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**GOVERNOR'S PRESS RELEASE ON SIGNING:** No

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** Yes

"Outgoing Governor approves array of healthcare programs," NJ Spotlight, January 9, 2018

RH/CL

P.L.2017, CHAPTER 256, *approved January 8, 2018*  
Senate, No. 2964

1 AN ACT concerning housing options for individuals receiving  
2 treatment for a substance use disorder and amending P.L.1975,  
3 c.305 and P.L.1970, c.334.

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

7  
8 1. Section 9 of P.L.1975, c.305 (C.26:2B-15) is amended to  
9 read as follows:

10 9. Any person who is intoxicated and who voluntarily applies  
11 for treatment or is brought to a facility by a police officer or other  
12 authorized person in accordance with section 10 of P.L.1975, c.305  
13 (C.26:2B-16) may be afforded treatment at an intoxication  
14 treatment center or other facility. Any person who is an alcoholic  
15 and who voluntarily applies for treatment may be afforded  
16 treatment at an intoxication center or other facility.

17 As soon as possible after the admission of any person, the  
18 administrator of the facility shall cause such person to be examined  
19 by a physician or by a medically competent individual designated  
20 by the department and under the supervision of a physician. If,  
21 upon examination, a determination is made that the person is  
22 intoxicated or is an alcoholic, and adequate and appropriate  
23 treatment is available, he shall be admitted. Admission shall not be  
24 denied on the basis that the person is currently receiving medication  
25 assisted treatment for a substance use disorder administered by a  
26 licensed treatment provider, including but not limited to methadone,  
27 buprenorphine, naltrexone, or any other medication approved by the  
28 Food and Drug Administration for the treatment of a substance use  
29 disorder. If any person is not admitted for the reason that adequate  
30 and appropriate treatment is not available at the facility, the  
31 administrator of the facility, acting whenever possible with the  
32 assistance of the director, shall refer the person to a facility at  
33 which adequate and appropriate treatment is available. In the event  
34 that a person is not admitted to a facility, and has no funds, the  
35 administrator shall arrange for the person to be assisted to his  
36 residence, or, if he has no residence, to a place where shelter will be  
37 provided him.

38 Any person admitted to a facility may receive treatment at the  
39 facility for as long as he wishes to remain at the facility or until the  
40 administrator determines that treatment will no longer benefit him;  
41 provided, however, that any person who at the time of admission is

**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 intoxicated and is incapacitated, shall remain at the facility until he  
2 is no longer incapacitated, but in no event shall he be required to  
3 remain for a period greater than 48 hours.

4 When a person is admitted to a facility, the facility shall provide  
5 notice of admission to the person's spouse, parent, legal guardian,  
6 designated next of kin, or other designated emergency contact, as  
7 soon thereafter as possible, provided that: (1) such notice is  
8 provided in a manner that is consistent with federal requirements  
9 under 42 CFR Part 2 and federal HIPAA requirements under 45  
10 CFR Parts 160 and 164; and (2) the patient, if an adult, has not  
11 withheld consent for such notice or expressly requested that  
12 notification not be given. If a patient who is not incapacitated  
13 withholds consent for such notice, or expressly requests that  
14 notification not be given, the patient's wishes shall be respected  
15 unless the patient is a minor child or adolescent, in which case, the  
16 minor's parent, legal guardian, designated next of kin, or other  
17 designated emergency contact shall be notified, provided that such  
18 notification is not inconsistent with, and would not violate, federal  
19 requirements under 42 CFR Part 2 and federal HIPAA requirements  
20 under 45 CFR Parts 160 and 164.

21 The manner in which any person is transported from one facility  
22 to another, or from a facility to his residence, and the financing  
23 thereof, shall be determined by the director in accordance with rules  
24 and regulations promulgated by the department.

25 When a patient is discharged or otherwise released from  
26 treatment at a facility, the patient shall be encouraged to consent to  
27 appropriate outpatient or residential aftercare treatment.

28 When a patient voluntarily withdraws, or is involuntarily evicted  
29 from a transitional sober living home, halfway house, or other  
30 residential aftercare facility, the facility shall provide notice of the  
31 patient's release from care to the patient's spouse, parent, legal  
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44 and would not violate, federal requirements under 42 CFR Part 2  
45 and federal HIPAA requirements under 45 CFR Parts 160 and 164.  
46 (cf: P.L.2015, c.284, s.1)

1       2. Section 5 of P.L.1970, c.334 (C.26:2G-25) is amended to  
2 read as follows:

3       5. The commissioner shall adopt, amend, promulgate and  
4 enforce such rules, regulations and minimum standards for the  
5 treatment of patients of narcotic and drug abuse treatment centers as  
6 may be reasonably necessary to accomplish the purposes of  
7 P.L.1970, c.334 (C.26:2G-21 et seq.). Such narcotic and drug abuse  
8 treatment centers may be classified into two or more classes with  
9 appropriate rules, regulations and minimum standards for each such  
10 class. No narcotic or drug abuse treatment center, transitional sober  
11 living home, halfway house, or other residential aftercare facility  
12 shall be permitted to deny admission to a prospective client on the  
13 basis that the person is currently receiving medication assisted  
14 treatment for a substance use disorder administered by a licensed  
15 treatment provider, including but not limited to methadone,  
16 buprenorphine, naltrexone, or any other medication approved by the  
17 Food and Drug Administration for the treatment of a substance use  
18 disorder.

19       The rules and regulations adopted pursuant to this section shall,  
20 at a minimum, require a transitional sober living home, halfway  
21 house, or other residential aftercare facility to provide notice to a  
22 patient's spouse, parent, legal guardian, designated next of kin, or  
23 other designated emergency contact, whenever the patient  
24 voluntarily withdraws, or is involuntarily evicted from, such  
25 facility, provided that: (1) such notice is provided in a manner that  
26 is consistent with federal requirements under 42 CFR Part 2 and  
27 federal HIPAA requirements under 45 CFR Parts 160 and 164; and  
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30 who is not incapacitated withholds consent for such notice, or  
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33 is a minor child or adolescent, in which case, the department shall  
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35 other designated emergency contact to be notified, provided that  
36 such notification is not inconsistent with, and would not violate,  
37 federal requirements under 42 CFR Part 2 and federal HIPAA  
38 requirements under 45 CFR Parts 160 and 164.

39 (cf: P.L.2015, c.284, s.2)

40

41       3. This act shall take effect on the first day of the fourth month  
42 next following the date of enactment, except the Commissioner of  
43 Human Services may take any anticipatory administrative action in  
44 advance as the commissioner deems necessary for the  
45 implementation of this act.

STATEMENT

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3

This bill prohibits residential substance use disorder treatment facilities and aftercare facilities (including sober living homes and halfway houses) from denying admission to a person on the basis that the person is currently receiving medication assisted treatment for a substance use disorder, provided the treatment is administered by a licensed treatment provider. The bill specifies that medication assisted treatment includes but need not be limited to, methadone, buprenorphine, naltrexone, or any other medication approved by the Food and Drug Administration for the treatment of a substance use disorder.

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The science of addiction medicine is increasingly finding that substance use disorders can be most effectively treated with a combination of counseling, peer support, and medication. Some of the medications used in such treatments, such as methadone and suboxone, are themselves addictive, but they can be safely administered and managed by trained medical professionals. Nonetheless, some substance use disorder treatment and aftercare programs operate with a philosophy that an addiction to one substance should not be replaced with an addiction to another, and therefore they object to medication assisted treatment, instead emphasizing counseling and peer support. This philosophy, while earnest and well-meaning, has the unfortunate result of barring individuals receiving medically supervised medication assisted treatment from other recovery-related treatment, aftercare, and housing options. This bill is intended to remove scientifically outdated barriers to residential treatment, aftercare, and housing options for individuals in recovery.

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Prohibits residential substance use disorder treatment facilities and aftercare facilities from denying admission to individuals receiving medication assisted treatment for substance use disorder.

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# SENATE, No. 2964

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED JANUARY 30, 2017

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator DIANE B. ALLEN**

**District 7 (Burlington)**

**Assemblywoman ANNETTE QUIJANO**

**District 20 (Union)**

**Assemblywoman NANCY F. MUNOZ**

**District 21 (Morris, Somerset and Union)**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Assemblywoman SHAVONDA E. SUMTER**

**District 35 (Bergen and Passaic)**

**Co-Sponsored by:**

**Senators Addiego, Beck and Assemblywoman Vainieri Huttie**

**SYNOPSIS**

Prohibits residential substance use disorder treatment facilities and aftercare facilities from denying admission to individuals receiving medication assisted treatment for substance use disorder.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 12/8/2017)**

1 AN ACT concerning housing options for individuals receiving  
2 treatment for a substance use disorder and amending P.L.1975,  
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34 requirements under 45 CFR Parts 160 and 164.

35 (cf: P.L.2015, c.284, s.2)

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37 3. This act shall take effect on the first day of the fourth month  
38 next following the date of enactment, except the Commissioner of  
39 Human Services may take any anticipatory administrative action in  
40 advance as the commissioner deems necessary for the  
41 implementation of this act.

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#### STATEMENT

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46 This bill prohibits residential substance use disorder treatment  
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48 halfway houses) from denying admission to a person on the basis

1 that the person is currently receiving medication assisted treatment  
2 for a substance use disorder, provided the treatment is administered  
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8 The science of addiction medicine is increasingly finding that  
9 substance use disorders can be most effectively treated with a  
10 combination of counseling, peer support, and medication. Some of  
11 the medications used in such treatments, such as methadone and  
12 suboxone, are themselves addictive, but they can be safely  
13 administered and managed by trained medical professionals.  
14 Nonetheless, some substance use disorder treatment and aftercare  
15 programs operate with a philosophy that an addiction to one  
16 substance should not be replaced with an addiction to another, and  
17 therefore they object to medication assisted treatment, instead  
18 emphasizing counseling and peer support. This philosophy, while  
19 earnest and well-meaning, has the unfortunate result of barring  
20 individuals receiving medically supervised medication assisted  
21 treatment from other recovery-related treatment, aftercare, and  
22 housing options. This bill is intended to remove scientifically  
23 outdated barriers to residential treatment, aftercare, and housing  
24 options for individuals in recovery.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 2964**

**STATE OF NEW JERSEY**

DATED: FEBRUARY 27, 2017

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 2964.

This bill prohibits residential substance use disorder treatment facilities and aftercare facilities (including sober living homes and halfway houses) from denying admission to a person on the basis that the person is currently receiving medication assisted treatment for a substance use disorder, provided the treatment is administered by a licensed treatment provider. The bill specifies that medication assisted treatment includes but need not be limited to, methadone, buprenorphine, naltrexone, or any other medication approved by the Food and Drug Administration for the treatment of a substance use disorder.

The science of addiction medicine is increasingly finding that substance use disorders can be most effectively treated with a combination of counseling, peer support, and medication. Some of the medications used in such treatments, such as methadone and suboxone, are themselves addictive, but they can be safely administered and managed by trained medical professionals. Nonetheless, some substance use disorder treatment and aftercare programs operate with a philosophy that an addiction to one substance should not be replaced with an addiction to another, and therefore they object to medication assisted treatment, instead emphasizing counseling and peer support. This philosophy, while earnest and well-meaning, has the unfortunate result of barring individuals receiving medically supervised medication assisted treatment from other recovery-related treatment, aftercare, and housing options. This bill is intended to remove scientifically outdated barriers to residential treatment, aftercare, and housing options for individuals in recovery.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### SENATE, No. 2964

# STATE OF NEW JERSEY

DATED: NOVEMBER 30, 2017

The Assembly Health and Senior Services Committee reports favorably Assembly Bill No. 2964.

This bill prohibits residential substance use disorder treatment facilities and aftercare facilities (including sober living homes and halfway houses) from denying admission to a person on the basis that the person is currently receiving medication assisted treatment for a substance use disorder, provided the treatment is administered by a licensed treatment provider. The bill specifies that medication assisted treatment includes but need not be limited to, methadone, buprenorphine, naltrexone, or any other medication approved by the federal Food and Drug Administration for the treatment of a substance use disorder.

Although certain medications commonly used in medication assisted treatment are themselves addictive, such as methadone and suboxone, studies have found that these medications, when administered and managed by trained medical professionals, can be safely used in conjunction with counseling and peer support as part of an effective and comprehensive program of treatment for substance use disorders.

As reported by the committee, Senate Bill No. 2964 is identical to Assembly Bill No. 4707 which was also reported by the committee on this date.

# ASSEMBLY, No. 4707

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED MARCH 20, 2017

**Sponsored by:**

**Assemblywoman ANNETTE QUIJANO**

**District 20 (Union)**

**Assemblywoman NANCY F. MUNOZ**

**District 21 (Morris, Somerset and Union)**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Assemblywoman ANGELA V. MCKNIGHT**

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**Assemblywoman SHAVONDA E. SUMTER**

**District 35 (Bergen and Passaic)**

**Co-Sponsored by:**

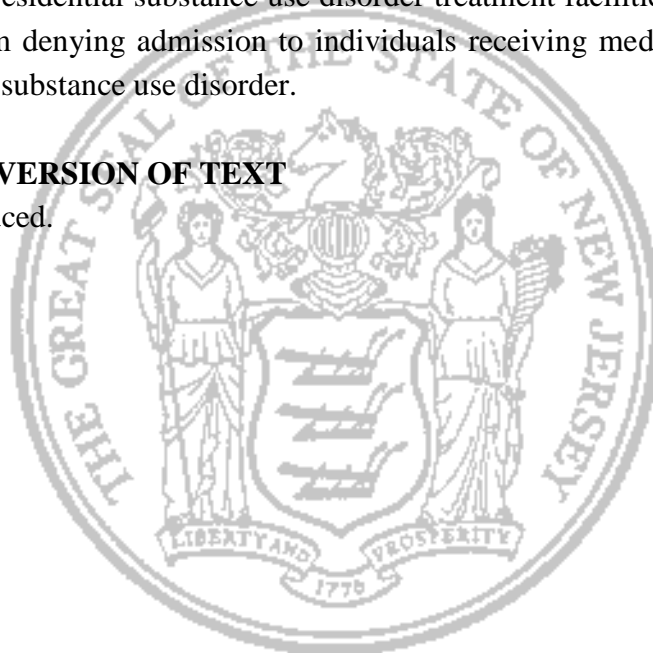
**Assemblywoman Vainieri Huttle**

**SYNOPSIS**

Prohibits residential substance use disorder treatment facilities and aftercare facilities from denying admission to individuals receiving medication assisted treatment for substance use disorder.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 12/8/2017)**

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47       5. The commissioner shall adopt, amend, promulgate and  
48 enforce such rules, regulations and minimum standards for the



1 treatment of patients of narcotic and drug abuse treatment centers as  
2 may be reasonably necessary to accomplish the purposes of  
3 P.L.1970, c.334 (C.26:2G-21 et seq.). Such narcotic and drug abuse  
4 treatment centers may be classified into two or more classes with  
5 appropriate rules, regulations and minimum standards for each such  
6 class. No narcotic or drug abuse treatment center, transitional sober  
7 living home, halfway house, or other residential aftercare facility  
8 shall be permitted to deny admission to a prospective client on the  
9 basis that the person is currently receiving medication assisted  
10 treatment for a substance use disorder administered by a licensed  
11 treatment provider, including but not limited to methadone,  
12 buprenorphine, naltrexone, or any other medication approved by the  
13 Food and Drug Administration for the treatment of a substance use  
14 disorder.

15 The rules and regulations adopted pursuant to this section shall,  
16 at a minimum, require a transitional sober living home, halfway  
17 house, or other residential aftercare facility to provide notice to a  
18 patient's spouse, parent, legal guardian, designated next of kin, or  
19 other designated emergency contact, whenever the patient  
20 voluntarily withdraws, or is involuntarily evicted from, such  
21 facility, provided that: (1) such notice is provided in a manner that  
22 is consistent with federal requirements under 42 CFR Part 2 and  
23 federal HIPAA requirements under 45 CFR Parts 160 and 164; and  
24 (2) the patient, if an adult, has not withheld consent for such notice  
25 or expressly requested that notification not be given. If a patient  
26 who is not incapacitated withholds consent for such notice, or  
27 expressly requests that notification not be given, the department  
28 shall require the patient's wishes to be respected unless the patient  
29 is a minor child or adolescent, in which case, the department shall  
30 require the minor's parent, legal guardian, designated next of kin, or  
31 other designated emergency contact to be notified, provided that  
32 such notification is not inconsistent with, and would not violate,  
33 federal requirements under 42 CFR Part 2 and federal HIPAA  
34 requirements under 45 CFR Parts 160 and 164.

35 (cf: P.L.2015, c.284, s.2)

36

37 3. This act shall take effect on the first day of the fourth month  
38 next following the date of enactment, except the Commissioner of  
39 Human Services may take any anticipatory administrative action in  
40 advance as the commissioner deems necessary for the  
41 implementation of this act.

42

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#### STATEMENT

45

46 This bill prohibits residential substance use disorder treatment  
47 facilities and aftercare facilities (including sober living homes and  
48 halfway houses) from denying admission to a person on the basis

1 that the person is currently receiving medication assisted treatment  
2 for a substance use disorder, provided the treatment is administered  
3 by a licensed treatment provider. The bill specifies that medication  
4 assisted treatment includes but need not be limited to, methadone,  
5 buprenorphine, naltrexone, or any other medication approved by the  
6 Food and Drug Administration for the treatment of a substance use  
7 disorder.

8 The science of addiction medicine is increasingly finding that  
9 substance use disorders can be most effectively treated with a  
10 combination of counseling, peer support, and medication. Some of  
11 the medications used in such treatments, such as methadone and  
12 suboxone, are themselves addictive, but they can be safely  
13 administered and managed by trained medical professionals.  
14 Nonetheless, some substance use disorder treatment and aftercare  
15 programs operate with a philosophy that an addiction to one  
16 substance should not be replaced with an addiction to another, and  
17 therefore they object to medication assisted treatment, instead  
18 emphasizing counseling and peer support. This philosophy, while  
19 earnest and well-meaning, has the unfortunate result of barring  
20 individuals receiving medically supervised medication assisted  
21 treatment from other recovery-related treatment, aftercare, and  
22 housing options. This bill is intended to remove scientifically  
23 outdated barriers to residential treatment, aftercare, and housing  
24 options for individuals in recovery.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 4707

# STATE OF NEW JERSEY

DATED: NOVEMBER 30, 2017

The Assembly Health and Senior Services Committee reports favorably Assembly Bill No. 4707.

This bill prohibits residential substance use disorder treatment facilities and aftercare facilities (including sober living homes and halfway houses) from denying admission to a person on the basis that the person is currently receiving medication assisted treatment for a substance use disorder, provided the treatment is administered by a licensed treatment provider. The bill specifies that medication assisted treatment includes but need not be limited to, methadone, buprenorphine, naltrexone, or any other medication approved by the federal Food and Drug Administration for the treatment of a substance use disorder.

Although certain medications commonly used in medication assisted treatment are themselves addictive, such as methadone and suboxone, studies have found that these medications, when administered and managed by trained medical professionals, can be safely used in conjunction with counseling and peer support as part of an effective and comprehensive program of treatment for substance use disorders.

As reported by the committee, Assembly Bill No. 4707 is identical to Senate Bill No. 2964 which was also reported by the committee on this date.