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RH/CL

P.L. 2017, CHAPTER 381, *approved January 16, 2018*
Assembly, No. 4467 (*Second Reprint*)

1 AN ACT concerning the administration of opioid antidotes, and
2 amending P.L.2013, c.46.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

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

9 3. As used in this act:

10 "Commissioner" means the Commissioner of Human Services.

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

17 "Emergency medical response entity" means an organization,
18 company, governmental entity, community-based program, or
19 healthcare system that provides pre-hospital emergency medical
20 services and assistance to opioid or heroin addicts or abusers in the
21 event of an overdose. "Emergency medical response entity"
22 includes, but is not limited to, a first aid, rescue and ambulance
23 squad or other basic life support (BLS) ambulance provider; a
24 mobile intensive care provider or other advanced life support (ALS)
25 ambulance provider; an air medical service provider; or a fire-
26 fighting company or organization, which squad, provider, company,
27 or organization is qualified to send paid or volunteer emergency
28 medical responders to the scene of an emergency.

29 "Emergency medical responder" means a person, other than a
30 health care practitioner, who is employed on a paid or volunteer
31 basis in the area of emergency response, including, but not limited
32 to, an emergency medical technician, a mobile intensive care
33 paramedic, or a fire fighter, acting in that person's professional
34 capacity.

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

40 "Medical assistance" means professional medical services that
41 are provided to a person experiencing a drug overdose by a health

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted February 27, 2017.

²Senate SHH committee amendments adopted December 14, 2017.

1 care practitioner, acting within the practitioner's scope of
2 professional practice, including professional medical services that
3 are mobilized through telephone contact with the 911 telephone
4 emergency service.

5 "Opioid antidote" means **[naloxone hydrochloride, or any other**
6 **similarly acting]** any drug, regardless of dosage amount or method
7 of administration, which has been approved by the United States
8 Food and Drug Administration (FDA) for the treatment of an opioid
9 overdose. "Opioid antidote" includes, but is not limited to,
10 naloxone hydrochloride, in any dosage amount, which is
11 administered through nasal spray or any other FDA-approved
12 means or methods.

13 "Patient" means a person who is at risk of an opioid overdose or
14 a person who is not at risk of an opioid overdose who, in the
15 person's individual capacity, obtains an opioid antidote from a
16 health care practitioner, professional, or professional entity for the
17 purpose of administering that antidote to another person in an
18 emergency, in accordance with subsection c. of section 4 of
19 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
20 acting in that professional's individual capacity, but does not
21 include a professional who is acting in a professional capacity.

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

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

37 "Professional entity" means an organization, company,
38 governmental entity, community-based program, sterile syringe
39 access program, or any other organized group that employs two or
40 more professionals who engage, during the regular course of
41 business or volunteer activities, in direct interactions with opioid or
42 heroin addicts or abusers or other persons susceptible to opioid
43 overdose, or with other persons who are in a position to provide
44 direct medical assistance to opioid or heroin addicts or abusers in
45 the event of an overdose.

46 "Recipient" means a patient, professional, professional entity,
47 emergency medical responder, or emergency medical response

1 entity who is prescribed or dispensed an opioid antidote in
2 accordance with section 4 of P.L.2013, c.46 (C.24:6J-4).

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

4

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

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

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

13 (b) through a standing order, to any professional or emergency
14 medical responder who is not acting in a professional or volunteer
15 capacity for a professional entity, or an emergency medical
16 response entity, but who is deemed by the health care practitioner to
17 be capable of administering opioid antidotes to overdose victims, as
18 part of the professional's regular course of business or volunteer
19 activities;

20 (c) through a standing order, to any professional who is not
21 acting in a professional or volunteer capacity for a professional
22 entity, but who is deemed by the health care practitioner to be
23 capable of dispensing opioid antidotes to recipients, for
24 administration thereby, as part of the professional's regular course
25 of business or volunteer activities;

26 (d) through a standing order, to any professional entity or any
27 emergency medical response entity, which is deemed by the health
28 care practitioner to employ professionals or emergency medical
29 responders, as appropriate, who are capable of administering opioid
30 antidotes to overdose victims as part of the entity's regular course of
31 business or volunteer activities;

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

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

45 (b) For the purposes of this subsection, whenever the law
46 expressly requires a certain type of emergency medical responder or
47 emergency medical response entity to obtain a standing order for
48 opioid antidotes pursuant to this section, such emergency medical

1 responder, or the emergency medical responders employed or
2 engaged by such emergency medical response entity, as the case
3 may be, shall be presumed by the prescribing or dispensing health
4 care practitioner to be capable of administering the opioid antidote,
5 consistent with the express statutory requirement.

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

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

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

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

44 (2) Any professional or professional entity that dispenses an
45 opioid antidote in accordance with paragraph (1) of this subsection,
46 in good faith, and pursuant to a standing order issued under
47 subsection a. of this section, shall not, as a result of any acts or
48 omissions, be subject to any criminal or civil liability or any

1 professional disciplinary action for dispensing an opioid antidote in
2 accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

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

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

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

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

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

35 f. Notwithstanding the provisions of any law, rule, regulation,
36 ordinance, or institutional or organizational directive to the
37 contrary, any person or entity authorized to administer an opioid
38 antidote, pursuant to this section, may administer to an overdose
39 victim, with full immunity:

40 (1) ²a single dose of² any type of opioid antidote ²[, regardless
41 of dosage amount or method of administration, which] ²that² has
42 been approved by the United States Food and Drug Administration
43 for use in the treatment of opioid overdoses; and

44 (2) ²[as many] up to three² doses of ²[the] an² opioid antidote
45 ²that is administered through intranasal application, or through an
46 intramuscular auto-injector,² as may be necessary to revive the
47 overdose victim ²[, regardless of dosage amount or method of

1 administration]² . Prior consultation with, or approval by, a third-
2 party physician or other medical personnel shall not be required
3 before an authorized person or entity may administer ²[more than
4 one dose] up to three doses² of an opioid antidote ², as provided in
5 this paragraph,² to the same overdose victim.

6 ¹g. No later than ²[seven] ²45² days after the effective date of
7 P.L. _____, c. (pending before the Legislature as this bill), the
8 Commissioner of Health shall ²[send] ²provide² written notice to all
9 emergency medical response entities affected by subsection f. of
10 this section, notifying them of the provisions of subsection f. of this
11 section.¹

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

13

14 3. This act shall take effect immediately.

15

16

17

18

19 _____
20 Clarifies that authorized persons and entities may administer a
21 single dose of any opioid antidote, or multiple doses of any
22 intranasal or intramuscular opioid antidote, to overdose victims,
with immunity under “Overdose Prevention Act.”

ASSEMBLY, No. 4467

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED JANUARY 10, 2017

Sponsored by:

Assemblyman VINCENT MAZZEO

District 2 (Atlantic)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

SYNOPSIS

Clarifies that authorized persons and entities may administer multiple doses of any FDA-approved opioid antidote to an overdose victim, regardless of dosage amount or administration method, with immunity under “Overdose Prevention Act.”

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/28/2017)

1 AN ACT concerning the administration of opioid antidotes, and
2 amending P.L.2013, c.46.

3

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

6

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

9 3. As used in this act:

10 "Commissioner" means the Commissioner of Human Services.

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

17 "Emergency medical response entity" means an organization,
18 company, governmental entity, community-based program, or
19 healthcare system that provides pre-hospital emergency medical
20 services and assistance to opioid or heroin addicts or abusers in the
21 event of an overdose. "Emergency medical response entity"
22 includes, but is not limited to, a first aid, rescue and ambulance
23 squad or other basic life support (BLS) ambulance provider; a
24 mobile intensive care provider or other advanced life support (ALS)
25 ambulance provider; an air medical service provider; or a fire-
26 fighting company or organization, which squad, provider, company,
27 or organization is qualified to send paid or volunteer emergency
28 medical responders to the scene of an emergency.

29 "Emergency medical responder" means a person, other than a
30 health care practitioner, who is employed on a paid or volunteer
31 basis in the area of emergency response, including, but not limited
32 to, an emergency medical technician , a mobile intensive care
33 paramedic, or a fire fighter, acting in that person's professional
34 capacity.

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

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

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 "Opioid antidote" means **[**naloxone hydrochloride, or any other
2 similarly acting**]** any drug , regardless of dosage amount or method
3 of administration, which has been approved by the United States
4 Food and Drug Administration (FDA) for the treatment of an opioid
5 overdose. "Opioid antidote" includes, but is not limited to,
6 naloxone hydrochloride, in any dosage amount, which is
7 administered through nasal spray or any other FDA-approved
8 means or methods.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

41 (b) For the purposes of this subsection, whenever the law
42 expressly requires a certain type of emergency medical responder or
43 emergency medical response entity to obtain a standing order for
44 opioid antidotes pursuant to this section, such emergency medical
45 responder, or the emergency medical responders employed or
46 engaged by such emergency medical response entity, as the case
47 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 (3) (a) Whenever a prescriber or other health care practitioner
4 prescribes or dispenses an opioid antidote to a professional or
5 professional entity pursuant to a standing order issued under
6 paragraph (1) of this subsection, the standing order shall specify
7 whether the professional or professional entity is authorized thereby
8 to directly administer the opioid antidote to overdose victims; to
9 dispense the opioid antidote to recipients, for their administration to
10 third parties; or to both administer and dispense the opioid antidote.
11 If a standing order does not include a specification in this regard, it
12 shall be deemed to authorize the professional or professional entity
13 only to administer the opioid antidote with immunity, as provided
14 by subsection c. of this section, and it shall not be deemed to
15 authorize the professional or professional entity to engage in the
16 further dispensing of the antidote to recipients, unless such
17 authority has been granted by law, as provided by subparagraph (b)
18 of this paragraph.

19 (b) Notwithstanding the provisions of this paragraph to the
20 contrary, if the law expressly authorizes or requires a certain type of
21 professional, professional entity, emergency medical responder, or
22 emergency medical response entity to administer or dispense opioid
23 antidotes pursuant to a standing order issued hereunder, the
24 standing order issued pursuant to this section shall be deemed to
25 grant the authority specified by the law, even if such authority is not
26 expressly indicated on the face of the standing order.

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

35 b. (1) Any professional or professional entity that has obtained a
36 standing order, pursuant to subsection a. of this section, for the
37 dispensing of opioid antidotes, may dispense an opioid antidote to
38 any recipient who is deemed by the professional or professional
39 entity to be capable of administering the opioid antidote to an
40 overdose victim in an emergency.

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

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

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

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

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

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

33 f. Notwithstanding the provisions of any law, rule, regulation,
34 ordinance, or institutional or organizational directive to the
35 contrary, any person or entity authorized to administer an opioid
36 antidote, pursuant to this section, may administer to an overdose
37 victim, with full immunity:

38 (1) any type of opioid antidote, regardless of dosage amount or
39 method of administration, which has been approved by the United
40 States Food and Drug Administration for use in the treatment of
41 opioid overdoses; and

42 (2) as many doses of the opioid antidote as may be necessary to
43 revive the overdose victim, regardless of dosage amount or method
44 of administration. Prior consultation with, or approval by, a third-
45 party physician or other medical personnel shall not be required
46 before an authorized person or entity may administer more than one
47 dose of an opioid antidote to the same overdose victim.

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

1 3. This act shall take effect immediately.

2

3

4

STATEMENT

5

6 This bill would amend the “Overdose Prevention Act” (OPA), in
7 order to clarify that an authorized person or entity may administer
8 multiple doses of naloxone hydrochloride, or multiple doses of any
9 other federally approved opioid antidote, to an overdose victim,
10 regardless of the dosage amount or means or method of
11 administration, with immunity under the OPA.

12 In particular, the bill would specify that any person or entity
13 authorized to administer an opioid antidote to an overdose victim,
14 under the OPA’s provisions, may administer, with full immunity:
15 (1) any type of opioid antidote, regardless of dosage amount or
16 method of administration, which has been approved by the federal
17 Food and Drug Administration (FDA) for use in the treatment of an
18 opioid overdose; and (2) as many doses of the opioid antidote as
19 may be necessary to revive the victim, regardless of the dosage
20 amount or method of administration. The bill would further specify
21 that prior consultation with, or approval by, a third-party physician
22 or other medical personnel shall not be required before an
23 authorized person or entity may administer more than one dose of
24 an FDA-approved opioid antidote to the same overdose victim.

25 The Legislature understands that some ambulance providers in
26 the State have imposed directives that have limited the authority of
27 emergency medical technicians and paramedics to appropriately and
28 adequately respond to opioid overdoses, as authorized under the
29 OPA. In particular, the Legislature understands that directives have
30 been established to prohibit emergency medical responders from
31 using certain types of opioid antidotes that have been approved for
32 use by the FDA, but which have higher dosage amounts or different
33 methods of administration than the antidote products that were first
34 approved for use by the agency. The Legislature further
35 understands that other directives have been established to require an
36 authorized person to consult with a physician before administering a
37 second dose of an opioid antidote to an un-resuscitated overdose
38 victim at the scene of the overdose. These types of directives,
39 however, contradict the intent of the OPA, which is to facilitate the
40 timely and sufficient administration of life-saving FDA-approved
41 opioid antidotes to overdose victims, without limitation. The bill
42 would specify, therefore, that its provisions will be applicable,
43 notwithstanding any other law, rule, regulation, ordinance, or
44 institutional or organizational directive to the contrary.

45 The types of persons and entities who would be covered by the
46 bill’s provisions are the same types of persons and entities that are
47 already authorized to administer opioid antidotes, with immunity
48 from civil, criminal, and professional liability, pursuant to the

1 existing provisions of the OPA. These persons and entities include
2 emergency medical responders and response entities, acting in their
3 professional capacity; professionals and professional entities
4 (including law enforcement officers, police departments, and
5 substance abuse treatment providers), acting in their professional
6 capacity; and individual patients, acting in their individual capacity.
7 The bill would clarify that the terms “emergency medical
8 responder” and “emergency medical response entity,” which appear
9 in the OPA, are intended to respectively include, at a minimum,
10 emergency medical technicians, paramedics, and fire fighters, and
11 their employing first aid, ambulance, or fire-fighting squads,
12 providers, companies, or organizations. Although currently, the
13 terms “emergency medical responder” and “emergency medical
14 response entity” are broadly defined to implicitly include all of
15 these actors and entities, the bill would amend the law in order to
16 make this inclusion explicit, and thereby reduce any uncertainty in
17 this area.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4467

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 27, 2017

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 4467.

This bill provides that any person or entity authorized to administer an opioid antidote to an overdose victim pursuant to the “Overdose Prevention Act” (OPA), may administer, with full immunity: (1) 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; and (2) as many doses of the opioid antidote as may be necessary to revive the victim, regardless of the dosage amount or method of administration. The bill further specifies that prior consultation with, or approval by, a third-party physician or other medical personnel is not required as a condition of administering more than one dose of an opioid antidote to the same overdose victim.

The bill additionally revises certain definitions that appear in the OPA to identify certain persons and entities included in that definition. Specifically, the bill provides that the term “emergency medical responder” includes, but is not limited to, emergency medical technicians, paramedics, and fire fighters; the term “emergency medical response entity” includes, but is not limited to, first aid, ambulance, and rescue squads, basic life support and advanced life support ambulance squads, air medical service providers, and fire-fighting squads.

As amended by the committee, the bill requires the Commissioner of Health to provide, within seven days of the effective date of the bill, written notice of the provisions of the bill to all emergency medical response entities affected by the bill.

COMMITTEE AMENDMENTS:

The committee amended the bill to provide that no later than seven days after the effective date of the bill, the Commissioner of Health is to send written notice to all emergency medical response entities affected by the provisions of the bill to inform them of the provisions of the bill.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 4467

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 14, 2017

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Assembly Bill No. 4467 (1R).

As amended by the committee, this bill provides that any person or entity authorized to administer an opioid antidote to an overdose victim, pursuant to the “Overdose Prevention Act” (OPA), may administer, with full immunity: (1) a single dose of any type of opioid antidote that has been approved by the federal Food and Drug Administration (FDA) for use in the treatment of an opioid overdose; and (2) up to three doses of an opioid antidote that is administered through intranasal application, or through an intramuscular auto-injector, as may be necessary to revive the victim. The bill specifies that prior consultation with, or approval by, a third-party physician or other medical personnel shall not be required for an authorized person or entity to administer up to three doses of an opioid antidote, through intranasal application, or through an intramuscular auto-injector, to the same overdose victim.

The bill also clarifies certain definitions in the OPA to include reference to certain persons and entities that were not previously specified therein. Specifically, the bill provides that the term “emergency medical responder” includes, but is not limited to, emergency medical technicians, paramedics, and fire fighters; and that the term “emergency medical response entity” includes, but is not limited to, first aid, ambulance, and rescue squads, basic life support and advanced life support ambulance squads, air medical service providers, and fire-fighting squads.

The committee amended the bill to clarify 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 intranasal application, or through an intramuscular auto-injector, as may be necessary to revive the victim. The amendments further specify that prior consultation with, or approval by, a third-party physician or other medical

personnel shall not be required in order for an authorized person or entity to administer up to three doses of an opioid antidote, through intranasal or intramuscular means, as provided by the bill. The amendments also extend to 45 days, the timeframe in which the Commissioner of Health must provide written notice to emergency medical service providers under the bill. Finally, the amendments alter the bill synopsis to reflect the changes being made.

As reported, this bill is identical to Senate Bill No. 3083 (1R) (Bell/Whelan), which the committee also reported favorably on this date.

SENATE, No. 3083

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED MARCH 13, 2017

Sponsored by:

Senator COLIN BELL

District 2 (Atlantic)

Senator JIM WHELAN

District 2 (Atlantic)

Co-Sponsored by:

Senators Oroho and Madden

SYNOPSIS

Clarifies that authorized persons and entities may administer multiple doses of any FDA-approved opioid antidote to an overdose victim, regardless of dosage amount or administration method, with immunity under “Overdose Prevention Act.”

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/15/2017)

1 AN ACT concerning the administration of opioid antidotes, and
2 amending P.L.2013, c.46.

3

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

6

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

9 3. As used in this act:

10 "Commissioner" means the Commissioner of Human Services.

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

17 "Emergency medical response entity" means an organization,
18 company, governmental entity, community-based program, or
19 healthcare system that provides pre-hospital emergency medical
20 services and assistance to opioid or heroin addicts or abusers in the
21 event of an overdose. "Emergency medical response entity"
22 includes, but is not limited to, a first aid, rescue and ambulance
23 squad or other basic life support (BLS) ambulance provider; a
24 mobile intensive care provider or other advanced life support (ALS)
25 ambulance provider; an air medical service provider; or a fire-
26 fighting company or organization, which squad, provider, company,
27 or organization is qualified to send paid or volunteer emergency
28 medical responders to the scene of an emergency.

29 "Emergency medical responder" means a person, other than a
30 health care practitioner, who is employed on a paid or volunteer
31 basis in the area of emergency response, including, but not limited
32 to, an emergency medical technician, a mobile intensive care
33 paramedic, or a fire fighter, acting in that person's professional
34 capacity.

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

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

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 "Opioid antidote" means **[**naloxone hydrochloride, or any other
2 similarly acting**]** any drug, regardless of dosage amount or method
3 of administration, which has been approved by the United States
4 Food and Drug Administration (FDA) for the treatment of an opioid
5 overdose. "Opioid antidote" includes, but is not limited to,
6 naloxone hydrochloride, in any dosage amount, which is
7 administered through nasal spray or any other FDA-approved
8 means or methods.

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

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

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

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

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

47
48 2. Section 4 of P.L.2013, c.46 (C.24:6J-4) is amended to read
49 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 (2) (a) For the purposes of this subsection, whenever the law
32 expressly authorizes or requires a certain type of professional or
33 professional entity to obtain a standing order for opioid antidotes
34 pursuant to this section, such professional, or the professionals
35 employed or engaged by such professional entity, as the case may
36 be, shall be presumed by the prescribing or dispensing health care
37 practitioner to be capable of administering or dispensing the opioid
38 antidote, consistent with the express statutory requirement.
- 39 (b) For the purposes of this subsection, whenever the law
40 expressly requires a certain type of emergency medical responder or
41 emergency medical response entity to obtain a standing order for
42 opioid antidotes pursuant to this section, such emergency medical
43 responder, or the emergency medical responders employed or
44 engaged by such emergency medical response entity, as the case
45 may be, shall be presumed by the prescribing or dispensing health
46 care practitioner to be capable of administering the opioid antidote,
47 consistent with the express statutory requirement.
- 48 (3) (a) Whenever a prescriber or other health care practitioner
49 prescribes or dispenses an opioid antidote to a professional or

1 professional entity pursuant to a standing order issued under
2 paragraph (1) of this subsection, the standing order shall specify
3 whether the professional or professional entity is authorized thereby
4 to directly administer the opioid antidote to overdose victims; to
5 dispense the opioid antidote to recipients, for their administration to
6 third parties; or to both administer and dispense the opioid antidote.
7 If a standing order does not include a specification in this regard, it
8 shall be deemed to authorize the professional or professional entity
9 only to administer the opioid antidote with immunity, as provided
10 by subsection c. of this section, and it shall not be deemed to
11 authorize the professional or professional entity to engage in the
12 further dispensing of the antidote to recipients, unless such
13 authority has been granted by law, as provided by subparagraph (b)
14 of this paragraph.

15 (b) Notwithstanding the provisions of this paragraph to the
16 contrary, if the law expressly authorizes or requires a certain type of
17 professional, professional entity, emergency medical responder, or
18 emergency medical response entity to administer or dispense opioid
19 antidotes pursuant to a standing order issued hereunder, the
20 standing order issued pursuant to this section shall be deemed to
21 grant the authority specified by the law, even if such authority is not
22 expressly indicated on the face of the standing order.

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

31 b. (1) Any professional or professional entity that has obtained
32 a standing order, pursuant to subsection a. of this section, for the
33 dispensing of opioid antidotes, may dispense an opioid antidote to
34 any recipient who is deemed by the professional or professional
35 entity to be capable of administering the opioid antidote to an
36 overdose victim in an emergency.

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

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

48 (2) Any emergency medical responder or emergency medical
49 response entity that administers an opioid antidote, in good faith, in

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

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

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

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

27 f. Notwithstanding the provisions of any law, rule, regulation,
28 ordinance, or institutional or organizational directive to the
29 contrary, any person or entity authorized to administer an opioid
30 antidote, pursuant to this section, may administer to an overdose
31 victim, with full immunity:

32 (1) any type of opioid antidote, regardless of dosage amount or
33 method of administration, which has been approved by the United
34 States Food and Drug Administration for use in the treatment of
35 opioid overdoses; and

36 (2) as many doses of the opioid antidote as may be necessary to
37 revive the overdose victim, regardless of dosage amount or method
38 of administration. Prior consultation with, or approval by, a third-
39 party physician or other medical personnel shall not be required
40 before an authorized person or entity may administer more than one
41 dose of an opioid antidote to the same overdose victim.

42 g. No later than seven days after the effective date of P.L. , c.
43 (pending before the Legislature as this bill), the Commissioner of
44 Health shall send written notice to all emergency medical response
45 entities affected by subsection f. of this section, notifying them of
46 the provisions of subsection f. of this section.

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

48

49 3. This act shall take effect immediately.

STATEMENT

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This bill provides that any person or entity authorized to administer an opioid antidote to an overdose victim pursuant to the “Overdose Prevention Act” (OPA), may administer, with full immunity: (1) 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; and (2) as many doses of the opioid antidote as may be necessary to revive the victim, regardless of the dosage amount or method of administration. The bill further specifies that prior consultation with, or approval by, a third-party physician or other medical personnel is not required as a condition of administering more than one dose of an opioid antidote to the same overdose victim.

The bill requires the Commissioner of Health to provide, within seven days of the effective date of the bill, written notice of the provisions of the bill to all emergency medical response entities affected by the bill.

The bill additionally revises certain definitions that appear in the OPA to identify certain persons and entities included in that definition. Specifically, the bill provides that the term “emergency medical responder” includes, but is not limited to, emergency medical technicians, paramedics, and fire fighters; the term “emergency medical response entity” includes, but is not limited to, first aid, ambulance, and rescue squads, basic life support and advanced life support ambulance squads, air medical service providers, and fire-fighting squads.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 3083

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 14, 2017

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3083.

As amended by the committee, this bill provides that any person or entity authorized to administer an opioid antidote to an overdose victim pursuant to the “Overdose Prevention Act” (OPA), may administer, with full immunity: (1) a single dose of any type of opioid antidote that has been approved by the federal Food and Drug Administration (FDA) for use in the treatment of an opioid overdose; and (2) up to three doses of an opioid antidote that is administered through intranasal application, or through an intramuscular auto-injector, as may be necessary to revive the victim. The bill specifies that prior consultation with, or approval by, a third-party physician or other medical personnel shall not be required for an authorized person or entity to administer up to three doses of an opioid antidote, through intranasal application, or through an intramuscular auto-injector, to the same overdose victim.

The bill also clarifies certain definitions in the OPA to include reference to certain persons and entities that were not previously specified therein. Specifically, the bill provides that the term “emergency medical responder” includes, but is not limited to, emergency medical technicians, paramedics, and fire fighters; and that the term “emergency medical response entity” includes, but is not limited to, first aid, ambulance, and rescue squads, basic life support and advanced life support ambulance squads, air medical service providers, and fire-fighting squads.

The committee amended the bill to clarify 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 intranasal application, or through an intramuscular auto-injector, as may be necessary to revive the victim. The amendments further specify that prior consultation with, or approval by, a third-party physician or other medical personnel shall not be required in order for an authorized person or

entity to administer up to three doses of an opioid antidote, through intranasal or intramuscular means, as provided by the bill. The amendments also extend to 45 days, the timeframe in which the Commissioner of Health must provide written notice to emergency medical service providers under the bill. Finally, the amendments alter the bill synopsis to reflect the changes being made.

As reported, this bill is identical to Assembly Bill No. 4467 (2R) (Mazzeo/Conaway/Vainieri Huttle/Wimberly/Mukherji), which the committee also reported favorably on this date.