

# 18A:40-12.23 to 18A:40-12.28 et al.

## LEGISLATIVE HISTORY CHECKLIST

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**LAWS OF:** 2018 **CHAPTER:** 106

**NJSA:** 18A:40-12.23 to 18A:40-12.28 et al. (Requires certain schools to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by school nurse or trained employee.)

**BILL NO:** A542 (Substituted for S1830)

**SPONSOR(S)** Mazzeo and others

**DATE INTRODUCED:** 1/9/2018

**COMMITTEE:** **ASSEMBLY:** Education  
Appropriations

**SENATE:** Education

**AMENDED DURING PASSAGE:** Yes

**DATE OF PASSAGE:** **ASSEMBLY:** 6/7/2018

**SENATE:** 6/25/2018

**DATE OF APPROVAL:** 8/24/2018

### FOLLOWING ARE ATTACHED IF AVAILABLE:

**FINAL TEXT OF BILL** (First Reprint enacted) Yes

**A542**

**SPONSOR'S STATEMENT:** (Begins on page 9 of introduced bill) Yes

**COMMITTEE STATEMENT:** **ASSEMBLY:** Yes Education  
Appropriations

**SENATE:** Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at [www.njleg.state.nj.us](http://www.njleg.state.nj.us))

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** Yes

**S1830**

**SPONSOR'S STATEMENT:** (Begins on page 9 of introduced bill) Yes

**COMMITTEE STATEMENT:** **ASSEMBLY:** No

**SENATE:** Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at [www.njleg.state.nj.us](http://www.njleg.state.nj.us))

**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** No

(continued)

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** Yes

"N.J. high schools now required to have naloxone - NJ high schools now required to carry opioid overdose antidote,"  
The Press of Atlantic City, August 26, 2018

RH/CL

P.L. 2018, CHAPTER 106, *approved August 24, 2018*  
Assembly, No. 542 (*First Reprint*)

1 AN ACT concerning the emergency administration of opioid  
2 antidotes in schools, supplementing chapter 40 of Title 18A of  
3 the New Jersey Statutes, 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) As used in this act:

9 “Opioid antidote” means <sup>1</sup>[naloxone hydrochloride, or any other  
10 similarly acting] any<sup>1</sup> drug<sup>1</sup>, regardless of dosage amount or  
11 method of administration, which has been<sup>1</sup> approved by the United  
12 States Food and Drug Administration<sup>1</sup>(FDA)<sup>1</sup> for the treatment of  
13 an opioid overdose. <sup>1</sup>“Opioid antidote” includes, but is not limited  
14 to, naloxone hydrochloride, in any dosage amount, which is  
15 administered through nasal spray or any other FDA-approved  
16 means or methods.<sup>1</sup>

17 “Opioid overdose” means an acute condition including, but not  
18 limited to, extreme physical illness, decreased level of  
19 consciousness, respiratory depression, coma, or death resulting  
20 from the consumption or use of an opioid drug or another substance  
21 with which an opioid drug was combined, and that a layperson  
22 would reasonably believe to require medical assistance.

23 “School-sponsored function” means any activity, event, or  
24 program occurring on or off school grounds, whether during or  
25 outside of regular school hours, that is organized or supported by  
26 the school.

27

28 2. (New section) a. Each board of education, board of trustees  
29 of a charter school, and chief school administrator of a nonpublic  
30 school shall develop a policy, in accordance with guidelines  
31 established by the Department of Education pursuant to section 3 of  
32 this act, for the emergency administration of an opioid antidote to a  
33 student, staff member, or other person who is experiencing an  
34 opioid overdose. The policy shall:

35 (1) require each school that includes any of the grades nine  
36 through 12, and permit any other school, to obtain a standing order  
37 for opioid antidotes pursuant to section 4 of the “Overdose

**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:**

<sup>1</sup>Assembly AAP committee amendments adopted March 22, 2018.

1 Prevention Act,” P.L.2013, c.46 (C.24:6J-4), and to maintain a  
2 supply of opioid antidotes under the standing order in a secure but  
3 unlocked and easily accessible location; and

4 (2) permit the school nurse, or a trained employee designated  
5 pursuant to subsection c. of this section, to administer an opioid  
6 antidote to any person whom the nurse or trained employee in good  
7 faith believes is experiencing an opioid overdose.

8 b. (1) Opioid antidotes shall be maintained by a school  
9 pursuant to paragraph (1) of subsection a. of this section in  
10 quantities and types deemed adequate by the board of education,  
11 board of trustees of a charter school, or chief school administrator  
12 of a nonpublic school, in consultation with the Department of  
13 Education and the Department of Human Services.

14 (2) The opioid antidotes shall be accessible in the school during  
15 regular school hours and during school-sponsored functions that  
16 take place in the school or on school grounds adjacent to the school  
17 building. A board of education, board of trustees of a charter  
18 school, or chief school administrator of a nonpublic school may, in  
19 its discretion, make opioid antidotes accessible during school-  
20 sponsored functions that take place off school grounds.

21 c. (1) The school nurse shall have the primary responsibility  
22 for the emergency administration of an opioid antidote in  
23 accordance with a policy developed under this section. The board  
24 of education, board of trustees of a charter school, or chief school  
25 administrator of a nonpublic school shall designate additional  
26 employees of the school district, charter school, or nonpublic school  
27 who volunteer to administer an opioid antidote in the event that a  
28 person experiences an opioid overdose when the nurse is not  
29 physically present at the scene. The designated employees shall  
30 only be authorized to administer opioid antidotes after receiving the  
31 training required under subsection b. of section 3 of this act.

32 (2) In the event that a licensed athletic trainer volunteers to  
33 administer an opioid antidote pursuant to this act, it shall not  
34 constitute a violation of the “Athletic Training Licensure Act,”  
35 P.L.1984, c.203 (C.45:9-37.35 et seq.).

36 d. A policy developed pursuant to this section shall require the  
37 transportation of an overdose victim to a hospital emergency room  
38 by emergency services personnel after the administration of an  
39 opioid antidote, even if the person’s symptoms appear to have  
40 resolved.

41  
42 3. (New section) a. The Department of Education, in  
43 consultation with the Department of Human Services and  
44 appropriate medical experts, shall establish guidelines for the  
45 development of a policy by a school district, charter school, or  
46 nonpublic school for the emergency administration of opioid  
47 antidotes. Each board of education, board of trustees of a charter  
48 school, and chief school administrator of a nonpublic school shall

1 implement the guidelines in developing a policy pursuant to section  
2 of this act.

3 b. The guidelines shall include a requirement that each school  
4 nurse, and each employee designated pursuant to subsection c. of  
5 section 2 of this act, receive training on standardized protocols for  
6 the administration of an opioid antidote to a person who  
7 experiences an opioid overdose. The training shall include the  
8 overdose prevention information described in subsection a. of  
9 section 5 of the "Overdose Prevention Act," P.L.2013, c.46  
10 (C.24:6J-5). The guidelines shall specify an appropriate entity or  
11 entities to provide the training, and a school nurse shall not be  
12 solely responsible to train the employees designated pursuant to  
13 subsection c. of section 2 of this act.

14

15 4. (New section) No school employee, including a school  
16 nurse, or any other officer or agent of a board of education, charter  
17 school, or nonpublic school, or a prescriber of opioid antidotes for a  
18 school through a standing order, shall be held liable for any good  
19 faith act or omission consistent with the provisions of this act.  
20 Good faith shall not include willful misconduct, gross negligence,  
21 or recklessness.

22

23 5. (New section) A school district may enter into a shared  
24 services arrangement with another school district for the provision  
25 of opioid antidotes pursuant to section 2 of this act if the  
26 arrangement will result in cost savings for the districts.

27

28 6. (New section) Notwithstanding any law to the contrary,  
29 funds appropriated or otherwise made available pursuant to  
30 P.L.1991, c.226 (C.18A:40-23 et seq.) may be used to comply with  
31 the requirements of section 2 of this act in nonpublic schools.

32

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

35 3. As used in this act:

36 "Commissioner" means the Commissioner of Human Services.

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

43 "Emergency medical response entity" means an organization,  
44 company, governmental entity, community-based program, or  
45 healthcare system that provides pre-hospital emergency medical  
46 services and assistance to opioid or heroin addicts or abusers in the  
47 event of an overdose. <sup>1</sup>"Emergency medical response entity"  
48 includes, but is not limited to, a first aid, rescue and ambulance

1 squad or other basic life support (BLS) ambulance provider; a  
2 mobile intensive care provider or other advanced life support (ALS)  
3 ambulance provider; an air medical service provider; or a fire-  
4 fighting company or organization, which squad, provider, company,  
5 or organization is qualified to send paid or volunteer emergency  
6 medical responders to the scene of an emergency.<sup>1</sup>

7 "Emergency medical responder" means a person, other than a  
8 health care practitioner, who is employed on a paid or volunteer  
9 basis in the area of emergency response, including, but not limited  
10 to, an emergency medical technician <sup>1</sup>, a mobile intensive care  
11 paramedic, or a fire fighter,<sup>1</sup> acting in that person's professional  
12 capacity.

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

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

24 "Opioid antidote" means <sup>1</sup>**naloxone hydrochloride, or any other**  
25 **similarly acting** <sup>1</sup>**any** <sup>1</sup> drug <sup>1</sup>, regardless of dosage amount or  
26 method of administration, which has been<sup>1</sup> approved by the United  
27 States Food and Drug Administration <sup>1</sup>(FDA)<sup>1</sup> for the treatment of  
28 an opioid overdose. <sup>1</sup>"Opioid antidote includes, but is not limited  
29 to, naloxone hydrochloride, in any dosage amount, which is  
30 administered through nasal spray or any other FDA-approved  
31 means or methods.<sup>1</sup>

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

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

46 "Professional" means a person, other than a health care  
47 practitioner, who is employed on a paid basis or is engaged on a

1 volunteer basis in the areas of substance abuse treatment or therapy,  
2 criminal justice, or a related area, and who, acting in that person's  
3 professional or volunteer capacity, obtains an opioid antidote from a  
4 health care practitioner for the purposes of dispensing or  
5 administering that antidote to other parties in the course of business  
6 or volunteer activities. "Professional" includes, but is not limited  
7 to, a sterile syringe access program employee, or a law enforcement  
8 official.

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

18 "Recipient" means a patient, professional, professional entity,  
19 emergency medical responder, **[or]** emergency medical response  
20 entity, school, school district, or school nurse who is prescribed or  
21 dispensed an opioid antidote in accordance with section 4 of  
22 P.L.2013, c.46 (C.24:6J-4).  
23 (cf: P.L.2017, c.381, s.1)

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

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

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

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

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

46 (d) through a standing order, to any professional entity or any  
47 emergency medical response entity, which is deemed by the health  
48 care practitioner to employ professionals or emergency medical

1 responders, as appropriate, who are capable of administering opioid  
2 antidotes to overdose victims as part of the entity's regular course of  
3 business or volunteer activities;

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

9 (f) through a standing order, to a school, school district, or  
10 school nurse pursuant to the provisions of section 2 of P.L. \_\_\_\_\_,  
11 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill).

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

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

29 (c) For the purposes of this subsection, whenever the law  
30 expressly authorizes or requires a school or school district to obtain  
31 a standing order for opioid antidotes pursuant to this section, the  
32 school nurses employed or engaged by the school or school district  
33 shall be presumed by the prescribing or dispensing health care  
34 practitioner to be capable of administering the opioid antidote,  
35 consistent with the express statutory requirement.

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



1 further dispensing of the antidote to recipients, unless such  
2 authority has been granted by law, as provided by subparagraph (b)  
3 of this paragraph.

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

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

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

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

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

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

46 d. (1) Any person who is the recipient of an opioid antidote,  
47 which has been prescribed or dispensed for administration purposes  
48 pursuant to subsection a. or b. of this section, and who has received

1 overdose prevention information pursuant to section 5 of P.L.2013,  
2 c.46 (C.24:6J-5), may administer the opioid antidote to another  
3 person in an emergency, without fee, if the antidote recipient  
4 believes, in good faith, that the other person is experiencing an  
5 opioid overdose.

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

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

18 f. Any school, school district, school nurse, school employee,  
19 or any other officer or agent of a board of education, charter school,  
20 or nonpublic school who administers, or permits the administration  
21 of, an opioid antidote in good faith in accordance with the  
22 provisions of section 2 of P.L. , c. (C. ) (pending before the  
23 Legislature as this bill), and pursuant to a standing order issued  
24 under subsection a. of this section, shall not, as a result of any acts  
25 or omissions, be subject to any criminal or civil liability, or any  
26 disciplinary action, for administering, or for permitting the  
27 administration of, the opioid antidote in accordance with P.L.2013,  
28 c.46 (C.24:6J-1 et seq.).

29 <sup>1</sup>g. Notwithstanding the provisions of any law, rule, regulation,  
30 ordinance, or institutional or organizational directive to the  
31 contrary, any person or entity authorized to administer an opioid  
32 antidote pursuant to this section, may administer to an overdose  
33 victim, with full immunity:

34 (1) a single dose of any type of opioid antidote that has been  
35 approved by the United States Food and Drug Administration for  
36 use in the treatment of opioid overdoses; and

37 (2) up to three doses of an opioid antidote that is administered  
38 through an intranasal application, or through an intramuscular auto-  
39 injector, as may be necessary to revive the overdose victim. Prior  
40 consultation with, or approval by, a third-party physician or other  
41 medical personnel shall not be required before an authorized person  
42 or entity may administer up to three doses of an opioid antidote, as  
43 provided in this paragraph, to the same overdose victim.

44 h. No later than 45 days after the effective date of P.L.2017,  
45 c.381 the Commissioner of Health shall provide written notice to all  
46 emergency medical response entities affected by subsection g. of

1 this section notifying them of the provisions of subsection g. of this  
2 section.<sup>1</sup>

3 (cf: P.L.2017, c.381, s.2)

4

5 9. This act shall take effect on the first day of the fourth month  
6 next following the date of enactment, except the Department of  
7 education may take any anticipatory administrative action in  
8 advance as shall be necessary for the implementation of this act.

9

10

11

12

13 \_\_\_\_\_  
14 Requires certain schools to maintain supply of opioid antidotes  
15 and permits emergency administration of opioid antidote by school  
nurse or trained employee.

**ASSEMBLY, No. 542**

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**STATE OF NEW JERSEY**

**218th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

**Sponsored by:**

**Assemblyman VINCENT MAZZEO**

**District 2 (Atlantic)**

**Assemblyman JOSEPH A. LAGANA**

**District 38 (Bergen and Passaic)**

**Assemblyman BOB ANDRZEJCZAK**

**District 1 (Atlantic, Cape May and Cumberland)**

**Assemblyman ANDREW ZWICKER**

**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**

**Assemblyman R. BRUCE LAND**

**District 1 (Atlantic, Cape May and Cumberland)**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Assemblywoman JOANN DOWNEY**

**District 11 (Monmouth)**

**Co-Sponsored by:**

**Assemblywomen Vainieri Huttle, Mosquera and Assemblyman Armato**

**SYNOPSIS**

Requires certain schools to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by school nurse or trained employee.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



**(Sponsorship Updated As Of: 1/30/2018)**

1 AN ACT concerning the emergency administration of opioid  
2 antidotes in schools, supplementing chapter 40 of Title 18A of  
3 the New Jersey Statutes, 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) As used in this act:

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

12 “Opioid overdose” means an acute condition including, but not  
13 limited to, extreme physical illness, decreased level of  
14 consciousness, respiratory depression, coma, or death resulting  
15 from the consumption or use of an opioid drug or another substance  
16 with which an opioid drug was combined, and that a layperson  
17 would reasonably believe to require medical assistance.

18 “School-sponsored function” means any activity, event, or  
19 program occurring on or off school grounds, whether during or  
20 outside of regular school hours, that is organized or supported by  
21 the school.  
22

23 2. (New section) a. Each board of education, board of trustees  
24 of a charter school, and chief school administrator of a nonpublic  
25 school shall develop a policy, in accordance with guidelines  
26 established by the Department of Education pursuant to section 3 of  
27 this act, for the emergency administration of an opioid antidote to a  
28 student, staff member, or other person who is experiencing an  
29 opioid overdose. The policy shall:

30 (1) require each school that includes any of the grades nine  
31 through 12, and permit any other school, to obtain a standing order  
32 for opioid antidotes pursuant to section 4 of the “Overdose  
33 Prevention Act,” P.L.2013, c.46 (C.24:6J-4), and to maintain a  
34 supply of opioid antidotes under the standing order in a secure but  
35 unlocked and easily accessible location; and

36 (2) permit the school nurse, or a trained employee designated  
37 pursuant to subsection c. of this section, to administer an opioid  
38 antidote to any person whom the nurse or trained employee in good  
39 faith believes is experiencing an opioid overdose.

40 b. (1) Opioid antidotes shall be maintained by a school  
41 pursuant to paragraph (1) of subsection a. of this section in  
42 quantities and types deemed adequate by the board of education,  
43 board of trustees of a charter school, or chief school administrator  
44 of a nonpublic school, in consultation with the Department of  
45 Education and the Department 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 (2) The opioid antidotes shall be accessible in the school during  
2 regular school hours and during school-sponsored functions that  
3 take place in the school or on school grounds adjacent to the school  
4 building. A board of education, board of trustees of a charter  
5 school, or chief school administrator of a nonpublic school may, in  
6 its discretion, make opioid antidotes accessible during school-  
7 sponsored functions that take place off school grounds.

8 c. (1) The school nurse shall have the primary responsibility  
9 for the emergency administration of an opioid antidote in  
10 accordance with a policy developed under this section. The board  
11 of education, board of trustees of a charter school, or chief school  
12 administrator of a nonpublic school shall designate additional  
13 employees of the school district, charter school, or nonpublic school  
14 who volunteer to administer an opioid antidote in the event that a  
15 person experiences an opioid overdose when the nurse is not  
16 physically present at the scene. The designated employees shall  
17 only be authorized to administer opioid antidotes after receiving the  
18 training required under subsection b. of section 3 of this act.

19 (2) In the event that a licensed athletic trainer volunteers to  
20 administer an opioid antidote pursuant to this act, it shall not  
21 constitute a violation of the "Athletic Training Licensure Act,"  
22 P.L.1984, c.203 (C.45:9-37.35 et seq.).

23 d. A policy developed pursuant to this section shall require the  
24 transportation of an overdose victim to a hospital emergency room  
25 by emergency services personnel after the administration of an  
26 opioid antidote, even if the person's symptoms appear to have  
27 resolved.

28  
29 3. (New section) a. The Department of Education, in  
30 consultation with the Department of Human Services and  
31 appropriate medical experts, shall establish guidelines for the  
32 development of a policy by a school district, charter school, or  
33 nonpublic school for the emergency administration of opioid  
34 antidotes. Each board of education, board of trustees of a charter  
35 school, and chief school administrator of a nonpublic school shall  
36 implement the guidelines in developing a policy pursuant to section  
37 2 of this act.

38 b. The guidelines shall include a requirement that each school  
39 nurse, and each employee designated pursuant to subsection c. of  
40 section 2 of this act, receive training on standardized protocols for  
41 the administration of an opioid antidote to a person who  
42 experiences an opioid overdose. The training shall include the  
43 overdose prevention information described in subsection a. of  
44 section 5 of the "Overdose Prevention Act," P.L.2013, c.46  
45 (C.24:6J-5). The guidelines shall specify an appropriate entity or  
46 entities to provide the training, and a school nurse shall not be  
47 solely responsible to train the employees designated pursuant to  
48 subsection c. of section 2 of this act.

1       4. (New section) No school employee, including a school  
2 nurse, or any other officer or agent of a board of education, charter  
3 school, or nonpublic school, or a prescriber of opioid antidotes for a  
4 school through a standing order, shall be held liable for any good  
5 faith act or omission consistent with the provisions of this act.  
6 Good faith shall not include willful misconduct, gross negligence,  
7 or recklessness.

8  
9       5. (New section) A school district may enter into a shared  
10 services arrangement with another school district for the provision  
11 of opioid antidotes pursuant to section 2 of this act if the  
12 arrangement will result in cost savings for the districts.

13  
14       6. (New section) Notwithstanding any law to the contrary,  
15 funds appropriated or otherwise made available pursuant to  
16 P.L.1991, c.226 (C.18A:40-23 et seq.) may be used to comply with  
17 the requirements of section 2 of this act in nonpublic schools.

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

43       "Medical assistance" means professional medical services that  
44 are provided to a person experiencing a drug overdose by a health  
45 care practitioner, acting within the practitioner's scope of  
46 professional practice, including professional medical services that  
47 are mobilized through telephone contact with the 911 telephone  
48 emergency service.

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

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

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

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

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

37 "Recipient" means a patient, professional, professional entity,  
38 emergency medical responder, **[or]** emergency medical response  
39 entity, school, school district, or school nurse who is prescribed or  
40 dispensed an opioid antidote in accordance with section 4 of  
41 P.L.2013, c.46 (C.24:6J-4).  
42 (cf: P.L.2015, c.10, s.1)

43

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

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



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

5 (b) through a standing order, to any professional or emergency  
6 medical responder who is not acting in a professional or volunteer  
7 capacity for a professional entity, or an emergency medical  
8 response entity, but who is deemed by the health care practitioner to  
9 be capable of administering opioid antidotes to overdose victims, as  
10 part of the professional's regular course of business or volunteer  
11 activities;

12 (c) through a standing order, to any professional who is not  
13 acting in a professional or volunteer capacity for a professional  
14 entity, but who is deemed by the health care practitioner to be  
15 capable of dispensing opioid antidotes to recipients, for  
16 administration thereby, as part of the professional's regular course  
17 of business or volunteer activities;

18 (d) through a standing order, to any professional entity or any  
19 emergency medical response entity, which is deemed by the health  
20 care practitioner to employ professionals or emergency medical  
21 responders, as appropriate, who are capable of administering opioid  
22 antidotes to overdose victims as part of the entity's regular course of  
23 business or volunteer activities;

24 (e) through a standing order, to any professional entity which is  
25 deemed by the health care practitioner to employ professionals who  
26 are capable of dispensing opioid antidotes to recipients, for  
27 administration thereby, as part of the entity's regular course of  
28 business or volunteer activities ;

29 (f) through a standing order, to a school, school district, or  
30 school nurse pursuant to the provisions of section 2 of P.L. ,  
31 c. (C. ) (pending before the Legislature as this bill).

32 (2) (a) For the purposes of this subsection, whenever the law  
33 expressly authorizes or requires a certain type of professional or  
34 professional entity to obtain a standing order for opioid antidotes  
35 pursuant to this section, such professional, or the professionals  
36 employed or engaged by such professional entity, as the case may  
37 be, shall be presumed by the prescribing or dispensing health care  
38 practitioner to be capable of administering or dispensing the opioid  
39 antidote, consistent with the express statutory requirement.

40 (b) For the purposes of this subsection, whenever the law  
41 expressly requires a certain type of emergency medical responder or  
42 emergency medical response entity to obtain a standing order for  
43 opioid antidotes pursuant to this section, such emergency medical  
44 responder, or the emergency medical responders employed or  
45 engaged by such emergency medical response entity, as the case  
46 may be, shall be presumed by the prescribing or dispensing health  
47 care practitioner to be capable of administering the opioid antidote,  
48 consistent with the express statutory requirement.

1       (c) For the purposes of this subsection, whenever the law  
2 expressly authorizes or requires a school or school district to obtain  
3 a standing order for opioid antidotes pursuant to this section, the  
4 school nurses employed or engaged by the school or school district  
5 shall be presumed by the prescribing or dispensing health care  
6 practitioner to be capable of administering the opioid antidote,  
7 consistent with the express statutory requirement.

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

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

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

41       b. (1) Any professional or professional entity that has obtained  
42 a standing order, pursuant to subsection a. of this section, for the  
43 dispensing of opioid antidotes, may dispense an opioid antidote to  
44 any recipient who is deemed by the professional or professional  
45 entity to be capable of administering the opioid antidote to an  
46 overdose victim in an emergency.

47       (2) Any professional or professional entity that dispenses an  
48 opioid antidote in accordance with paragraph (1) of this subsection,

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

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

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

18 d. (1) Any person who is the recipient of an opioid antidote,  
19 which has been prescribed or dispensed for administration purposes  
20 pursuant to subsection a. or b. of this section, and who has received  
21 overdose prevention information pursuant to section 5 of P.L.2013,  
22 c.46 (C.24:6J-5), may administer the opioid antidote to another  
23 person in an emergency, without fee, if the antidote recipient  
24 believes, in good faith, that the other person is experiencing an  
25 opioid overdose.

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

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

38 f. Any school, school district, school nurse, school employee,  
39 or any other officer or agent of a board of education, charter school,  
40 or nonpublic school who administers, or permits the administration  
41 of, an opioid antidote in good faith in accordance with the  
42 provisions of section 2 of P.L. , c. (C. ) (pending before the  
43 Legislature as this bill), and pursuant to a standing order issued  
44 under subsection a. of this section, shall not, as a result of any acts  
45 or omissions, be subject to any criminal or civil liability, or any  
46 disciplinary action, for administering, or for permitting the  
47 administration of, the opioid antidote in accordance with P.L.2013,

1 c.46 (C.24:6J-1 et seq.).  
2 (cf: P.L.2015, c.10, s.2)

3

4 9. This act shall take effect on the first day of the fourth month  
5 next following the date of enactment, except the Department of  
6 Education may take any anticipatory administrative action in  
7 advance as shall be necessary for the implementation of this act.

8

9

10 STATEMENT

11

12 This bill requires a board of education, board of trustees of a  
13 charter school, and chief school administrator of a nonpublic school  
14 to develop a policy, pursuant to Department of Education  
15 guidelines, for the emergency administration of an opioid antidote  
16 to a student or staff member or other person who is experiencing an  
17 opioid overdose. The policy will: (1) require a school that includes  
18 any of the grades nine through 12, and permit any other school, to  
19 obtain a standing order for opioid antidotes and to maintain a  
20 supply of opioid antidotes in a secure and easily accessible location;  
21 and (2) permit the school nurse or trained employees to administer  
22 an opioid antidote to any person whom the nurse or trained  
23 employee in good faith believes is experiencing an opioid overdose.  
24 The opioid antidotes must be accessible in the school during regular  
25 school hours and during school-sponsored functions that take place  
26 in the school or on school grounds adjacent to the school building.  
27 A board of education, board of trustees of a charter school, or chief  
28 school administrator of a nonpublic school may, in its discretion,  
29 make opioid antidotes accessible during school-sponsored functions  
30 that take place off school grounds.

31 Under the policy, the school nurse has the primary responsibility  
32 for the emergency administration of an opioid antidote. The board  
33 of education, board of trustees of a charter school, or chief school  
34 administrator of a nonpublic school shall designate additional  
35 employees who volunteer to administer an opioid antidote in the  
36 event that a person experiences an opioid overdose when the nurse  
37 is not physically present at the scene.

38 The bill directs the Department of Education, in consultation  
39 with the Department of Human Services and appropriate medical  
40 experts, to establish guidelines for school districts, charter schools,  
41 and nonpublic schools in developing their policies for the  
42 administration of opioid antidotes. The guidelines will require that  
43 each school nurse, and each employee designated by the board of  
44 education, board of trustees of a charter school, or chief school  
45 administrator of a nonpublic school pursuant to the bill's  
46 provisions, receive training on standardized protocols for the  
47 administration of an opioid antidote to a student or staff member  
48 who experiences an opioid overdose. The training will include the

1 overdose prevention information described in subsection a. of  
2 section 5 of the “Overdose Prevention Act,” P.L.2013, c.46  
3 (C.24:6J-5).

4 The bill provides immunity from liability for school nurses and  
5 other employees or agents of a board of education, charter school,  
6 or nonpublic school, and prescribers of opioid antidotes for a  
7 school, for good faith acts or omissions consistent with the bill’s  
8 provisions. The bill also stipulates that school districts may enter  
9 into shared services arrangements for the provision of opioid  
10 antidotes; and that funds made available pursuant to P.L.1991,  
11 c.226 (C.18A:40-23 et seq.) may be used in nonpublic schools to  
12 comply with the provisions of the bill.

13 In addition, the bill amends the “Overdose Prevention Act,”  
14 P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include schools, school  
15 districts, and school nurses among the recipients that may be  
16 prescribed opioid antidotes through a standing order; and (2)  
17 provide that immunity from liability for opioid antidote  
18 administration in accordance with the Overdose Prevention Act will  
19 be applicable to schools, school districts, school nurses, and other  
20 employees or agents of a board of education, charter school, or  
21 nonpublic school who administer, or permit the administration of,  
22 opioid antidotes in good faith under the provisions of the bill.

# ASSEMBLY EDUCATION COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 542

# STATE OF NEW JERSEY

DATED: FEBRUARY 1, 2018

The Assembly Education Committee reports favorably Assembly Bill No. 542.

This bill requires a board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school to develop a policy, pursuant to Department of Education guidelines, for the emergency administration of an opioid antidote to a student or staff member or other person who is experiencing an opioid overdose. The policy will: (1) require a school that includes any of the grades nine through 12, and permit any other school, to obtain a standing order for opioid antidotes and to maintain a supply of opioid antidotes in a secure and easily accessible location; and (2) permit the school nurse or trained employees to administer an opioid antidote to any person whom the nurse or trained employee in good faith believes is experiencing an opioid overdose. The opioid antidotes must be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building. A board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school may, in its discretion, make opioid antidotes accessible during school-sponsored functions that take place off school grounds.

Under the policy, the school nurse has the primary responsibility for the emergency administration of an opioid antidote. The board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school must designate additional employees who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when the nurse is not physically present at the scene.

The bill directs the Department of Education, in consultation with the Department of Human Services and appropriate medical experts, to establish guidelines for school districts, charter schools, and nonpublic schools in developing their policies for the administration of opioid antidotes. The guidelines will require that each school nurse, and each employee designated by the board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school pursuant to the bill's provisions, receive training on standardized protocols for the administration of an opioid antidote to a student or staff member

who experiences an opioid overdose. The training will include the overdose prevention information described in subsection a. of section 5 of the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-5).

The bill provides immunity from liability for school nurses and other employees or agents of a board of education, charter school, or nonpublic school, and prescribers of opioid antidotes for a school, for good faith acts or omissions consistent with the bill’s provisions. The bill also stipulates that school districts may enter into shared services arrangements for the provision of opioid antidotes, and that funds made available pursuant to P.L.1991, c.226 (C.18A:40-23 et seq.) may be used in nonpublic schools to comply with the provisions of the bill.

In addition, the bill amends the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include schools, school districts, and school nurses among the recipients that may be prescribed opioid antidotes through a standing order; and (2) provide that immunity from liability for opioid antidote administration in accordance with the Overdose Prevention Act will be applicable to schools, school districts, school nurses, and other employees or agents of a board of education, charter school, or nonpublic school who administer, or permit the administration of, opioid antidotes in good faith under the provisions of the bill.

This bill was pre-filed for introduction in the 2018-2019 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 542**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: MARCH 22, 2018

The Assembly Appropriations Committee reports favorably Assembly Bill No. 542, with committee amendments.

As amended, this bill requires a board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school to develop a policy, pursuant to Department of Education guidelines, for the emergency administration of an opioid antidote to a student or staff member or other person who is experiencing an opioid overdose. The policy will: (1) require a school that includes any of the grades nine through 12, and permit any other school, to obtain a standing order for opioid antidotes and to maintain a supply of opioid antidotes in a secure and easily accessible location; and (2) permit the school nurse or trained employees to administer an opioid antidote to any person whom the nurse or trained employee in good faith believes is experiencing an opioid overdose. The opioid antidotes must be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building. A board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school may, in its discretion, make opioid antidotes accessible during school-sponsored functions that take place off school grounds.

Under the policy, the school nurse has the primary responsibility for the emergency administration of an opioid antidote. The board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school must designate additional employees who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when the nurse is not physically present at the scene.

The bill directs the Department of Education, in consultation with the Department of Human Services and appropriate medical experts, to establish guidelines for school districts, charter schools, and nonpublic schools in developing their policies for the administration of opioid antidotes. The guidelines will require that each school nurse, and each employee designated by the board of education, board of trustees of a charter school, or chief school



administrator of a nonpublic school pursuant to the bill's provisions, receive training on standardized protocols for the administration of an opioid antidote to a student or staff member who experiences an opioid overdose. The training will include the overdose prevention information described in subsection a. of section 5 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-5).

The bill provides immunity from liability for school nurses and other employees or agents of a board of education, charter school, or nonpublic school, and prescribers of opioid antidotes for a school, for good faith acts or omissions consistent with the bill's provisions. The bill also stipulates that school districts may enter into shared services arrangements for the provision of opioid antidotes, and that funds made available pursuant to P.L.1991, c.226 (C.18A:40-23 et seq.) may be used in nonpublic schools to comply with the provisions of the bill.

In addition, the bill amends the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include schools, school districts, and school nurses among the recipients that may be prescribed opioid antidotes through a standing order; and (2) provide that immunity from liability for opioid antidote administration in accordance with the Overdose Prevention Act will be applicable to schools, school districts, school nurses, and other employees or agents of a board of education, charter school, or nonpublic school who administer, or permit the administration of, opioid antidotes in good faith under the provisions of the bill.

#### COMMITTEE AMENDMENTS:

The committee amendments revise the definition of opioid antidote to include any type of opioid antidote, regardless of dosage amount or method of administration, which has been approved by the federal Food and Drug Administration (FDA) for use in the treatment of an opioid overdose.

The committee amendments also update sections 7 and 8 of the bill to reflect the enactment of P.L.2017, c.381, which was enacted into law on January 16, 2018. P.L.2017, c.381 clarified certain definitions in the "Overdose Prevention Act" (OPA) to include references to "emergency medical responder" and "emergency medical response entity" that were not previously specified therein. Additionally, P.L.2017, c.381 provided that an authorized person or entity may administer under the OPA, with immunity, a single dose of any type of opioid antidote; and up to three doses of an opioid antidote that is administered through an intranasal application, or through an intramuscular auto-injector, as may be necessary to revive the victim. Finally, P.L.2017, c.381 specified that prior consultation with, or approval by, a third-party physician or other medical personnel is not required in order for an authorized person or entity to administer up to

three doses of an opioid antidote, through intranasal or intramuscular means. The technical corrections required subsections f. and g. of N.J.S.A.24:6J-4 to be re-lettered as subsections g. and h.

FISCAL IMPACT:

The Office of Legislative Services notes that the bill would lead to an indeterminate expenditure increase among school districts. The magnitude of the cost increase would vary based on schools' decisions regarding which, as well as the number of, opioid antidotes to maintain. Given the cost range of different opioid antidotes, the Statewide cost of complying with the bill's provisions could range between \$10,000 for one dose of the least expensive injectable opioid antidote, to nearly \$20,000 for a dose of an opioid antidote that is administered through a nasal spray.

In the short run, schools would likely be able to comply with the bill's provisions without incurring additional costs. One pharmaceutical company currently operates a program that provides two doses of an opioid antidote to high schools free of charge. However, the company would only provide the opioid antidote to a school once. Once a school is required to replenish the supply, either because it used its available doses or the opioid antidote reached its expiration date, the school would have to purchase additional doses.

The bill provides that State funds made available to school districts to provide nursing services in nonpublic schools may be used to supply opioid antidotes to nonpublic schools. This provision would not lead to a change in State expenditures. Rather, if any of this funding were used to purchase opioid antidotes for nonpublic schools, less funding would remain available to provide other nursing services in these nonpublic schools.

# SENATE EDUCATION COMMITTEE

## STATEMENT TO

[First Reprint]

**ASSEMBLY, No. 542**

# **STATE OF NEW JERSEY**

DATED: JUNE 14, 2018

The Senate Education Committee favorably reports Assembly Bill No. 542 (1R).

This bill requires a board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school to develop a policy, pursuant to Department of Education guidelines, for the emergency administration of an opioid antidote to a student or staff member or other person who is experiencing an opioid overdose. The policy will: (1) require a school that includes any of the grades nine through 12, and permit any other school, to obtain a standing order for opioid antidotes and to maintain a supply of opioid antidotes in a secure and easily accessible location; and (2) permit the school nurse or trained employees to administer an opioid antidote to any person whom the nurse or trained employee in good faith believes is experiencing an opioid overdose. The opioid antidotes must be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building. A board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school may, in its discretion, make opioid antidotes accessible during school-sponsored functions that take place off school grounds.

Under the policy, the school nurse has the primary responsibility for the emergency administration of an opioid antidote. The board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school must designate additional employees who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when the nurse is not physically present at the scene.

The bill directs the Department of Education, in consultation with the Department of Human Services and appropriate medical experts, to establish guidelines for school districts, charter schools, and nonpublic schools in developing their policies for the administration of opioid antidotes. The guidelines will require that each school nurse, and each employee designated by the board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school pursuant to the bill's

provisions, receive training on standardized protocols for the administration of an opioid antidote to a student or staff member who experiences an opioid overdose. The training will include the overdose prevention information described in subsection a. of section 5 of the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-5).

The bill provides immunity from liability for school nurses and other employees or agents of a board of education, charter school, or nonpublic school, and prescribers of opioid antidotes for a school, for good faith acts or omissions consistent with the bill’s provisions. The bill also stipulates that school districts may enter into shared services arrangements for the provision of opioid antidotes, and that funds made available pursuant to P.L.1991, c.226 (C.18A:40-23 et seq.) may be used in nonpublic schools to comply with the provisions of the bill.

In addition, the bill amends the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include schools, school districts, and school nurses among the recipients that may be prescribed opioid antidotes through a standing order; and (2) provide that immunity from liability for opioid antidote administration in accordance with the Overdose Prevention Act will be applicable to schools, school districts, school nurses, and other employees or agents of a board of education, charter school, or nonpublic school who administer, or permit the administration of, opioid antidotes in good faith under the provisions of the bill.

As reported by the committee, this bill is identical to Senate Bill No. 1830 with committee amendments, which also was reported by the committee on this same date.

**LEGISLATIVE FISCAL ESTIMATE**  
**ASSEMBLY, No. 542**  
**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

DATED: MARCH 9, 2018

**SUMMARY**

**Synopsis:** Requires certain schools to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by school nurse or trained employee.

**Type of Impact:** Expenditure Increase

**Agencies Affected:** School Districts

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Year 1</u></b>	<b><u>Year 2</u></b>	<b><u>Year 3</u></b>
<b>State Cost</b>	None – See comments below		
<b>Local Cost</b>	Indeterminate Expenditure Increase		

- The Office of Legislative Services notes that this bill would lead to an indeterminate expenditure increase among school districts. The magnitude of the cost increase would vary based on schools’ decisions regarding which, as well as the number of, opioid antidotes to maintain. Given the cost range of different opioid antidotes, the Statewide cost of complying with the bill’s provisions could range between \$10,000, for one dose of the least expensive injectable opioid antidote, to nearly \$20,000 for a dose of an opioid antidote that is administered through a nasal spray.
- In the short run, schools would likely be able to comply with the bill’s provisions without incurring additional costs. One pharmaceutical company currently operates a program that provides two doses of an opioid antidote to high schools free of charge. However, the company would only provide the opioid antidote to a school once. Once a school is required to replenish the supply, either because it used its available doses or the opioid antidote reached its expiration date, the school would have to purchase additional doses.
- The bill provides that State funds made available to school districts to provide nursing services in nonpublic schools may be used to supply opioid antidotes to nonpublic schools. This provision would not lead to a change in State expenditures. Rather, if any of this funding were used to purchase opioid antidotes for nonpublic schools, less funding would remain available to provide other nursing services in these nonpublic schools.

## **BILL DESCRIPTION**

Assembly Bill No. 542 of 2018 requires that each board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school develop a policy regarding the emergency administration of an opioid antidote to a student or staff member experiencing an opioid overdose. The policy must, require that any school that operates grades 9 through 12, and permit any other school, to maintain a supply of opioid antidotes in a secure but unlocked and easily accessible location. The type and quantity of opioid antidotes that the school would maintain would be determined by the board of education, board of trustees, or chief school administrator, in consultation with the Departments of Education and Human Services. The school nurse would have the primary responsibility for the emergency administration of an opioid antidote. Additional employees may volunteer to be designated to administer an opioid antidote when the school nurse is not present. Such an employee would be required to receive training prior to administering an opioid antidote. State funding made available to school districts for the provision of nursing services in nonpublic schools may be used to supply the opioid antidote in nonpublic schools.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The Office of Legislative Services notes that this bill would lead to an indeterminate expenditure increase among school districts. In the short-term, it is likely that schools would be able to comply with the bill's provisions without incurring an additional cost. A pharmaceutical company is currently operating a program in which a school may receive, free of charge, two doses of an opioid antidote. However, a school may only receive the antidote for free once. In the future, as schools need to replenish the supply, either because the doses were used or reached their expiration date, they would be required to purchase additional doses of an opioid antidote.

According to a recent report,<sup>1</sup> the cost of different opioid antidotes varies considerably. For example, one dose of the least expensive injectable opioid antidote costs approximately \$20, while a two-pack of an auto-injector opioid antidote costs \$4,500. Given that there are approximately 500 high schools in the State, the total cost of complying with the bill's provisions would likely range between \$10,000 and \$20,000, assuming each school opts to maintain one dose of either the least expensive injectable opioid antidote or a more expensive option that is administered through a nasal spray.<sup>2</sup> The costs would recur as schools are required to administer the antidote or as the supply reaches its expiration date, and would be higher if it is determined that schools need to maintain more than one dose in its supply.

Under current law, school districts receive funding from the State to provide nursing services to nonpublic schools located in the districts' boundaries. The bill stipulates that this funding may

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<sup>1</sup> "The Rising Price of Naloxone – Risks to Efforts to Stem Overdose Deaths" New England Journal of Medicine, December 8, 2016.

<sup>2</sup> The version that is administered through a nasal spray is currently available to public entities at a cost of \$75 for two doses.

be used to purchase the supply of opioid antidotes for nonpublic schools. This provision, however, does not change the amount of State funding that would be provided for nonpublic nursing services. Instead, if these funds were used to purchase the opioid antidote, then less funding would remain available to provide nonpublic nursing services.

*Section: Education*

*Analyst: Allen T. Dupree  
Principal Fiscal Analyst*

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

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

# SENATE, No. 1830

## STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED FEBRUARY 8, 2018

**Sponsored by:**

**Senator M. TERESA RUIZ**

**District 29 (Essex)**

**Senator CHRISTOPHER "KIP" BATEMAN**

**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**

**Co-Sponsored by:**

**Senator Stack**

**SYNOPSIS**

Requires certain schools to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by school nurse or trained employee.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/8/2018)**



1 AN ACT concerning the emergency administration of opioid  
2 antidotes in schools, supplementing chapter 40 of Title 18A of  
3 the New Jersey Statutes, 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) As used in this act:

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

12 “Opioid overdose” means an acute condition including, but not  
13 limited to, extreme physical illness, decreased level of  
14 consciousness, respiratory depression, coma, or death resulting  
15 from the consumption or use of an opioid drug or another substance  
16 with which an opioid drug was combined, and that a layperson  
17 would reasonably believe to require medical assistance.

18 “School-sponsored function” means any activity, event, or  
19 program occurring on or off school grounds, whether during or  
20 outside of regular school hours, that is organized or supported by  
21 the school.

22  
23 2. (New section) a. Each board of education, board of trustees  
24 of a charter school, and chief school administrator of a nonpublic  
25 school shall develop a policy, in accordance with guidelines  
26 established by the Department of Education pursuant to section 3 of  
27 this act, for the emergency administration of an opioid antidote to a  
28 student, staff member, or other person who is experiencing an  
29 opioid overdose. The policy shall:

30 (1) require each school that includes any of the grades nine  
31 through 12, and permit any other school, to obtain a standing order  
32 for opioid antidotes pursuant to section 4 of the “Overdose  
33 Prevention Act,” P.L.2013, c.46 (C.24:6J-4), and to maintain a  
34 supply of opioid antidotes under the standing order in a secure but  
35 unlocked and easily accessible location; and

36 (2) permit the school nurse, or a trained employee designated  
37 pursuant to subsection c. of this section, to administer an opioid  
38 antidote to any person whom the nurse or trained employee in good  
39 faith believes is experiencing an opioid overdose.

40 b. (1) Opioid antidotes shall be maintained by a school  
41 pursuant to paragraph (1) of subsection a. of this section in  
42 quantities and types deemed adequate by the board of education,  
43 board of trustees of a charter school, or chief school administrator  
44 of a nonpublic school, in consultation with the Department of  
45 Education and the Department 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 (2) The opioid antidotes shall be accessible in the school during  
2 regular school hours and during school-sponsored functions that  
3 take place in the school or on school grounds adjacent to the school  
4 building. A board of education, board of trustees of a charter  
5 school, or chief school administrator of a nonpublic school may, in  
6 its discretion, make opioid antidotes accessible during school-  
7 sponsored functions that take place off school grounds.

8 c. (1) The school nurse shall have the primary responsibility  
9 for the emergency administration of an opioid antidote in  
10 accordance with a policy developed under this section. The board  
11 of education, board of trustees of a charter school, or chief school  
12 administrator of a nonpublic school shall designate additional  
13 employees of the school district, charter school, or nonpublic school  
14 who volunteer to administer an opioid antidote in the event that a  
15 person experiences an opioid overdose when the nurse is not  
16 physically present at the scene. The designated employees shall  
17 only be authorized to administer opioid antidotes after receiving the  
18 training required under subsection b. of section 3 of this act.

19 (2) In the event that a licensed athletic trainer volunteers to  
20 administer an opioid antidote pursuant to this act, it shall not  
21 constitute a violation of the "Athletic Training Licensure Act,"  
22 P.L.1984, c.203 (C.45:9-37.35 et seq.).

23 d. A policy developed pursuant to this section shall require the  
24 transportation of an overdose victim to a hospital emergency room  
25 by emergency services personnel after the administration of an  
26 opioid antidote, even if the person's symptoms appear to have  
27 resolved.

28  
29 3. (New section) a. The Department of Education, in  
30 consultation with the Department of Human Services and  
31 appropriate medical experts, shall establish guidelines for the  
32 development of a policy by a school district, charter school, or  
33 nonpublic school for the emergency administration of opioid  
34 antidotes. Each board of education, board of trustees of a charter  
35 school, and chief school administrator of a nonpublic school shall  
36 implement the guidelines in developing a policy pursuant to section  
37 2 of this act.

38 b. The guidelines shall include a requirement that each school  
39 nurse, and each employee designated pursuant to subsection c. of  
40 section 2 of this act, receive training on standardized protocols for  
41 the administration of an opioid antidote to a person who  
42 experiences an opioid overdose. The training shall include the  
43 overdose prevention information described in subsection a. of  
44 section 5 of the "Overdose Prevention Act," P.L.2013, c.46  
45 (C.24:6J-5). The guidelines shall specify an appropriate entity or  
46 entities to provide the training, and a school nurse shall not be  
47 solely responsible to train the employees designated pursuant to  
48 subsection c. of section 2 of this act.

1       4. (New section) No school employee, including a school  
2 nurse, or any other officer or agent of a board of education, charter  
3 school, or nonpublic school, or a prescriber of opioid antidotes for a  
4 school through a standing order, shall be held liable for any good  
5 faith act or omission consistent with the provisions of this act.  
6 Good faith shall not include willful misconduct, gross negligence,  
7 or recklessness.

8  
9       5. (New section) A school district may enter into a shared  
10 services arrangement with another school district for the provision  
11 of opioid antidotes pursuant to section 2 of this act if the  
12 arrangement will result in cost savings for the districts.

13  
14       6. (New section) Notwithstanding any law to the contrary,  
15 funds appropriated or otherwise made available pursuant to  
16 P.L.1991, c.226 (C.18A:40-23 et seq.) may be used to comply with  
17 the requirements of section 2 of this act in nonpublic schools.

18  
19       7. 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 in the  
33 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. 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 or  
35 heroin addicts or abusers or other persons susceptible to opioid  
36 overdose, or with other persons who are in a position to provide  
37 direct medical assistance to opioid or heroin addicts or abusers in  
38 the event of an overdose.

39 "Recipient" means a patient, professional, professional entity,  
40 emergency medical responder, **[or]** emergency medical response  
41 entity, school, school district, or school nurse who is prescribed or  
42 dispensed an opioid antidote in accordance with section 4 of  
43 P.L.2013, c.46 (C.24:6J-4).  
44 (cf: P.L.2015, c.10, s.1)  
45

46 8. 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;

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       (f) through a standing order, to a school, school district, or  
32 school nurse pursuant to the provisions of section 2 of P.L. \_\_\_\_\_,  
33 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill).

34       (2) (a) For the purposes of this subsection, whenever the law  
35 expressly authorizes or requires a certain type of professional or  
36 professional entity to obtain a standing order for opioid antidotes  
37 pursuant to this section, such professional, or the professionals  
38 employed or engaged by such professional entity, as the case may  
39 be, shall be presumed by the prescribing or dispensing health care  
40 practitioner to be capable of administering or dispensing the opioid  
41 antidote, consistent with the express statutory requirement.

42       (b) For the purposes of this subsection, whenever the law  
43 expressly requires a certain type of emergency medical responder or  
44 emergency medical response entity to obtain a standing order for  
45 opioid antidotes pursuant to this section, such emergency medical  
46 responder, or the emergency medical responders employed or  
47 engaged by such emergency medical response entity, as the case  
48 may be, shall be presumed by the prescribing or dispensing health

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

3 (c) For the purposes of this subsection, whenever the law  
4 expressly authorizes or requires a school or school district to obtain  
5 a standing order for opioid antidotes pursuant to this section, the  
6 school nurses employed or engaged by the school or school district  
7 shall be presumed by the prescribing or dispensing health care  
8 practitioner to be capable of administering the opioid antidote,  
9 consistent with the express statutory requirement.

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

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

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

43 b. (1) Any professional or professional entity that has obtained  
44 a standing order, pursuant to subsection a. of this section, for the  
45 dispensing of opioid antidotes, may dispense an opioid antidote to  
46 any recipient who is deemed by the professional or professional  
47 entity to be capable of administering the opioid antidote to an  
48 overdose victim in an emergency.

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

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

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

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

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

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

40 f. Any school, school district, school nurse, school employee,  
41 or any other officer or agent of a board of education, charter school,  
42 or nonpublic school who administers, or permits the administration  
43 of, an opioid antidote in good faith in accordance with the  
44 provisions of section 2 of P.L. , c. (C. ) (pending before the  
45 Legislature as this bill), and pursuant to a standing order issued  
46 under subsection a. of this section, shall not, as a result of any acts  
47 or omissions, be subject to any criminal or civil liability, or any  
48 disciplinary action, for administering, or for permitting the

1 administration of, the opioid antidote in accordance with P.L.2013,  
2 c.46 (C.24:6J-1 et seq.).  
3 (cf: P.L.2015, c.10, s.2)

4

5 9. This act shall take effect on the first day of the fourth month  
6 next following the date of enactment, except the Department of  
7 Education may take any anticipatory administrative action in  
8 advance as shall be necessary for the implementation of this act.

9

10

11

STATEMENT

12

13 This bill would require a board of education, board of trustees of  
14 a charter school, and chief school administrator of a nonpublic  
15 school to develop a policy, pursuant to Department of Education  
16 guidelines, for the emergency administration of an opioid antidote  
17 to a student, staff member, or other person who is experiencing an  
18 opioid overdose. The policy will: (1) require a school that includes  
19 any of the grades nine through 12, and permit any other school, to  
20 obtain a standing order for opioid antidotes and to maintain a  
21 supply of opioid antidotes in a secure and easily accessible location;  
22 and (2) permit the school nurse or trained employees to administer  
23 an opioid antidote to any person whom the nurse or trained  
24 employee in good faith believes is experiencing an opioid overdose.  
25 The opioid antidotes must be accessible in the school during regular  
26 school hours and during school-sponsored functions that take place  
27 in the school or on school grounds adjacent to the school building.  
28 A board of education, board of trustees of a charter school, or chief  
29 school administrator of a nonpublic school may, in its discretion,  
30 make opioid antidotes accessible during school-sponsored functions  
31 that take place off school grounds.

32 Under the policy, the school nurse will have the primary  
33 responsibility for the emergency administration of an opioid  
34 antidote. The board of education, board of trustees of a charter  
35 school, or chief school administrator of a nonpublic school will  
36 designate additional employees who volunteer to administer an  
37 opioid antidote in the event that a person experiences an opioid  
38 overdose when the nurse is not physically present at the scene.

39 The bill directs the Department of Education, in consultation  
40 with the Department of Human Services and appropriate medical  
41 experts, to establish guidelines for school districts, charter schools,  
42 and nonpublic schools in developing their policies for the  
43 administration of opioid antidotes. The guidelines will require that  
44 each school nurse, and each employee designated by the board of  
45 education, board of trustees of a charter school, or chief school  
46 administrator of a nonpublic school pursuant to the bill's  
47 provisions, receive training on standardized protocols for the  
48 administration of an opioid antidote to a person who experiences an



1 opioid overdose. The training will include the overdose prevention  
2 information described in subsection a. of section 5 of the “Overdose  
3 Prevention Act,” P.L.2013, c.46 (C.24:6J-5).

4 The bill provides immunity from liability for school nurses and  
5 other employees or agents of a board of education, charter school,  
6 or nonpublic school, and prescribers of opioid antidotes for a  
7 school, for good faith acts or omissions consistent with the bill’s  
8 provisions. The bill also stipulates that school districts may enter  
9 into shared services arrangements for the provision of opioid  
10 antidotes; and that funds made available pursuant to P.L.1991,  
11 c.226 (C.18A:40-23 et seq.) may be used in nonpublic schools to  
12 comply with the provisions of the bill.

13 In addition, the bill amends the “Overdose Prevention Act,”  
14 P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include schools, school  
15 districts, and school nurses among the recipients that may be  
16 prescribed opioid antidotes through a standing order; and (2)  
17 provide that immunity from liability for opioid antidote  
18 administration in accordance with the Overdose Prevention Act will  
19 be applicable to schools, school districts, school nurses, and other  
20 employees or agents of a board of education, charter school, or  
21 nonpublic school who administer, or permit the administration of,  
22 opioid antidotes in good faith under the provisions of the bill.

# SENATE EDUCATION COMMITTEE

## STATEMENT TO

### **SENATE, No. 1830**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 14, 2018

The Senate Education Committee favorably reports Senate Bill No.1830 with committee amendments.

As amended, this bill requires a board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school to develop a policy, pursuant to Department of Education guidelines, for the emergency administration of an opioid antidote to a student, staff member, or other person who is experiencing an opioid overdose. The policy will: (1) require a school that includes any of the grades nine through 12, and permit any other school, to obtain a standing order for opioid antidotes and to maintain a supply of opioid antidotes in a secure and easily accessible location; and (2) permit the school nurse or trained employees to administer an opioid antidote to any person whom the nurse or trained employee in good faith believes is experiencing an opioid overdose. The opioid antidotes must be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building. A board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school may, in its discretion, make opioid antidotes accessible during school-sponsored functions that take place off school grounds.

Under the policy, the school nurse will have the primary responsibility for the emergency administration of an opioid antidote. The board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school will designate additional employees who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when the nurse is not physically present at the scene.

The bill directs the Department of Education, in consultation with the Department of Human Services and appropriate medical experts, to establish guidelines for school districts, charter schools, and nonpublic schools in developing their policies for the administration of opioid antidotes. The guidelines will require that each school nurse, and each employee designated by the board of education, board of trustees of a charter school, or chief school

administrator of a nonpublic school pursuant to the bill's provisions, receive training on standardized protocols for the administration of an opioid antidote to a person who experiences an opioid overdose. The training will include the overdose prevention information described in subsection a. of section 5 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-5).

The bill provides immunity from liability for school nurses and other employees or agents of a board of education, charter school, or nonpublic school, and prescribers of opioid antidotes for a school, for good faith acts or omissions consistent with the bill's provisions. The bill also stipulates that school districts may enter into shared services arrangements for the provision of opioid antidotes; and that funds made available pursuant to P.L.1991, c.226 (C.18A:40-23 et seq.) may be used in nonpublic schools to comply with the provisions of the bill.

In addition, the bill amends the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include schools, school districts, and school nurses among the recipients that may be prescribed opioid antidotes through a standing order; and (2) provide that immunity from liability for opioid antidote administration in accordance with the "Overdose Prevention Act" will be applicable to schools, school districts, school nurses, and other employees or agents of a board of education, charter school, or nonpublic school who administer, or permit the administration of, opioid antidotes in good faith under the provisions of the bill.

The committee amended the bill to revise the definition of opioid antidote to include any type of opioid antidote, regardless of dosage amount or method of administration, which has been approved by the federal Food and Drug Administration (FDA) for use in the treatment of an opioid overdose. The committee amendments also update sections 7 and 8 of the bill to reflect the enactment of P.L.2017, c.381, which was enacted into law on January 16, 2018. P.L.2017, c.381 clarified certain definitions in the "Overdose Prevention Act" to include references to "emergency medical responder" and "emergency medical response entity" that were not previously specified therein. Additionally, P.L.2017, c.381 provided that an authorized person or entity may administer under the "Overdose Prevention Act," with immunity, a single dose of any type of opioid antidote; and up to three doses of an opioid antidote that is administered through an intranasal application, or through an intramuscular auto-injector, as may be necessary to revive the victim. Finally, P.L.2017, c.381 specified that prior consultation with, or approval by, a third-party physician or other medical personnel is not required in order for an authorized person or entity to administer up to three doses of an opioid antidote, through intranasal or intramuscular means. The technical corrections

required subsections f. and g. of N.J.S.A.24:6J-4 to be re-lettered as subsections g. and h.

As amended and reported by the committee, this bill is identical to Assembly Bill No. 542 (1R), which also was reported by the committee on this same date.

[Home](#) [Administration](#) [Key Initiatives](#) [News and Events](#) [Social](#) [Contact Us](#)

# Newark, N.J.

## Governor Murphy Takes Action on Legislation

08/24/2018

**TRENTON** - Today, Governor Phil Murphy signed the following bills into law:

**A542 (Mazzeo, Lagana, Andrzejczak, Zwicker, Land, Benson, Downey/Ruiz, Bateman)** - Requires certain schools to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by school nurse or trained employee.

**A1675 (Dancer, Conaway, Caride, Space/Beach, Smith)** - Authorizes prescribed burning in certain circumstances.

**A2035 (McKeon, Schaer/Pou, Cruz-Perez)** - Revises "New Jersey Residential Mortgage Lending Act."

**A2401 (Wimberly, Mukherji, Reynolds-Jackson/Cunningham, Gill, Turner)** - Authorizes issuance of Delta Sigma Theta license plates.

**A3463 (Murphy, Downey, Houghtaling/Gopal, Cruz-Perez)** - Requires district boards of election to report every two hours number of voters who have voted at each precinct; authorizes challengers to request reported count.

**A3628 (Greenwald, Moriarty, Murphy/Weinberg, Diegnan)** - Establishes New Jersey Civic Information Consortium.

[Copy of Statement on A3628](#)

**A3871 (Chiaravalloti, Egan/Diegnan, Cruz-Perez)** - Concerns disqualification from unemployment benefits for misconduct.

**A3904 (McKeon, Jasey, Schepisi/Cardinale, Stack)** - "Tommy's Law"; requires NJT to take certain action and adopt policies concerning person injured or killed in incidents involving NJT motorbuses and rail or light rail vehicles.

**A4120 (Pintor Marin, Tucker, DeAngelo/Rice, Ruiz)** - Authorizes special assessments and bond issuance to replace lead-contaminated water service lines.

**A4208 (Jasey, Lopez, Sumter/Rice)** - Establishes "New Jersey Complete Count Commission."

**A4249 (Wimberly, Pintor Marin/Ruiz, Vitale)** - Expands per adjusted admission charge on hospitals to create supplemental funding pool for State's graduate medical education subsidy; appropriates \$24,285,714.

**A4259 (Pintor Marin, Calabrese/Sarlo, Ruiz)** - Restructures tickets sales law.

[Copy of Statement on A4259](#)

**AJR137 (Pinkin/Greenstein)** - Designates month of July of each year as "Smart Irrigation Month."

**S2145 (Scutari, Sweeney/DeAngelo, Downey, Mukherji)** - Concerns attorney fees for workers' compensation

awards.

**SJR14 (Pou, Ruiz/Chaparro, Lopez, Jimenez)** - Designates September 20th of each year as Hispanic Journalist Pride Day.

[Back to Top](#)

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## Governor Phil Murphy

## Statewide

### Home

#### Administration

[Governor Phil Murphy](#)

[Lt. Governor Sheila](#)

[Oliver](#)

[First Lady Tammy](#)

[Snyder Murphy](#)

[Cabinet](#)

[Boards, Commissions](#)

[& Authorities](#)

[Internship](#)

[Opportunities](#)

[Governor's Residence](#)

[- Drumthwacket](#)

### Key Initiatives

[Economy & Jobs](#)

[Education](#)

[Environment](#)

[Health](#)

[Law & Justice](#)

[Transportation](#)

### News & Events

[Press Releases](#)

[Public Addresses](#)

[Executive Orders](#)

[Statements on](#)

[Legislation](#)

[Administration Reports](#)

[Transition Reports](#)

[Press Kits](#)

### Social

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