization,
8 company, governmental entity, community-based program, or
9 healthcare system that provides pre-hospital emergency medical
10 services and assistance to opioid **[or heroin addicts or abusers]**
11 users in the event of an overdose.

12 "Emergency medical responder" means a person, other than a
13 health care practitioner, who is employed on a paid or volunteer
14 basis in the area of emergency response, including, but not limited
15 to, an emergency medical technician acting in that person's
16 professional capacity.

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

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

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

31 "Patient" means a person who is at risk of an opioid overdose or
32 a person who is not at risk of an opioid overdose who, in the
33 person's individual capacity, obtains an opioid antidote from a
34 health care practitioner, professional, or professional entity for the
35 purpose of administering that antidote to another person in an
36 emergency, in accordance with subsection **[c.] d.** of section 4 of
37 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
38 acting in that professional's individual capacity, but does not
39 include a professional who is acting in a professional capacity.

40 "Prescriber" means a health care practitioner authorized by law
41 to prescribe medications who, acting within the practitioner's scope
42 of professional practice, prescribes an opioid antidote. "Prescriber"
43 includes, but is not limited to, a physician, physician assistant, or
44 advanced practice nurse.

45 "Professional" means a person, other than a health care
46 practitioner, who is employed on a paid basis or is engaged on a
47 volunteer basis in the areas of substance abuse treatment or therapy,
48 criminal justice, or a related area, and who, acting in that person's

1 professional or volunteer capacity, obtains an opioid antidote from a
2 health care practitioner for the purposes of dispensing or
3 administering that antidote to other parties in the course of business
4 or volunteer activities. "Professional" includes, but is not limited
5 to, a sterile syringe access program employee, or a law enforcement
6 official.

7 "Professional entity" means an organization, company,
8 governmental entity, community-based program, sterile syringe
9 access program, or any other organized group that employs two or
10 more professionals who engage, during the regular course of
11 business or volunteer activities, in direct interactions with opioid
12 **【or heroin addicts or abusers】** users or other persons susceptible to
13 opioid overdose, or with other persons who are in a position to
14 provide direct medical assistance to opioid **【or heroin addicts or**
15 **abusers】** users in the event of an overdose.

16 "Recipient" means a patient, professional, professional entity,
17 emergency medical responder, or emergency medical response
18 entity who is prescribed **【or】** , dispensed , or otherwise supplied, an
19 opioid antidote in accordance with section 4 of P.L.2013, c.46
20 (C.24:6J-4).

21 (cf: P.L.2015, c.10, s.1)

22

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

25 4. a. (1) A prescriber or other health care practitioner, as
26 appropriate, may prescribe or dispense an opioid antidote:

27 (a) directly or through a standing order, to any recipient who is
28 deemed by the health care practitioner to be capable of
29 administering the opioid antidote to an overdose victim in an
30 emergency;

31 (b) through a standing order, to any professional or emergency
32 medical responder who is not acting in a professional or volunteer
33 capacity for a professional entity, or an emergency medical
34 response entity, but who is deemed by the health care practitioner to
35 be capable of administering opioid antidotes to overdose victims, as
36 part of the professional's regular course of business or volunteer
37 activities;

38 (c) through a standing order, to any professional who is not
39 acting in a professional or volunteer capacity for a professional
40 entity, but who is deemed by the health care practitioner to be
41 capable of dispensing opioid antidotes to recipients, for
42 administration thereby, as part of the professional's regular course
43 of business or volunteer activities;

44 (d) through a standing order, to any professional entity or any
45 emergency medical response entity, which is deemed by the health
46 care practitioner to employ professionals or emergency medical
47 responders, as appropriate, who are capable of administering opioid

1 antidotes to overdose victims as part of the entity's regular course of
2 business or volunteer activities; or

3 (e) through a standing order, to any professional entity which is
4 deemed by the health care practitioner to employ professionals who
5 are capable of dispensing opioid antidotes to recipients, for
6 administration thereby, as part of the entity's regular course of
7 business or volunteer activities.

8 (2) Notwithstanding any other law or regulation to the contrary,
9 a licensed pharmacist who is authorized to dispense an opioid
10 antidote pursuant to this subsection may dispense or otherwise
11 supply an opioid antidote to any patient, regardless of whether the
12 patient has an individual prescription therefor; provided that the
13 patient is deemed to be capable of administering the opioid antidote
14 to an overdose victim in an emergency, and provided, further, that
15 the pharmacist acts in compliance with the standardized protocols
16 established by the Board of Pharmacy, pursuant to section 1 of P.L.,
17 c. (C.) (pending before the Legislature as this bill), when
18 supplying an opioid antidote to a patient who lacks a prescription
19 therefor.

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

28 (b) For the purposes of this subsection, whenever the law
29 expressly requires a certain type of emergency medical responder or
30 emergency medical response entity to obtain a standing order for
31 opioid antidotes pursuant to this section, such emergency medical
32 responder, or the emergency medical responders employed or
33 engaged by such emergency medical response entity, as the case
34 may be, shall be presumed by the prescribing or dispensing health
35 care practitioner to be capable of administering the opioid antidote,
36 consistent with the express statutory requirement.

37 **[(3)]** (4) (a) Whenever a prescriber or other health care
38 practitioner prescribes or dispenses an opioid antidote to a
39 professional or professional entity pursuant to a standing order
40 issued under paragraph (1) of this subsection, the standing order
41 shall specify whether the professional or professional entity is
42 authorized thereby to directly administer the opioid antidote to
43 overdose victims; to dispense the opioid antidote to recipients, for
44 their administration to third parties; or to both administer and
45 dispense the opioid antidote. If a standing order does not include a
46 specification in this regard, it shall be deemed to authorize the
47 professional or professional entity only to administer the opioid
48 antidote with immunity, as provided by subsection **[c.]** d. of this

1 section, and it shall not be deemed to authorize the professional or
2 professional entity to engage in the further dispensing of the
3 antidote to recipients, unless such authority has been granted by
4 law, as provided by subparagraph (b) of this paragraph.

5 (b) Notwithstanding the provisions of this paragraph to the
6 contrary, if the law expressly authorizes or requires a certain type of
7 professional, professional entity, emergency medical responder, or
8 emergency medical response entity to administer or dispense opioid
9 antidotes pursuant to a standing order issued hereunder, the
10 standing order issued pursuant to this section shall be deemed to
11 grant the authority specified by the law, even if such authority is not
12 expressly indicated on the face of the standing order.

13 ~~[(4)]~~ (5) Any prescriber or other health care practitioner who
14 prescribes ~~【or】~~, dispenses, or otherwise supplies, an opioid antidote
15 in good faith, and in accordance with the provisions of this
16 subsection, shall not, as a result of the practitioner's acts or
17 omissions, be subject to any criminal or civil liability, or any
18 professional disciplinary action under Title 45 of the Revised
19 Statutes ~~,~~ for prescribing ~~【or】~~, dispensing ~~,~~ or otherwise supplying,
20 an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
21 seq.).

22 b. (1) Any professional or professional entity that has obtained
23 a standing order, pursuant to subsection a. of this section, for the
24 dispensing of opioid antidotes, may dispense or otherwise supply an
25 opioid antidote to any recipient who is deemed by the professional
26 or professional entity to be capable of administering the opioid
27 antidote to an overdose victim in an emergency.

28 (2) Any professional or professional entity that dispenses or
29 otherwise supplies an opioid antidote in accordance with paragraph
30 (1) of this subsection, in good faith, and pursuant to a standing
31 order issued under subsection a. of this section, shall not, as a result
32 of any acts or omissions, be subject to any criminal or civil liability,
33 or any professional disciplinary action, ~~,~~ for dispensing or otherwise
34 supplying an opioid antidote in accordance with P.L.2013, c.46
35 (C.24:6J-1 et seq.).

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

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

1 d. (1) Any person who is the recipient of an opioid antidote,
2 which has been prescribed **[or]**, dispensed, or otherwise supplied,
3 thereto for administration purposes pursuant to subsection a. or b. of
4 this section, and who has received overdose prevention information
5 pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5), may administer
6 the opioid antidote to another person in an emergency, without fee,
7 if the antidote recipient believes, in good faith, that the other person
8 is experiencing an opioid overdose.

9 (2) Any person who administers an opioid antidote pursuant to
10 paragraph (1) of this subsection shall not, as a result of the person's
11 acts or omissions, be subject to any criminal or civil liability, or any
12 professional disciplinary action, for administering the opioid
13 antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

14 e. In addition to the immunity that is provided by this section
15 for authorized persons who are engaged in the prescribing,
16 dispensing, or administering of an opioid antidote, the immunity
17 provided by section 7 or section 8 of P.L.2013, c.46 (C.2C:35-30 or
18 C.2C:35-31) shall apply to a person who acts in accordance with
19 this section, provided that the requirements of those sections, as
20 applicable, have been met.

21 (cf: P.L.2015, c.10, s.2)

22
23 4. This act shall take effect immediately.
24
25

26 STATEMENT

27
28 This bill would expand public access to opioid antidotes, such as
29 naloxone hydrochloride, by supplementing the “New Jersey
30 Pharmacy Practice Act,” P.L.2003, c.280 (C.45:14-40 et seq.) and
31 amending the provisions of the “Overdose Prevention Act,” (OPA)
32 P.L.2013, c.46 (C.24:6J-1 et seq.), in order to authorize pharmacists
33 to supply opioid antidotes to patients without prescriptions under
34 standardized protocols that are to be adopted by the Board of
35 Pharmacy in accordance with the bill’s provisions. The authority
36 granted by the bill would be in addition to the existing authority of
37 pharmacists to supply opioid antidotes to patients without
38 prescriptions under a standing order issued by a physician.

39 The bill would define the term “patient” – consistent with the
40 OPA – to mean a person who is at risk of an opioid overdose or a
41 person who is not at risk of an opioid overdose who, in the person’s
42 individual capacity, obtains an opioid antidote from a pharmacist
43 for the purpose of administering that antidote to another person in
44 an emergency, in accordance with the provisions of the OPA.

45 The bill would provide, in particular, that a licensed pharmacist
46 may dispense or otherwise supply an opioid antidote to any patient
47 who is deemed to be capable of administering the same, regardless
48 of whether that patient presents an individual prescription for the

1 antidote. The bill would require the Board of Pharmacy, within 90
2 days after the bill's effective date, to adopt standardized protocols
3 to be used by licensed pharmacists when furnishing an opioid
4 antidote to a patient who does not present a prescription therefor.
5 The protocols must be consistent with the provisions of the OPA,
6 and must require a pharmacist to determine that the patient seeking
7 the antidote is capable of administering the same to an overdose
8 victim in an emergency. This is the same determination that must
9 be made under the OPA before a pharmacist may dispense an opioid
10 antidote to any person or entity under a standing order. Any
11 pharmacist who acts in good faith, and in accordance with the bill's
12 requirements, in supplying an opioid antidote to a patient without a
13 prescription, would be immune under the OPA from any civil or
14 criminal liability or any professional disciplinary action stemming
15 from such act.

16 The bill would also make minor technical and clarifying
17 corrections to the OPA, in order to correct citations, ensure internal
18 consistency, remove pejorative language, and clarify imprecise
19 language therein.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2334

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 27, 2017

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 2334.

As amended by the committee, this bill would permit pharmacists to dispense opioid antidotes to any patient, regardless of whether the patient holds an individual prescription for the opioid antidote, pursuant to a standing order issued by a prescriber or pursuant to a standing order issued by the Commissioner of Health, or, if the commissioner is not a duly licensed physician, by the Deputy Commissioner for Public Health Services. A standing order issued by the Commissioner of Health or the Deputy Commissioner for Public Health Services is to be issued to a pharmacist upon request. A pharmacist dispensing an opioid antidote pursuant to any standing order is to comply with the provisions of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.).

As amended by the committee, bill provides the following definitions: "patient" means any person who is at risk of an opioid overdose or a person who obtains an opioid antidote for the purpose of administering that antidote to another person in an emergency; "opioid antidote" means naloxone hydrochloride or any similar drug approved by the federal Food and Drug Administration for self-administration for the treatment of an opioid overdose; and "prescriber" means a health care practitioner authorized by law to prescribe medications, including, but not limited to, a physician, physician assistant, or advanced practice nurse. The definitions of "patient" and "prescriber" track those used in the "Overdose Prevention Act."

As reported by the committee, this bill is identical to Senate Bill No. 295(1R), which the committee also reported on this date.

COMMITTEE AMENDMENTS:

The committee amended the bill to provide that pharmacists may dispense naloxone to any person, without a prescription, pursuant to a standing order issued by a prescriber or, upon request by the pharmacist, pursuant to a standing order issued by the Commissioner of Health or the Deputy Commissioner for Public Health Services. As introduced, the bill would have permitted pharmacists to dispense opioid antidotes without a prescription pursuant to standardized

protocols to be developed by the Board of Pharmacy. The amendments remove the standardized protocols provisions and related amendments to the “Overdose Prevention Act,” P.L.2013, C.46 (C.24:6J-1 et al.).

The committee amendments revise the definition of “patient” and add a new definition of “prescriber,” which track the definitions of “patient” and “prescriber” as set forth in the “Overdose Prevention Act.” Additionally, the committee amendments revise the definition of “opioid antidote” to clarify that it applies to products that have been approved by the federal Food and Drug Administration for self-administration for the treatment of an opioid overdose.

The committee amendments update the title and synopsis of the bill.

Governor Christie Takes Action On Pending Legislation

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Trenton, NJ - Governor Chris Christie today announced that he has taken action on the following pending legislation:

BILL SIGNINGS:

S-295/A-2334 (Vitale, Sarlo/Benson, Vainieri Huttle, Mazzeo, Mukherji, Downey, Wimberly) - Requires DOH to issue standing order authorizing pharmacists to dispense opioid antidotes to patients without individual prescriptions

S-651/A-4262 (Turner, Pennacchio/Muoio, Lampitt, Chiaravalloti, Mukherji, Jimenez) - Requires family day care providers and certain household members to undergo criminal history record background checks

S-972wGR/A-1788 (Sweeney, O'Toole, Ruiz/Burzichelli, Giblin, Pintor Marin) – Establishes Child Advocacy Center-Multidisciplinary Team Advisory Board and certification program for child advocacy centers and multidisciplinary teams; appropriates \$10 million

S-2564/A-4115 (Weinberg, A.R. Bucco/Johnson, Vainieri Huttle, A.M. Bucco, Quijano, Holley, Mukherji) - Provides that driver's license and identification cards expire every four years on licensee or cardholder's birthday

AJR-91/SJR-71 (Tucker, Johnson, Holley, Downey/Beach, Van Drew) - Designates June 27 of each year as "Post-Traumatic Stress Disorder Awareness Day"

BILL VETOED:

A-4352/S-2843 (Burzichelli, Taliaferro/Sweeney) – CONDITIONAL - Provides for elimination of newly formed non-operating school districts; establishes procedures for eliminating deficit that existed prior to merger; authorizes renting of school building for 10 years

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"I'm so pleased to serve once again as a Scholastic Reading Ambassador to help reinforce the important role that summer reading plays in learning," said First Lady Mary Pat Christie. "Reading is such a powerful mechanism that can inspire, motivate and encourage children to be successful in school and in life. I am excited that the students of Red Bank Primary School will have an additional opportunity to experience the joy of reading through this wonderful initiative."

The Scholastic Summer Reading Challenge is a free program that encourages children to continue to read during the summer months in order to avoid the "summer slide" — learning losses which can occur when school is not in session. Ensuring that children

have access to books during these months is critical to enhancing reading achievement.

"Summer slide" accounts for as much as 85 percent of the reading achievement gap between lower income students and their middle-and upper-income peers, according to Scholastic. Having children stick to a reading routine during the

summer break is crucial to strengthening reading proficiency. For every minute a child reads, he or she is enhancing those reading skills.



Red Bank Primary School covers students in Pre-K to Grade 3 and serves more than 600 students with nearly 100 staff members.

"We are beyond ecstatic to have been selected by our First Lady, Mary Pat Christie, to receive these special books for Summer Reading," said Luigi Laugelli, Principal of the Red Bank Primary School. "Our students, families and staff are grateful for access to quality literature, especially throughout the summer. As educators, we hope to instill the love of reading in our children and strive to ensure this love continues well beyond their time in school."

In 2016, Newell Elementary

School in Allentown logged 2,606,028 reading minutes, making them the number one school in New Jersey last year.

Nearly 250,000 children from 5,154 schools in all 50 states as well as 25 countries read and logged more than 204 million minutes during the 2016 summer campaign.

For more information about the 2017 Scholastic Summer Challenge, visit

<http://www.scholastic.com/ups/campaigns/src-2017/>

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609-777-2600



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