

24:6J-2 to 24:6J-5 et al
LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2021 **CHAPTER:** 152

NJSA: 24:6J-2 to 24:6J-5 et al (Revises and expands authorization for any person or entity to obtain, distribute, and administer opioid antidotes.)

BILL NO: S3491 (Substituted for A5457 (ACS/1R))

SPONSOR(S) Vitale, Joseph F. and others

DATE INTRODUCED: 3/4/2021

COMMITTEE: **ASSEMBLY:** ---

SENATE: Health, Human Services & Senior Citizens

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** 6/21/2021

SENATE: 6/21/2021

DATE OF APPROVAL: 7/2/2021

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Senate Substitute enacted) Yes

S3491

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT): 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)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

A5457 (ACS/1R)

INTRODUCED BILL (INCLUDES SPONSOR'S STATEMENT): Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: No

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FLOOR AMENDMENT STATEMENT: Yes

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

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REPORTS:

No

HEARINGS:

No

NEWSPAPER ARTICLES:

Yes

Serrano, Ken. "MURPHY SIGNS BILLS TAKING AIM AT OPIOIDS - THEY TARGET EPIDEMIC AS OVERDOSE DEATHS INCREASE." Record, The (Hackensack, NJ), July 3, 2021: A3.

Livio, Susan K., and Brent Johnson. "Murphy signs bills to fight opioid addiction More than 3,000 people in the state died last year from suspected drug overdoses.." Times, The (Trenton, NJ), July 4, 2021: 007.

RH/CL

P.L. 2021, CHAPTER 152, *approved July 2, 2021*
Senate Substitute for Senate, No. 3491

1 AN ACT concerning opioid antidotes, amending various parts of the
2 statutory law, and supplementing P.L.2013, c.46 (C.24:6J-
3 1 et al.).

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

7
8 1. Section 2 of P.L.2013, c.46 (C.24:6J-2) is amended to read
9 as follows:

10 2. The Legislature finds and declares that encouraging
11 **【witnesses and victims of】** people who witness or experience a
12 suspected drug 【overdoses】 overdose to seek medical assistance
13 saves lives and is in the best interests of the citizens of this State
14 and, in instances where evidence was obtained as a result of seeking
15 of medical assistance, **【these witnesses and victims】** those people
16 who witness or experience a suspected drug overdose should be
17 protected from arrest, charge, prosecution, conviction, and
18 revocation of parole or probation for possession or use of illegal
19 drugs or drug paraphernalia. Additionally, naloxone is **【an】** a safe,
20 inexpensive, and easily administered antidote to an opioid overdose.
21 Encouraging the wider prescription and distribution of naloxone or
22 similarly acting drugs to those at risk for an opioid overdose, or to
23 members of their families or peers, would reduce the number of
24 opioid overdose deaths and be in the best interests of the citizens of
25 this State. To that end, it is the intent of the Legislature that opioid
26 antidotes be made as easily accessible and as widely available as
27 possible, such that they are readily available at all times to provide
28 treatment to people experiencing a suspected opioid overdose. It is
29 not the intent of the Legislature to protect individuals from arrest,
30 prosecution or conviction for other criminal offenses, including
31 engaging in drug trafficking, nor is it the intent of the Legislature to
32 in any way modify or restrict the current duty and authority of law
33 enforcement and emergency responders at the scene of a medical
34 emergency or a crime scene, including the authority to investigate
35 and secure the scene.

36 (cf: P.L.2013, c.46, s.2)

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

3 3. As used in this act:

4 "Commissioner" means the Commissioner of Human Services.

5 "Drug overdose" means an acute condition including, but not
6 limited to, physical illness, coma, mania, hysteria, diminished
7 consciousness, respiratory depression, or death resulting from the
8 consumption or use of a controlled dangerous substance or another
9 substance with which a controlled dangerous substance was
10 combined and that a layperson would reasonably believe to require
11 medical assistance.

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

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

30 "Health care practitioner" means **【a prescriber, pharmacist, or**
31 **other】** any individual 【whose professional practice is regulated】
32 who is licensed or certified to provide health care services pursuant
33 to Title 45 of the Revised Statutes 【, and who, in accordance with
34 the practitioner's scope of professional practice, prescribes or
35 dispenses an opioid antidote】.

36 “Institution of higher education” means any public or private
37 university, college, technical college or community college located
38 in New Jersey.

39 “Law enforcement agency” means a department, division,
40 bureau, commission, board or other authority of the State or of any
41 political subdivision thereof which employs law enforcement
42 officers.

43 “Law enforcement officer” means a person whose public duties
44 include the power to act as an officer for the detection,
45 apprehension, arrest and conviction of offenders against the laws of
46 this State.

1 "Medical assistance" means professional medical services that
2 are provided to a person experiencing a drug overdose by a health
3 care practitioner, acting within the practitioner's scope of
4 professional practice, including professional medical services that
5 are mobilized through telephone contact with the 911 telephone
6 emergency service.

7 "Occupational school" means a business, trade, technical, or
8 other school approved by a nationally-recognized accrediting
9 agency.

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

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

26 "Prescriber" means a health care practitioner authorized by law
27 to prescribe medications **[who, acting within the practitioner's**
28 **scope of professional practice, prescribes an opioid antidote].**
29 "Prescriber" includes, but **[is] shall not be limited to, [a physician,**
30 **physician assistant, or advanced practice nurse] physicians,**
31 **physician assistants, and advanced practice nurses.**

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

42 "Professional entity" means an organization, company,
43 governmental entity, community-based program, sterile syringe
44 access program, or any other organized group that employs two or
45 more professionals who engage, during the regular course of
46 business or volunteer activities, in direct interactions with opioid or
47 heroin addicts or abusers or other persons susceptible to opioid

1 overdose, or with other persons who are in a position to provide
2 direct medical assistance to opioid or heroin addicts or abusers in
3 the event of an overdose】

4 “Public library” means a library that serves, free of charge, all
5 residents of an area without discrimination and that receives its
6 financial support, in whole or in part, from public funds.

7 “Public transportation hub” means a passenger station, terminal,
8 or other facility, as designated by the Commissioner of
9 Transportation, where public transportation services are made
10 available.

11 "Recipient" means 【a patient, professional, professional entity,
12 emergency medical responder, emergency medical response entity,
13 school, school district, or school nurse】 any individual who or
14 entity that is prescribed or dispensed an opioid antidote in
15 accordance with section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1
16 of P.L.2017, c.88 (C.45:14-67.2). The term “recipient” shall
17 include, but shall not be limited to, private citizens, emergency
18 medical responders, emergency medical response entities, law
19 enforcement officers, law enforcement agencies, recognized places
20 of public access, employees and volunteers providing services at,
21 through, or on behalf of a recognized place of public access, public
22 and nonpublic schools, school nurses and other staff at a public or
23 nonpublic school, sterile syringe access programs, and staff and
24 employees of a sterile syringe access program. The term
25 “recipient” shall not include a prescriber or a licensed pharmacist
26 acting within a professional capacity.

27 “Recognized place of public access” means a public library,
28 institution of higher education, occupational school, or public
29 transportation hub.

30 “Sterile syringe access program” means a program established
31 pursuant to the provisions of P.L.2006, c.99 (C.26:5C-25 et al.).
32 (cf: P.L.2018, c.106, s.7)

33

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

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

38 (a)】 directly or through a standing order 【,】 to any 【recipient
39 who is deemed by the health care practitioner to be capable of
40 administering the opioid antidote to an overdose victim in an
41 emergency;

42 (b) through a standing order, to any professional or emergency
43 medical responder who is not acting in a professional or volunteer
44 capacity for a professional entity, or an emergency medical
45 response entity, but who is deemed by the health care practitioner to
46 be capable of administering opioid antidotes to overdose victims, as

1 part of the professional's regular course of business or volunteer
2 activities;

3 (c) through a standing order, to any professional who is not
4 acting in a professional or volunteer capacity for a professional
5 entity, but who is deemed by the health care practitioner to be
6 capable of dispensing opioid antidotes to recipients, for
7 administration thereby, as part of the professional's regular course
8 of business or volunteer activities;

9 (d) through a standing order, to any professional entity or any
10 emergency medical response entity, which is deemed by the health
11 care practitioner to employ professionals or emergency medical
12 responders, as appropriate, who are capable of administering opioid
13 antidotes to overdose victims as part of the entity's regular course of
14 business or volunteer activities;

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

20 (f) through a standing order, to a school, school district, or
21 school nurse pursuant to the provisions of section 2 of P.L.2018,
22 c.106 (C.18A:40-12.24)] person or entity. Any person or entity
23 may be dispensed an opioid antidote pursuant to an individual
24 prescription or a standing order issued by a prescriber, and any
25 person or entity may be dispensed an opioid antidote by a pharmacy
26 as provided in section 1 of P.L.2017, c.88 (C.45:14-67.2).

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

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

44 (c) For the purposes of this subsection, whenever the law
45 expressly authorizes or requires a school or school district to obtain
46 a standing order for opioid antidotes pursuant to this section, the
47 school nurses employed or engaged by the school or school district
48 shall be presumed by the prescribing or dispensing health care

1 practitioner to be capable of administering the opioid antidote,
2 consistent with the express statutory requirement】 Nothing in
3 P.L.2013, c.46 (C.24:6J-1 et al.) shall be construed to restrict in any
4 way the ability of any individual or entity to be dispensed an opioid
5 antidote. The persons and entities to whom an opioid antidote may
6 be prescribed and dispensed shall include private citizens,
7 individuals who are dispensed an opioid antidote for administration
8 or distribution to others in either a private or professional capacity,
9 entities that are dispensed opioid antidotes on behalf of individuals
10 who administer or distribute opioid antidotes to others in the course
11 of their professional duties, and entities other than a prescriber or
12 pharmacist that maintain a stock of opioid antidotes for distribution
13 or administration to others.

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

30 (b) Notwithstanding the provisions of this paragraph to the
31 contrary, if the law expressly authorizes or requires a certain type of
32 professional, professional entity, emergency medical responder,
33 emergency medical response entity, school, school district, or
34 school nurse to administer or dispense opioid antidotes pursuant to
35 a standing order issued hereunder, the standing order issued
36 pursuant to this section shall be deemed to grant the authority
37 specified by the law, even if such authority is not expressly
38 indicated on the face of the standing order.】 (deleted by
39 amendment, P.L. , c.) (pending before the Legislature as this
40 bill)

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

1 seq.)**】** (deleted by amendment, P.L. , c.) (pending before the
2 Legislature as this bill)

3 b. (1) **【**Any professional or professional entity that has obtained
4 a standing order, pursuant to subsection a. of this section, for the
5 dispensing of opioid antidotes, may dispense an opioid antidote to
6 any recipient who is deemed by the professional or professional
7 entity to be capable of administering the opioid antidote to an
8 overdose victim in an emergency**】** A recipient in possession of an
9 opioid antidote may administer the opioid antidote to any other
10 person, without fee, in any situation in which the recipient
11 reasonably believes the other person to be experiencing an opioid
12 overdose.

13 (2) **【**Any professional or professional entity that dispenses an
14 opioid antidote in accordance with paragraph (1) of this subsection,
15 in good faith, and pursuant to a standing order issued under
16 subsection a. of this section, shall not, as a result of any acts or
17 omissions, be subject to any criminal or civil liability or any
18 professional disciplinary action for dispensing an opioid antidote in
19 accordance with P.L.2013, c.46 (C.24:6J-1 et seq.)**】** A recipient in
20 possession of an opioid antidote may distribute the opioid antidote,
21 without fee, to any other person who the recipient reasonably
22 believes to be at risk of experiencing an opioid overdose or who the
23 recipient reasonably believes will be in a position to administer the
24 opioid antidote to a person experiencing an opioid overdose. A
25 recipient distributing an opioid antidote to another person pursuant
26 to this paragraph shall make reasonable efforts to furnish the person
27 with the overdose prevention information described in section 5 of
28 P.L.2013, c.46 (C.24:6J-5). The Commissioner of Health, or, if the
29 commissioner is not a duly licensed physician, the Deputy
30 Commissioner for Public Health Services, shall issue a standing
31 order authorizing the distribution of opioid antidotes pursuant to
32 this paragraph.

33 c. (1) **【**Any emergency medical responder or emergency
34 medical response entity that has obtained a standing order, pursuant
35 to subsection a. of this section, for the administration of opioid
36 antidotes, may administer an opioid antidote to overdose victims**】** A
37 prescriber or other health care practitioner who prescribes or
38 dispenses an opioid antidote in good faith, and in accordance with
39 the provisions of this section, shall not, as a result of the
40 practitioner's acts or omissions, be subject to any criminal or civil
41 liability, or any professional disciplinary action under Title 45 of
42 the Revised Statutes, for prescribing or dispensing the opioid
43 antidote. A pharmacist that dispenses an opioid antidote in good
44 faith, in accordance with the provisions of this section or section 1
45 of P.L.2017, c.88 (C.45:14-67.2), shall not, as a result of the
46 pharmacist's acts or omissions, be subject to any criminal or civil

1 liability, or any professional disciplinary action under Title 45 of
2 the Revised Statutes, for dispensing the opioid antidote.

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

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.). **【(deleted by amendment, P.L. , c.) (pending**
28 **before the Legislature as this bill)**

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

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.2018, c.106 (C.18A:40-12.24), and**
43 **pursuant to a standing order issued under subsection a. of this**
44 **section, shall not, as a result of any acts or omissions, be subject to**
45 **any criminal or civil liability, or any disciplinary action, for**
46 **administering, or for permitting the administration of, the opioid**
47 **antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.)】**

1 (deleted by amendment, P.L. , c.) (pending before the
2 Legislature as this bill)

3 g. **【**Notwithstanding the provisions of any law, rule, regulation,
4 ordinance, or institutional or organizational directive to the
5 contrary, any person or entity authorized to administer an opioid
6 antidote pursuant to this section, may administer to an overdose
7 victim, with full immunity:

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

11 (2) up to three doses of an opioid antidote that is administered
12 through an intranasal application, or through an intramuscular auto-
13 injector, as may be necessary to revive the overdose victim. Prior
14 consultation with, or approval by, a third-party physician or other
15 medical personnel shall not be required before an authorized person
16 or entity may administer up to three doses of an opioid antidote, as
17 provided in this paragraph, to the same overdose victim. **】** (deleted
18 by amendment, P.L. , c.) (pending before the Legislature as this
19 bill)

20 h. **【**No later than 45 days after the effective date of P.L.2017,
21 c.381 the Commissioner of Health shall provide written notice to all
22 emergency medical response entities affected by subsection g. of
23 this section notifying them of the provisions of subsection g. of this
24 section. **】** (deleted by amendment, P.L. , c.) (pending before the
25 Legislature as this bill)

26 (cf: P.L.2018, c.106, s.8)

27

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

30 5. a. (1) A prescriber or other health care practitioner who
31 prescribes or dispenses an opioid antidote in accordance with
32 subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4), and a
33 pharmacist who dispenses an opioid antidote pursuant to subsection
34 a. of section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of
35 P.L.2017, c.88 (C.45:14-67.2), shall ensure that overdose
36 prevention information is provided to the **【antidote】** recipient. The
37 **【requisite】** overdose prevention information shall include, but **【is】**
38 need not be limited to: information on opioid overdose prevention
39 and recognition; instructions on how to perform rescue breathing
40 and resuscitation; information on opioid antidote dosage and
41 instructions on opioid antidote administration; information
42 describing the importance of calling the 911 emergency telephone
43 service for assistance with an opioid overdose; and instructions for
44 appropriate care of **【an】** a person believed to be experiencing an
45 opioid overdose 【victim】 after administration of the opioid
46 antidote.

1 (2) **【A professional or professional entity that dispenses an**
2 **opioid antidote pursuant to a standing order, in accordance with**
3 **subsection b. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall**
4 **ensure that each patient who is dispensed an opioid antidote also**
5 **receives a copy of the overdose prevention information that has**
6 **been provided to the professional or professional entity pursuant to**
7 **paragraph (1) of this subsection.】** (deleted by amendment,
8 P.L. , c.) (pending before the Legislature as this bill)

9 b. (1) **【In order to fulfill the information distribution**
10 **requirements of subsection a. of this section, overdose prevention**
11 **information may be provided by the prescribing or dispensing**
12 **health care practitioner, by the dispensing professional or**
13 **professional entity, or by a community-based organization, or other**
14 **organization that addresses medical or social issues related to drug**
15 **addiction, and with which the health care practitioner, professional,**
16 **or professional entity, as appropriate, maintains a written**
17 **agreement. Any such written agreement shall incorporate, at a**
18 **minimum: procedures for the timely dissemination of overdose**
19 **prevention information; information as to how employees or**
20 **volunteers providing the information will be trained; and standards**
21 **for recordkeeping under paragraph (2) of this subsection.】** (deleted
22 by amendment, P.L. , c.) (pending before the Legislature as this
23 bill)

24 (2) The dissemination of overdose prevention information **【in**
25 **accordance with this section, and the contact information for the**
26 **persons receiving such information, to the extent known,】** shall be
27 documented by the prescribing or dispensing health care
28 practitioner **【, professional, or professional entity, as appropriate,】**
29 **or dispensing pharmacist in **【: (a)】** the patient's medical record **【, if**
30 **applicable;】** or **【(b)】** another appropriate record **【or log, if the**
31 **patient's medical record is unavailable or inaccessible, or if the**
32 **antidote recipient is a professional or professional entity acting in**
33 **their professional capacity; or (c) any】** , log or other similar
34 recordkeeping location **【, as specified in a written agreement that**
35 **has been executed pursuant to paragraph (1) of this subsection】**.**

36 c. In order to facilitate the dissemination of overdose
37 prevention information in accordance with this section, the
38 Commissioner of Human Services, in consultation with the
39 Department of Health and Statewide organizations representing
40 physicians, advanced practice nurses, or physician assistants, and
41 organizations operating community-based programs, sterile syringe
42 access programs, or other programs which address medical or social
43 issues related to **【drug addiction】** substance use disorders, may
44 develop training materials in video, electronic, or other appropriate
45 formats, and disseminate these materials to health care practitioners
46 **【; professionals and professional entities that are authorized by**
47 **standing order to dispense opioid antidotes; and organizations that**

1 are authorized to disseminate overdose prevention information
2 under a written agreement executed pursuant to paragraph (1) of
3 subsection b. of this section]. The Commissioner of Human
4 Services may make the materials available to the general public
5 through the Internet website of the Department of Human Services,
6 with such modifications as may be appropriate to adapt the
7 materials for use by persons who are not health care practitioners.
8 The commissioner shall ensure the materials are available in
9 English, Spanish, and any other language that the commissioner
10 determines is the first language of a significant number of people
11 who are likely to be prescribed or dispensed an opioid antidote in
12 accordance with subsection a. of section 4 of P.L.2013, c.46
13 (C.24:6J-4) or dispensed an opioid antidote pursuant to section 1 of
14 P.L.2017, c.88 (C.45:14-67.2).
15 (cf: P.L.2015, c.10, s.3)

16

17 5. Section 1 of P.L.2017, c.285 (C.24:6J-5.1) is amended to
18 read as follows:

19 1. a. If an opioid antidote is administered by a health care
20 **【professional】 practitioner** or a first responder to a person believed
21 to be experiencing a drug overdose, an opioid antidote and
22 information concerning substance **【abuse】 use disorder** treatment
23 programs and resources and sterile syringe access programs and
24 resources, including information on the availability of opioid
25 antidotes, shall be provided to the person as follows:

26 (1) If the person is admitted to a health care facility or receives
27 treatment in the emergency department of a health care facility, a
28 staff member designated by the health care facility, who may be a
29 social worker, **【addiction】 professional** counselor, licensed or
30 certified alcohol or drug counselor, or other appropriate
31 professional, shall offer to furnish the person, or a family member
32 or friend of the person in attendance during the patient's admission
33 or emergency department visit, with an opioid antidote upon
34 discharge, along with information regarding the cost of the opioid
35 antidote, and shall provide the information concerning substance
36 use disorder treatment programs and resources and sterile syringe
37 access programs and resources to the person at any time after
38 treatment for the drug overdose is complete, but prior to the
39 person's discharge from the facility. The designated staff member
40 shall document the provision of the information and the dispensing
41 of an opioid antidote to the person or to a family member or friend
42 of the person, if an opioid antidote is dispensed, in the person's
43 medical record, and may, in collaboration with an appropriate
44 health care **【professional】 practitioner**, additionally develop an
45 individualized substance **【abuse】 use disorder** treatment plan for
46 the person.

1 (2) If the opioid antidote is administered by a first responder and
2 the person believed to be experiencing **【the】 an** overdose is not
3 subsequently transported to a health care facility, the first responder
4 shall offer to furnish the person with an opioid antidote and shall
5 provide the information concerning substance use disorder
6 treatment programs and resources and sterile syringe access
7 programs and resources to the person at the time treatment for the
8 drug overdose is complete. First responders shall maintain an
9 adequate supply of opioid antidotes, in excess of the supply needed
10 to meet the anticipated demand for opioid antidotes to treat
11 individuals believed to be experiencing an opioid overdose, as is
12 necessary to ensure people treated for a suspected opioid overdose
13 can be furnished with an opioid antidote at the time treatment for
14 the overdose is complete.

15 b. As used in this section:

16 "First responder" means a law enforcement officer, paid or
17 volunteer firefighter, paid or volunteer member of a duly
18 incorporated first aid, emergency, ambulance, or rescue squad
19 association, or any other individual who, in the course of that
20 individual's employment, is dispatched to the scene of an
21 emergency situation for the purpose of providing medical care or
22 other assistance.

23 "Health care facility" means a health care facility licensed
24 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

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

32 c. The Commissioner of Human Services shall develop
33 informational materials concerning substance **【abuse】 use disorder**
34 treatment programs and resources and sterile syringe access
35 programs and resources, and information on the availability of
36 opioid antidotes, for dissemination to health care **【professionals】**
37 practitioners and first responders to facilitate the provision of
38 information to **【patients pursuant to】 persons who are treated for a**
39 suspected overdose as provided in this section.

40 (cf: P.L.2017, c.285, s.1)

41

42 6. (New section) a. To the extent funds are made available by
43 the State for this purpose, a recognized place of public access shall
44 obtain a supply of opioid antidotes pursuant to a standing order
45 issued pursuant to section 4 of P.L.2013, c.46 (C.24:6J-4) or section
46 1 of P.L.2017, c.88 (C.45:14-67.2), which opioid antidotes shall be
47 maintained in one or more secure and easily accessible locations for
48 the purpose of administering the opioid antidote to any person who

1 is reasonably believed to be experiencing an opioid overdose.
2 Nothing in this section shall be construed to limit, restrict, or
3 otherwise prohibit any other person or entity from obtaining,
4 maintaining, distributing, or administering opioid antidotes as
5 authorized under section 4 of P.L.2013, c.46 (C.24:6J-4) or any
6 other provision of law.

7 b. A recognized place of public access that acquires and
8 maintains a supply of opioid antidotes pursuant to subsection a. of
9 this section shall ensure that at least one employee or volunteer who
10 regularly provides services at, through, or on behalf of the
11 recognized place of public access has received training on the
12 standardized protocols for the administration of an opioid antidote
13 to a person who is reasonably believed to be experiencing an opioid
14 overdose, the requirements for which training shall be established
15 by the Commissioner of Human Services. The training and
16 protocols shall follow best practices for low-threshold community
17 use of opioid antidotes in recognized places of public access, and
18 shall include the overdose prevention information described in
19 subsection a. of section 5 of P.L.2013, c.46 (C.24:6J-5). The
20 commissioner may require by regulation that more than employee
21 or volunteer at a recognized place of public access complete the
22 training required pursuant to this subsection.

23 c. A recognized place of public access may, to the extent not
24 otherwise prohibited by State or federal law, enter into an
25 agreement with a community-based organization to distribute
26 opioid antidotes on the premises of the recognized place of public
27 access.

28

29 7. Section 2 of P.L.2018, c.106 (C.18A:40-12.24) is amended
30 to read as follows:

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

38 (1) require each school that includes any of the grades nine
39 through 12, and permit any other school, to obtain a standing order
40 for opioid antidotes pursuant to section 4 of the "Overdose
41 Prevention Act," P.L.2013, c.46 (C.24:6J-4), and to maintain a
42 supply of opioid antidotes under the standing order in a secure but
43 unlocked and easily accessible location; and

44 (2) **[permit]** direct the school nurse, or a trained employee
45 designated pursuant to subsection c. of this section, to administer an
46 opioid antidote to any person whom the nurse or trained employee
47 in good faith reasonably believes is experiencing an opioid
48 overdose.

1 b. (1) Opioid antidotes shall be maintained by a school
2 pursuant to paragraph (1) of subsection a. of this section in
3 quantities and types deemed adequate by the board of education,
4 board of trustees of a charter school, or chief school administrator
5 of a nonpublic school, in consultation with the Department of
6 Education and the Department of Human Services.

7 (2) The opioid antidotes shall be accessible in the school during
8 regular school hours and during school-sponsored functions that
9 take place in the school or on school grounds adjacent to the school
10 building. A board of education, board of trustees of a charter
11 school, or chief school administrator of a nonpublic school may, in
12 its discretion, make opioid antidotes accessible during school-
13 sponsored functions that take place off school grounds.

14 c. (1) The school nurse shall have the primary responsibility
15 for the emergency administration of an opioid antidote in
16 accordance with a policy developed under this section. The board
17 of education, board of trustees of a charter school, or chief school
18 administrator of a nonpublic school shall designate additional
19 employees of the school district, charter school, or nonpublic school
20 who volunteer to administer an opioid antidote in the event that a
21 person **【experiences】** is reasonably believed to be experiencing an
22 opioid overdose when the nurse is not physically present at the
23 scene. **【The designated employees shall only be authorized to**
24 **administer opioid antidotes after receiving the training required**
25 **under subsection b. of section 3 of this act】** Nothing in this section
26 shall be construed to prohibit any other person from administering
27 an opioid antidote to a person who is reasonably believed to be
28 experiencing an opioid overdose, if the administration is consistent
29 with the requirements of P.L.2013, c.46 (C.24:6J-1 et al.).

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

34 d. A policy developed pursuant to this section shall require the
35 transportation of **【an overdose victim】** a person reasonably believed
36 to have experienced an overdose to a hospital emergency room by
37 emergency services personnel after the administration of an opioid
38 antidote, even if the person's symptoms appear to have resolved.
39 (cf: P.L.2018, c.106, s.2)

40
41 8. Section 3 of P.L.2018, c.106 (C.18A:40-12.25) is amended
42 to read as follows:

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

1 administrator of a nonpublic school shall implement the guidelines
2 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】** is reasonably believed to be experiencing an opioid
8 overdose. The training shall include the overdose prevention
9 information described in subsection a. of section 5 of the "Overdose
10 Prevention Act," P.L.2013, c.46 (C.24:6J-5). The guidelines shall
11 specify an appropriate entity or entities to provide the training, and
12 a school nurse shall not be solely responsible to train the employees
13 designated pursuant to subsection c. of section 2 of this act.

14 (cf: P.L.2018, c.106, s.3)

15

16 9. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read
17 as follows:

18 4. a. In accordance with the provisions of section 3 of
19 P.L.2006, c.99 (C.26:5C-27), a municipality may establish or
20 authorize establishment of a sterile syringe access program that is
21 approved by the commissioner to provide for the exchange of
22 hypodermic syringes and needles.

23 (1) A municipality that establishes a sterile syringe access
24 program, at a fixed location or through a mobile access component,
25 may operate the program directly or contract with one or more of
26 the following entities to operate the program: a hospital or other
27 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
28 et seq.), a federally qualified health center, a public health agency, a
29 substance abuse treatment program, an AIDS service organization,
30 or another nonprofit entity designated by the municipality. These
31 entities shall also be authorized to contract directly with the
32 commissioner in any municipality in which the governing body has
33 authorized the operation of sterile syringe access programs by
34 ordinance pursuant to paragraph (2) of this subsection. The
35 municipality or entity under contract shall implement the sterile
36 syringe access program in consultation with a federally qualified
37 health center and the New Jersey Office on Minority and
38 Multicultural Health in the Department of Health, and in a
39 culturally competent manner.

40 (2) Pursuant to paragraph (2) of subsection a. of section 3 of
41 P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body
42 has authorized the operation of sterile syringe access programs
43 within the municipality may require within the authorizing
44 ordinance that an entity as described in paragraph (1) of this
45 subsection obtain approval from the municipality, in a manner
46 prescribed by the authorizing ordinance, to operate a sterile syringe
47 access program prior to obtaining approval from the commissioner
48 to operate such a program, or may permit the entity to obtain

1 approval to operate such a program by application directly to the
2 commissioner without obtaining prior approval from the
3 municipality.

4 (3) Two or more municipalities may jointly establish or
5 authorize establishment of a sterile syringe access program that
6 operates within those municipalities pursuant to adoption of an
7 ordinance by each participating municipality pursuant to this
8 section.

9 b. A sterile syringe access program shall comply with the
10 following requirements:

11 (1) Sterile syringes and needles shall be provided at no cost to
12 consumers 18 years of age and older;

13 (2) Program staff shall be trained and regularly supervised in:
14 harm reduction; substance use disorder, medical and social service
15 referrals; and infection control procedures, including universal
16 precautions and needle stick injury protocol; and programs shall
17 maintain records of staff and volunteer training and of hepatitis C
18 and tuberculosis screening provided to volunteers and staff;

19 (3) The program shall offer information about HIV, hepatitis C
20 and other bloodborne pathogens and prevention materials at no cost
21 to consumers, and shall seek to educate all consumers about safe
22 and proper disposal of needles and syringes;

23 (4) The program shall provide information and referrals to
24 consumers, including HIV testing options, access to medication-
25 assisted substance use disorder treatment programs and other
26 substance use disorder treatment programs, and available health and
27 social service options relevant to the consumer's needs. The
28 program shall encourage consumers to receive an HIV test, and
29 shall, when appropriate, develop an individualized substance use
30 disorder treatment plan for each participating consumer;

31 (5) The program shall screen out consumers under 18 years of
32 age from access to syringes and needles, and shall refer them to
33 substance use disorder treatment and other appropriate programs for
34 youth;

35 (6) The program shall develop a plan for the handling and
36 disposal of used syringes and needles in accordance with
37 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
38 medical waste disposal pursuant to the "Comprehensive Regulated
39 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
40 al.), and shall also develop and maintain protocols for post-
41 exposure treatment;

42 (7) (a) The program may obtain a standing order, pursuant to the
43 "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.),
44 authorizing program staff to carry and **【dispense】** distribute
45 naloxone hydrochloride or another opioid antidote to consumers
46 **【and】** , to the family members and friends 【thereof】 of consumers,
47 and to any member of the general public;

1 (b) The program shall provide overdose prevention information
2 to consumers, the family members and friends **【thereof】** of
3 consumers, and **【other persons associated therewith, as appropriate】**
4 members of the general public, in accordance with the provisions of
5 section 5 of the "Overdose Prevention Act," P.L.2013, c.46
6 (C.24:6J-5);

7 (8) The program shall maintain the confidentiality of consumers
8 by the use of confidential identifiers, which shall consist of the first
9 two letters of the first name of the consumer's mother and the two-
10 digit day of birth and two-digit year of birth of the consumer, or by
11 the use of such other uniform Statewide mechanism as may be
12 approved by the commissioner for this purpose;

13 (9) The program shall provide a uniform identification card that
14 has been approved by the commissioner to consumers and to staff
15 and volunteers involved in transporting, exchanging or possessing
16 syringes and needles, or shall provide for such other uniform
17 Statewide means of identification as may be approved by the
18 commissioner for this purpose;

19 (10) The program shall provide consumers at the time of
20 enrollment with a schedule of program operation hours and
21 locations, in addition to information about prevention and harm
22 reduction and substance use disorder treatment services; and

23 (11) The program shall establish and implement accurate data
24 collection methods and procedures as required by the commissioner
25 for the purpose of evaluating the sterile syringe access programs,
26 including the monitoring and evaluation on a quarterly basis of:

27 (a) sterile syringe access program participation rates, including
28 the number of consumers who enter substance use disorder
29 treatment programs and the status of their treatment;

30 (b) the effectiveness of the sterile syringe access programs in
31 meeting their objectives, including, but not limited to, return rates
32 of syringes and needles distributed to consumers and the impact of
33 the sterile syringe access programs on intravenous drug use; and

34 (c) the number and type of referrals provided by the sterile
35 syringe access programs and the specific actions taken by the sterile
36 syringe access programs on behalf of each consumer.

37 c. A municipality may terminate a sterile syringe access
38 program established or authorized pursuant to this act, which is
39 operating within that municipality, if its governing body approves
40 such an action by ordinance, in which case the municipality shall
41 notify the commissioner of its action in a manner prescribed by
42 regulation of the commissioner.

43 (cf: P.L.2017, c.131, s.104)

44
45 10. Section 1 of P.L.2017, c.88 (C.45:14-67.2) is amended to
46 read as follows:

47 1. a. Notwithstanding any other law or regulation to the
48 contrary, a pharmacist may dispense an opioid antidote to any

1 **【patient】** person or entity, regardless of whether the **【patient】**
2 person or entity holds an individual prescription for the opioid
3 antidote, pursuant to a standing order issued by a prescriber or
4 pursuant to the standing order issued pursuant to subsection b. of
5 this section. A pharmacist who dispenses an opioid antidote
6 pursuant to this section shall comply with the provisions of the
7 "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.).

8 b. The Commissioner of Health, or, if the commissioner is not
9 a duly licensed physician, the Deputy Commissioner for Public
10 Health Services, shall issue **【**, upon request by a pharmacist
11 licensed to practice in this State,**】** a standing order authorizing **【the**
12 **pharmacist】** all licensed pharmacists in the State to dispense an
13 opioid antidote to any **【patient】** individual or entity, regardless of
14 whether the **【patient】** individual or entity holds an individual
15 prescription for the opioid antidote **【**, provided the pharmacist
16 complies with the requirements of the "Overdose Prevention Act,"
17 P.L.2013, c.46 (C.24:6J-1 et al.)**】** . The Commissioner of Health
18 shall provide a copy of the standing order to the Board of
19 Pharmacy, which shall post a copy of the standing order on the
20 board's Internet website and transmit a copy of the standing order
21 to all licensed pharmacists in such a manner as the board deems
22 appropriate.

23 c. As used in this section:

24 "Opioid antidote" means naloxone hydrochloride **【**,**】** or any other
25 **【similarly acting】** drug approved by the United States Food and
26 Drug Administration for **【self-administration for】** the treatment of
27 an opioid overdose.

28 **【**"Patient" means the same as that term is defined in section 3 of
29 P.L.2013, c.46 (C.24:6J-3).**】**

30 "Prescriber" means the same as that term is defined in section 3
31 of P.L.2013, c.46 (C.24:6J-3).
32 (cf: P.L.2017, c.88, s.1)

33

34 11. This act shall take effect 60 days after the date of enactment,
35 but the Commissioner of Health, the Commissioner of Human
36 Services, and the Director of the Division of Consumer Affairs in
37 the Department of Law and Public Safety may each take any
38 anticipatory administrative action in advance as shall be necessary
39 for the implementation of this act.

40

41

42 STATEMENT

43

44 This substitute bill revises the requirements to obtain and
45 administer opioid antidotes in response to a suspected opioid
46 overdose. Specifically, the substitute bill revises the "Overdose
47 Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.), to expressly

1 provide that any person may obtain, administer, and distribute
2 opioid antidotes to others, regardless of whether the person would
3 be acting in a private or professional capacity.

4 The substitute bill further provides that any professional entities
5 that employ or use the services of professionals who may administer
6 or distribute opioid antidotes in a professional capacity may acquire
7 a supply of opioid antidotes for this purpose. The substitute bill
8 requires the Department of Health to issue a standing order
9 authorizing individuals and entities that were dispensed an opioid
10 antidote to distribute the opioid antidote to others. Individuals and
11 entities redistributing an opioid antidote will be required to make
12 reasonable efforts to provide certain overdose prevention
13 information to the person receiving the opioid antidote.

14 The substitute bill revises the requirements for the informational
15 materials that are to be provided when someone is prescribed or
16 dispensed an opioid antidote to provide that the Commissioner of
17 Human Services will be required to make the materials available in
18 English, Spanish, and any other language that the commissioner
19 determines is the first language of a significant number of people
20 likely to be dispensed an opioid antidote.

21 The substitute bill expressly provides that, to the extent funding
22 is made available for this purpose, certain recognized places of
23 public access, including public libraries, institutions of higher
24 education, occupational schools, and public transportation hubs,
25 will be required to obtain a supply of opioid antidotes and ensure
26 that at least one employee or volunteer who regularly provides
27 services at, through, or on behalf of the place of public access
28 completes certain training related to recognizing the symptoms of
29 an opioid overdose, administering opioid antidotes, and providing
30 additional care to a person believed to have experienced an
31 overdose. The training and protocols are to conform to best
32 practices for low-threshold use of opioid antidotes in places of
33 public access. The Commissioner of Human Services will be
34 authorized to require that recognized places of public access require
35 more than one employee or volunteer to complete the mandatory
36 training. Recognized places of public access will be permitted to
37 contract with a community-based organization to distribute opioid
38 antidotes on the premises of the recognized place of public access.

39 The substitute bill revises the current requirement that
40 individuals treated for a suspected opioid overdose be provided
41 information concerning substance use disorder treatment programs
42 and resources, to provide that the informational materials are to
43 additionally include information on sterile syringe access programs
44 and resources, and an offer to furnish the person with an opioid
45 antidote. In the case of a person treated in connection with a
46 suspected opioid overdose in a hospital emergency department, the
47 facility is to offer an opioid antidote upon discharge to the person
48 treated for the suspected overdose and to any family member or

1 friend of the person who is in attendance during the person's
2 admission or treatment in the hospital emergency department. The
3 facility will also be required to provide information concerning the
4 cost of the opioid antidote. In the case of a person treated by a first
5 responder for a suspected opioid overdose who refuses
6 transportation to a hospital, the first responder will offer the person
7 an opioid antidote at the time treatment for the suspected overdose
8 is completed.

9 Current law provides that pharmacies may request a standing
10 order issued by the Department of Health authorizing the pharmacy
11 to dispense opioid antidotes to any person without the need for the
12 person to have an individual prescription for the opioid antidote.
13 The substitute bill revises this provision of law to require the
14 department to issue a blanket standing order applicable to all
15 pharmacies, thereby eliminating the need for pharmacies to request
16 the standing order on an individual basis. The Board of Pharmacy
17 will be required to transmit a copy of the standing order to all
18 licensed pharmacists in the State and make a copy of the standing
19 order available on its Internet website.

20 The substitute bill makes further revisions to the current
21 statutory law to update and harmonize certain terminology and to
22 remove certain provisions of law that identified specific details
23 related to the conduct authorized for certain entities in connection
24 with opioid antidotes, which provisions are obviated by the
25 expanded access to opioid antidotes provided under the substitute
26 bill.

27

28

29

30

31 Revises and expands authorization for any person or entity to
32 obtain, distribute, and administer opioid antidotes.

CHAPTER 152
(CORRECTED COPY)

AN ACT concerning opioid antidotes, amending various parts of the statutory law, and supplementing P.L.2013, c.46 (C.24:6J-1 et al.).

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

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

C.24:6J-2 Findings, declarations relative to overdose prevention.

2. The Legislature finds and declares that encouraging people who witness or experience a suspected drug overdose to seek medical assistance saves lives and is in the best interests of the citizens of this State and, in instances where evidence was obtained as a result of seeking of medical assistance, those people who witness or experience a suspected drug overdose should be protected from arrest, charge, prosecution, conviction, and revocation of parole or probation for possession or use of illegal drugs or drug paraphernalia. Additionally, naloxone is a safe, inexpensive, and easily administered antidote to an opioid overdose. Encouraging the wider prescription and distribution of naloxone or similarly acting drugs to those at risk for an opioid overdose, or to members of their families or peers, would reduce the number of opioid overdose deaths and be in the best interests of the citizens of this State. To that end, it is the intent of the Legislature that opioid antidotes be made as easily accessible and as widely available as possible, such that they are readily available at all times to provide treatment to people experiencing a suspected opioid overdose. It is not the intent of the Legislature to protect individuals from arrest, prosecution or conviction for other criminal offenses, including engaging in drug trafficking, nor is it the intent of the Legislature to in any way modify or restrict the current duty and authority of law enforcement and emergency responders at the scene of a medical emergency or a crime scene, including the authority to investigate and secure the scene.

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

C.24:6J-3 Definitions relative to overdose prevention.

3. As used in this act:

"Commissioner" means the Commissioner of Human Services.

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

"Emergency medical response entity" means an organization, company, governmental entity, community-based program, or healthcare system that provides pre-hospital emergency medical services and assistance. "Emergency medical response entity" includes, but is not limited to, a first aid, rescue and ambulance squad or other basic life support (BLS) ambulance provider; a mobile intensive care provider or other advanced life support (ALS) ambulance provider; an air medical service provider; or a fire-fighting company or organization, which squad, provider, company, or organization is qualified to send paid or volunteer emergency medical responders to the scene of an emergency.

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

"Health care practitioner" means any individual who is licensed or certified to provide health care services pursuant to Title 45 of the Revised Statutes.

"Institution of higher education" means any public or private university, college, technical college or community college located in New Jersey.

"Law enforcement agency" means a department, division, bureau, commission, board or other authority of the State or of any political subdivision thereof which employs law enforcement officers.

"Law enforcement officer" means a person whose public duties include the power to act as an officer for the detection, apprehension, arrest and conviction of offenders against the laws of this State.

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

"Occupational school" means a business, trade, technical, or other school approved by a nationally-recognized accrediting agency.

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

"Prescriber" means a health care practitioner authorized by law to prescribe medications. "Prescriber" includes, but shall not be limited to, physicians, physician assistants, and advanced practice nurses.

"Public library" means a library that serves, free of charge, all residents of an area without discrimination and that receives its financial support, in whole or in part, from public funds.

"Public transportation hub" means a passenger station, terminal, or other facility, as designated by the Commissioner of Transportation, where public transportation services are made available.

"Recipient" means any individual who or entity that is prescribed or dispensed an opioid antidote in accordance with section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of P.L.2017, c.88 (C.45:14-67.2). The term "recipient" shall include, but shall not be limited to, private citizens, emergency medical responders, emergency medical response entities, law enforcement officers, law enforcement agencies, recognized places of public access, employees and volunteers providing services at, through, or on behalf of a recognized place of public access, public and nonpublic schools, school nurses and other staff at a public or nonpublic school, sterile syringe access programs, and staff and employees of a sterile syringe access program. The term "recipient" shall not include a prescriber or a licensed pharmacist acting within a professional capacity.

"Recognized place of public access" means a public library, institution of higher education, occupational school, or public transportation hub.

"Sterile syringe access program" means a program established pursuant to the provisions of P.L.2006, c.99 (C.26:5C-25 et al.).

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

C.24:6J-4 Immunity from liability for certain prescribers, practitioners, dispensers.

4. a. (1) A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote directly or through a standing order to any person or entity. Any person or entity may be dispensed an opioid antidote pursuant to an individual prescription or a standing order issued by a prescriber, and any person or entity may be dispensed an opioid antidote by a pharmacy as provided in section 1 of P.L.2017, c.88 (C.45:14-67.2).

(2) Nothing in P.L.2013, c.46 (C.24:6J-1 et al.) shall be construed to restrict in any way the ability of any individual or entity to be dispensed an opioid antidote. The persons and entities to whom an opioid antidote may be prescribed and dispensed shall include private citizens, individuals who are dispensed an opioid antidote for administration or distribution to others in either a private or professional capacity, entities that are dispensed opioid antidotes on behalf of individuals who administer or distribute opioid antidotes to others in the course of their professional duties, and entities other than a prescriber or pharmacist that maintain a stock of opioid antidotes for distribution or administration to others.

(3) (Deleted by amendment, P.L.2021, c.152).

(4) (Deleted by amendment, P.L.2021, c.152).

b. (1) A recipient in possession of an opioid antidote may administer the opioid antidote to any other person, without fee, in any situation in which the recipient reasonably believes the other person to be experiencing an opioid overdose.

(2) A recipient in possession of an opioid antidote may distribute the opioid antidote, without fee, to any other person who the recipient reasonably believes to be at risk of experiencing an opioid overdose or who the recipient reasonably believes will be in a position to administer the opioid antidote to a person experiencing an opioid overdose. A recipient distributing an opioid antidote to another person pursuant to this paragraph shall make reasonable efforts to furnish the person with the overdose prevention information described in section 5 of P.L.2013, c.46 (C.24:6J-5). The Commissioner of Health, or, if the commissioner is not a duly licensed physician, the Deputy Commissioner for Public Health Services, shall issue a standing order authorizing the distribution of opioid antidotes pursuant to this paragraph.

c. (1) A prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in good faith, and in accordance with the provisions of this section, shall not, as a result of the practitioner's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes, for prescribing or dispensing the opioid antidote. A pharmacist that dispenses an opioid antidote in good faith, in accordance with the provisions of this section or section 1 of P.L.2017, c.88 (C.45:14-67.2), shall not, as a result of the pharmacist's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes, for dispensing the opioid antidote.

(2) A recipient who administers or distributes an opioid antidote in good faith as provided in subsection b. of this section shall not, as a result of any of the recipient's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action, for administering or distributing the opioid antidote.

d. (Deleted by amendment, P.L.2021, c.152).

e. The immunity provided by this section for persons who are engaged in prescribing, dispensing, distributing, or administering an opioid antidote shall be coextensive with the

immunity provided under sections 7 and 8 of P.L.2013, c.46 (C.2C:35-30 and C.2C:35-31), to the extent that the provisions of those sections apply.

- f. (Deleted by amendment, P.L.2021, c.152).
- g. (Deleted by amendment, P.L.2021, c.152).
- h. (Deleted by amendment, P.L.2021, c.152).

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

C.24:6J-5 Overdose prevention information.

5. a. (1) A prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in accordance with subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4), and a pharmacist who dispenses an opioid antidote pursuant to subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of P.L.2017, c.88 (C.45:14-67.2), shall ensure that overdose prevention information is provided to the recipient. The overdose prevention information shall include, but need not be limited to: information on opioid overdose prevention and recognition; instructions on how to perform rescue breathing and resuscitation; information on opioid antidote dosage and instructions on opioid antidote administration; information describing the importance of calling the 911 emergency telephone service for assistance with an opioid overdose; and instructions for appropriate care of a person believed to be experiencing an opioid overdose after administration of the opioid antidote.

(2) (Deleted by amendment, P.L.2021, c.152).

b. (1) (Deleted by amendment, P.L.2021, c.152).

(2) The dissemination of overdose prevention information shall be documented by the prescribing or dispensing health care practitioner or dispensing pharmacist in the patient's medical record or another appropriate record, log or other similar recordkeeping location.

c. In order to facilitate the dissemination of overdose prevention information in accordance with this section, the Commissioner of Human Services, in consultation with the Department of Health and Statewide organizations representing physicians, advanced practice nurses, or physician assistants, and organizations operating community-based programs, sterile syringe access programs, or other programs which address medical or social issues related to substance use disorders, may develop training materials in video, electronic, or other appropriate formats, and disseminate these materials to health care practitioners. The Commissioner of Human Services may make the materials available to the general public through the Internet website of the Department of Human Services, with such modifications as may be appropriate to adapt the materials for use by persons who are not health care practitioners. The commissioner shall ensure the materials are available in English, Spanish, and any other language that the commissioner determines is the first language of a significant number of people who are likely to be prescribed or dispensed an opioid antidote in accordance with subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4) or dispensed an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2).

5. Section 1 of P.L.2017, c.285 (C.24:6J-5.1) is amended to read as follows:

C.24:6J-5.1 Provision of certain information to victims of opioid overdoses; definitions.

1. a. If an opioid antidote is administered by a health care practitioner or a first responder to a person believed to be experiencing a drug overdose, an opioid antidote and information concerning substance use disorder treatment programs and resources and sterile

syringe access programs and resources, including information on the availability of opioid antidotes, shall be provided to the person as follows:

(1) If the person is admitted to a health care facility or receives treatment in the emergency department of a health care facility, a staff member designated by the health care facility, who may be a social worker, professional counselor, licensed or certified alcohol or drug counselor, or other appropriate professional, shall offer to furnish the person, or a family member or friend of the person in attendance during the patient's admission or emergency department visit, with an opioid antidote upon discharge, along with information regarding the cost of the opioid antidote, and shall provide the information concerning substance use disorder treatment programs and resources and sterile syringe access programs and resources to the person at any time after treatment for the drug overdose is complete, but prior to the person's discharge from the facility. The designated staff member shall document the provision of the information and the dispensing of an opioid antidote to the person or to a family member or friend of the person, if an opioid antidote is dispensed, in the person's medical record, and may, in collaboration with an appropriate health care practitioner, additionally develop an individualized substance use disorder treatment plan for the person.

(2) If the opioid antidote is administered by a first responder and the person believed to be experiencing an overdose is not subsequently transported to a health care facility, the first responder shall offer to furnish the person with an opioid antidote and shall provide the information concerning substance use disorder treatment programs and resources and sterile syringe access programs and resources to the person at the time treatment for the drug overdose is complete. First responders shall maintain an adequate supply of opioid antidotes, in excess of the supply needed to meet the anticipated demand for opioid antidotes to treat individuals believed to be experiencing an opioid overdose, as is necessary to ensure people treated for a suspected opioid overdose can be furnished with an opioid antidote at the time treatment for the overdose is complete.

b. As used in this section:

"First responder" means a law enforcement officer, paid or volunteer firefighter, paid or volunteer member of a duly incorporated first aid, emergency, ambulance, or rescue squad association, or any other individual who, in the course of that individual's employment, is dispatched to the scene of an emergency situation for the purpose of providing medical care or other assistance.

"Health care facility" means a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

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

c. The Commissioner of Human Services shall develop informational materials concerning substance use disorder treatment programs and resources and sterile syringe access programs and resources, and information on the availability of opioid antidotes, for dissemination to health care practitioners and first responders to facilitate the provision of information to persons who are treated for a suspected overdose as provided in this section.

C.24:6J-7 Opioid antidotes, recognized place of public access.

6. a. To the extent funds are made available by the State for this purpose, a recognized place of public access shall obtain a supply of opioid antidotes pursuant to a standing order issued pursuant to section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of P.L.2017, c.88 (C.45:14-67.2), which opioid antidotes shall be maintained in one or more secure and easily accessible locations for the purpose of administering the opioid antidote to any person who is reasonably believed to be experiencing an opioid overdose. Nothing in this section shall be construed to limit, restrict, or otherwise prohibit any other person or entity from obtaining, maintaining, distributing, or administering opioid antidotes as authorized under section 4 of P.L.2013, c.46 (C.24:6J-4) or any other provision of law.

b. A recognized place of public access that acquires and maintains a supply of opioid antidotes pursuant to subsection a. of this section shall ensure that at least one employee or volunteer who regularly provides services at, through, or on behalf of the recognized place of public access has received training on the standardized protocols for the administration of an opioid antidote to a person who is reasonably believed to be experiencing an opioid overdose, the requirements for which training shall be established by the Commissioner of Human Services. The training and protocols shall follow best practices for low-threshold community use of opioid antidotes in recognized places of public access, and shall include the overdose prevention information described in subsection a. of section 5 of P.L.2013, c.46 (C.24:6J-5). The commissioner may require by regulation that more than employee or volunteer at a recognized place of public access complete the training required pursuant to this subsection.

c. A recognized place of public access may, to the extent not otherwise prohibited by State or federal law, enter into an agreement with a community-based organization to distribute opioid antidotes on the premises of the recognized place of public access.

7. Section 2 of P.L.2018, c.106 (C.18A:40-12.24) is amended to read as follows:

C.18A:40-12.24 Development of school policy for emergency administration of opioid antidotes.

2. a. Each board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school shall develop a policy, in accordance with guidelines established by the Department of Education pursuant to section 3 of this act, for the emergency administration of an opioid antidote to a student, staff member, or other person who is reasonably believed to be experiencing an opioid overdose. The policy shall:

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

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

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

(2) The opioid antidotes shall 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.

c. (1) The school nurse shall have the primary responsibility for the emergency administration of an opioid antidote in accordance with a policy developed under this section. The board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school shall designate additional employees of the school district, charter school, or nonpublic school who volunteer to administer an opioid antidote in the event that a person is reasonably believed to be experiencing an opioid overdose when the nurse is not physically present at the scene. Nothing in this section shall be construed to prohibit any other person from administering an opioid antidote to a person who is reasonably believed to be experiencing an opioid overdose, if the administration is consistent with the requirements of P.L.2013, c.46 (C.24:6J-1 et al.).

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

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

8. Section 3 of P.L.2018, c.106 (C.18A:40-12.25) is amended to read as follows:

C.18A:40-12.25 Guidelines for development of policy.

3. a. The Department of Education, in consultation with the Department of Human Services and appropriate medical experts, shall establish guidelines for the development of a policy by a school district, charter school, or nonpublic school for the emergency administration of opioid antidotes. Each board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school shall implement the guidelines in developing a policy pursuant to section 2 of this act.

b. The guidelines shall include a requirement that each school nurse, and each employee designated pursuant to subsection c. of section 2 of this act, receive training on standardized protocols for the administration of an opioid antidote to a person who is reasonably believed to be experiencing an opioid overdose. The training shall 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 guidelines shall specify an appropriate entity or entities to provide the training, and a school nurse shall not be solely responsible to train the employees designated pursuant to subsection c. of section 2 of this act.

9. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read as follows:

C.26:5C-28 Establishment, authorization by municipality of certain programs.

4. a. In accordance with the provisions of section 3 of P.L.2006, c.99 (C.26:5C-27), a municipality may establish or authorize establishment of a sterile syringe access program that is approved by the commissioner to provide for the exchange of hypodermic syringes and needles.

(1) A municipality that establishes a sterile syringe access program, at a fixed location or through a mobile access component, may operate the program directly or contract with one or more of the following entities to operate the program: a hospital or other health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a federally qualified health center, a public health agency, a substance abuse treatment program, an AIDS service organization, or another nonprofit entity designated by the municipality. These entities shall also be authorized to contract directly with the commissioner in any municipality in which the governing body has authorized the operation of sterile syringe access programs by ordinance pursuant to paragraph (2) of this subsection. The municipality or entity under contract shall implement the sterile syringe access program in consultation with a federally qualified health center and the New Jersey Office on Minority and Multicultural Health in the Department of Health, and in a culturally competent manner.

(2) Pursuant to paragraph (2) of subsection a. of section 3 of P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body has authorized the operation of sterile syringe access programs within the municipality may require within the authorizing ordinance that an entity as described in paragraph (1) of this subsection obtain approval from the municipality, in a manner prescribed by the authorizing ordinance, to operate a sterile syringe access program prior to obtaining approval from the commissioner to operate such a program, or may permit the entity to obtain approval to operate such a program by application directly to the commissioner without obtaining prior approval from the municipality.

(3) Two or more municipalities may jointly establish or authorize establishment of a sterile syringe access program that operates within those municipalities pursuant to adoption of an ordinance by each participating municipality pursuant to this section.

b. A sterile syringe access program shall comply with the following requirements:

(1) Sterile syringes and needles shall be provided at no cost to consumers 18 years of age and older;

(2) Program staff shall be trained and regularly supervised in: harm reduction; substance use disorder, medical and social service referrals; and infection control procedures, including universal precautions and needle stick injury protocol; and programs shall maintain records of staff and volunteer training and of hepatitis C and tuberculosis screening provided to volunteers and staff;

(3) The program shall offer information about HIV, hepatitis C and other bloodborne pathogens and prevention materials at no cost to consumers, and shall seek to educate all consumers about safe and proper disposal of needles and syringes;

(4) The program shall provide information and referrals to consumers, including HIV testing options, access to medication-assisted substance use disorder treatment programs and other substance use disorder treatment programs, and available health and social service options relevant to the consumer's needs. The program shall encourage consumers to receive an HIV test, and shall, when appropriate, develop an individualized substance use disorder treatment plan for each participating consumer;

(5) The program shall screen out consumers under 18 years of age from access to syringes and needles, and shall refer them to substance use disorder treatment and other appropriate programs for youth;

(6) The program shall develop a plan for the handling and disposal of used syringes and needles in accordance with requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated medical waste disposal pursuant to the "Comprehensive Regulated Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et al.), and shall also develop and maintain protocols for post-exposure treatment;

(7) (a) The program may obtain a standing order, pursuant to the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.), authorizing program staff to carry and distribute naloxone hydrochloride or another opioid antidote to consumers, to the family members and friends of consumers, and to any member of the general public;

(b) The program shall provide overdose prevention information to consumers, the family members and friends of consumers, and members of the general public, in accordance with the provisions of section 5 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-5);

(8) The program shall maintain the confidentiality of consumers by the use of confidential identifiers, which shall consist of the first two letters of the first name of the consumer's mother and the two-digit day of birth and two-digit year of birth of the consumer, or by the use of such other uniform Statewide mechanism as may be approved by the commissioner for this purpose;

(9) The program shall provide a uniform identification card that has been approved by the commissioner to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or shall provide for such other uniform Statewide means of identification as may be approved by the commissioner for this purpose;

(10) The program shall provide consumers at the time of enrollment with a schedule of program operation hours and locations, in addition to information about prevention and harm reduction and substance use disorder treatment services; and

(11) The program shall establish and implement accurate data collection methods and procedures as required by the commissioner for the purpose of evaluating the sterile syringe access programs, including the monitoring and evaluation on a quarterly basis of:

(a) sterile syringe access program participation rates, including the number of consumers who enter substance use disorder treatment programs and the status of their treatment;

(b) the effectiveness of the sterile syringe access programs in meeting their objectives, including, but not limited to, return rates of syringes and needles distributed to consumers and the impact of the sterile syringe access programs on intravenous drug use; and

(c) the number and type of referrals provided by the sterile syringe access programs and the specific actions taken by the sterile syringe access programs on behalf of each consumer.

c. A municipality may terminate a sterile syringe access program established or authorized pursuant to this act, which is operating within that municipality, if its governing body approves such an action by ordinance, in which case the municipality shall notify the commissioner of its action in a manner prescribed by regulation of the commissioner.

10. Section 1 of P.L.2017, c.88 (C.45:14-67.2) is amended to read as follows:

C. 45:14-67.2 Dispensing of opioid antidotes by pharmacist; definitions.

1. a. Notwithstanding any other law or regulation to the contrary, a pharmacist may dispense an opioid antidote to any person or entity, regardless of whether the person or entity holds an individual prescription for the opioid antidote, pursuant to a standing order issued by a prescriber or pursuant to the standing order issued pursuant to subsection b. of this section. A pharmacist who dispenses an opioid antidote pursuant to this section shall comply with the provisions of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.).

b. The Commissioner of Health, or, if the commissioner is not a duly licensed physician, the Deputy Commissioner for Public Health Services, shall issue a standing order authorizing all licensed pharmacists in the State to dispense an opioid antidote to any individual or entity, regardless of whether the individual or entity holds an individual prescription for the opioid antidote. The Commissioner of Health shall provide a copy of the standing order to the

Board of Pharmacy, which shall post a copy of the standing order on the board's Internet website and transmit a copy of the standing order to all licensed pharmacists in such a manner as the board deems appropriate.

c. As used in this section:

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

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

11. This act shall take effect 60 days after the date of enactment, but the Commissioner of Health, the Commissioner of Human Services, and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety may each take any anticipatory administrative action in advance as shall be necessary for the implementation of this act.

Approved July 2, 2021.

SENATE, No. 3491

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MARCH 4, 2021

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator JOSEPH A. LAGANA

District 38 (Bergen and Passaic)

SYNOPSIS

Permits any person to administer or dispense opioid antidotes.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/9/2021)

1 AN ACT concerning opioid antidotes and supplementing Title 24 of
2 the Revised Statutes and repealing P.L.2013, c.46 (C.24:6J-1 et
3 seq.).

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 section:

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

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

22 b. (1) Within 90 days of the effective date of this act, any
23 person in this State may dispense an opioid antidote to a person
24 who is located in this State.

25 (2) Any person in this State may administer an opioid antidote
26 to a recipient who is located in this State if the person believes, in
27 good faith, that the recipient is experiencing an opioid overdose.

28 (3) Within 90 days of the effective date of this act, the
29 Department of Health shall publish on its Internet website
30 guidelines for the dispensation of opioid antidotes that are
31 dispensed pursuant to the provisions of this section.

32 c. Any person who administers or dispenses an opioid antidote
33 in good faith, and in accordance with the provisions of this section,
34 shall not, as a result of the person's acts or omissions, be subject to
35 any criminal or civil liability or any professional disciplinary action
36 under Title 45 of the Revised Statutes for such administering or
37 dispensing.

38
39 2. P.L.2013, c.46 (C.24:6J-1 et seq.) is repealed.

40
41 3. This act shall take effect immediately.

42
43
44 **STATEMENT**

45
46 This bill permits any person to administer or dispense opioid
47 antidotes.

1 Under the bill, any person in this State may dispense an opioid
2 antidote to a person who is located in this State. Further, any
3 person in this State may administer an opioid antidote to a recipient
4 who is located in this State if the person believes, in good faith, that
5 the recipient is experiencing an opioid overdose. The bill also
6 provides immunity from criminal, civil, and professional liability
7 both to any person who administers or dispenses an opioid antidote
8 in good faith, and in accordance with the provisions of the bill.

9 This bill repeals the "Overdose Prevention Act," P.L.2013, c.46
10 (C.24:6J-1 et seq.) in order to facilitate the dispensation of opioid
11 antidotes without government regulation.

12 The bill defines "opioid antidote" to mean any drug, regardless
13 of dosage amount or method of administration, which has been
14 approved by the United States Food and Drug Administration
15 (FDA) for the treatment of an opioid overdose. "Opioid antidote"
16 includes, but is not limited to, naloxone hydrochloride, in any
17 dosage amount, which is administered through nasal spray or any
18 other FDA-approved means or methods. "Opioid overdose" means
19 an acute condition including, but not limited to, extreme physical
20 illness, decreased level of consciousness, respiratory depression,
21 coma, or death resulting from the consumption or use of an opioid
22 drug or another substance with which an opioid drug was combined,
23 and that a layperson would reasonably believe to require medical
24 assistance.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 3491

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 9, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3491.

As amended by the committee, this bill permits any person to acquire, furnish or administer to another person opioid antidotes, and expands access to opioid antidotes without an individual prescription.

Under the bill as amended, any person in this State may acquire an opioid antidote from any pharmacist or other health care professional authorized to prescribe and dispense prescription drugs. Any person in possession of an opioid antidote may furnish the opioid antidote any other person who is located in this State, and may administer the opioid antidote to any individual located in the State who the person believes, in good faith, to be experiencing an opioid overdose. In the case of a pharmacist, the opioid antidote may only be furnished pursuant to a prescription for the opioid antidote or pursuant to a standing order issued pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2). In the case of a licensed health care professional who is authorized to prescribe and dispense prescription drugs, the opioid antidote may only be furnished to another person pursuant to a prescription issued by the professional.

Current law allows any pharmacy to dispense opioid antidotes to any person without an individual prescription pursuant to a standing order, which may be issued by the pharmacy's medical director or, upon request, by the Department of Health. The bill as amended revises these provisions to require the Department of Health to issue a standing order applicable to all pharmacies.

The bill also provides immunity from criminal, civil, and professional liability both to any person who prescribes, dispenses, administers, or furnishes an opioid antidote in good faith, and in accordance with the provisions of the bill.

This bill repeals sections 1 through 6 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 through C.24:6J-6) in order to facilitate the dispensation of opioid antidotes without government regulation. The bill, as amended, updates various sections of the

statutory law to reflect the repeal of those sections. Certain provisions providing immunity from criminal investigation and prosecution that were included in the “Overdose Prevention Act” for individuals requesting assistance in connection with an overdose will remain in effect.

The bill defines "opioid antidote" to mean any drug, regardless of dosage amount or method of administration, which has been approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose. "Opioid antidote" includes, but is not limited to, naloxone hydrochloride, in any dosage amount, which is administered through nasal spray or any other FDA-approved means or methods. "Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid drug or another substance with which an opioid drug was combined, and that a layperson would reasonably believe to require medical assistance.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to update the terminology used and to specify what specific actions are required and permitted for lay persons as opposed to professionals authorized to prescribe and dispense prescription drugs.

The committee amendments amend various sections of the current statutory law to update cross-references to the “Overdose Prevention Act.”

The committee amendments make various technical corrections related to statutory citations.

The committee amendments revise the bill to provide that it will take effect 90 days after enactment. As introduced, certain provisions of the bill would have taken effect immediately, while others would not have taken effect for 90 days, which would have created a 90-day gap during which opioid antidotes could not be dispensed, furnished, or administered with immunity from civil and criminal liability.

The committee amendments revise the title and synopsis of the bill to reflect these changes.

ASSEMBLY, No. 5457

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MARCH 15, 2021

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Co-Sponsored by:

Assemblyman Mukherji and Assemblywoman McKnight

SYNOPSIS

Permits any person to administer or dispense opioid antidotes.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/15/2021)

1 AN ACT concerning opioid antidotes and supplementing Title 24 of
2 the Revised Statutes and repealing P.L.2013, c.46 (C.24:6J-
3 1 et seq.).

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

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8 1. (New section) As used in this section:

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

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

22 b. (1) Within 90 days of the effective date of this act, any
23 person in this State may dispense an opioid antidote to a person
24 who is located in this State.

25 (2) Any person in this State may administer an opioid antidote
26 to a recipient who is located in this State if the person believes, in
27 good faith, that the recipient is experiencing an opioid overdose.

28 (3) Within 90 days of the effective date of this act, the
29 Department of Health shall publish on its Internet website
30 guidelines for the dispensation of opioid antidotes that are
31 dispensed pursuant to the provisions of this section.

32 c. Any person who administers or dispenses an opioid antidote
33 in good faith, and in accordance with the provisions of this section,
34 shall not, as a result of the person's acts or omissions, be subject to
35 any criminal or civil liability or any professional disciplinary action
36 under Title 45 of the Revised Statutes for such administering or
37 dispensing.

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39 2. P.L.2013, c.46 (C.24:6J-1 et seq.) is repealed.

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41 3. This act shall take effect immediately.

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44 STATEMENT

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This bill permits any person to administer or dispense
opioid antidotes.

1 Under the bill, any person in this State may dispense an opioid
2 antidote to a person who is located in this State. Further, any
3 person in this State may administer an opioid antidote to a recipient
4 who is located in this State if the person believes, in good faith, that
5 the recipient is experiencing an opioid overdose. The bill also
6 provides immunity from criminal, civil, and professional liability
7 both to any person who administers or dispenses an opioid antidote
8 in good faith, and in accordance with the provisions of the bill.

9 This bill repeals the "Overdose Prevention Act," P.L.2013, c.46
10 (C.24:6J-1 et seq.) in order to facilitate the dispensation of opioid
11 antidotes without government regulation.

12 The bill defines "opioid antidote" to mean any drug, regardless
13 of dosage amount or method of administration, which has been
14 approved by the United States Food and Drug Administration
15 (FDA) for the treatment of an opioid overdose. "Opioid antidote"
16 includes, but is not limited to, naloxone hydrochloride, in any
17 dosage amount, which is administered through nasal spray or any
18 other FDA-approved means or methods. "Opioid overdose" means
19 an acute condition including, but not limited to, extreme physical
20 illness, decreased level of consciousness, respiratory depression,
21 coma, or death resulting from the consumption or use of an opioid
22 drug or another substance with which an opioid drug was combined,
23 and that a layperson would reasonably believe to require medical
24 assistance.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 5457

STATE OF NEW JERSEY

DATED: MAY 17, 2021

The Assembly Health Committee reports favorably an Assembly committee substitute for Assembly Bill No. 5457.

This substitute bill revises the requirements to obtain and administer opioid antidotes in response to a suspected opioid overdose. Specifically, the substitute bill revises the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-1 et al.), to expressly provide that any person may obtain, administer, and distribute opioid antidotes to others, regardless of whether the person would be acting in a private or professional capacity.

The substitute bill further provides that any professional entities that employ or use the services of professionals who may administer or distribute opioid antidotes in a professional capacity may acquire a supply of opioid antidotes for this purpose. The substitute bill requires the Department of Health to issue a standing order authorizing individuals and entities that were dispensed an opioid antidote to distribute the opioid antidote to others. Individuals and entities redistributing an opioid antidote will be required to make reasonable efforts to provide certain overdose prevention information to the person receiving the opioid antidote.

The substitute bill revises the requirements for the informational materials that are to be provided when someone is prescribed or dispensed an opioid antidote to provide that the Commissioner of Human Services will be required to make the materials available in English, Spanish, and any other language that the commissioner determines is the first language of a significant number of people likely to be dispensed an opioid antidote.

The substitute bill expressly provides that, to the extent funding is made available for this purpose, certain recognized places of public access, including public libraries, institutions of higher education, occupational schools, and public transportation hubs, will be required to obtain a supply of opioid antidotes and ensure that at least one employee or volunteer who regularly provides services at, through, or on behalf of the place of public access completes certain training related to recognizing the symptoms of an opioid overdose, administering opioid antidotes, and providing additional care to a person believed to have experienced an overdose. The training and

protocols are to conform to best practices for low-threshold use of opioid antidotes in places of public access. The Commissioner of Human Services will be authorized to establish additional requirements concerning the quantity and types of opioid antidotes that recognized places of public access will be required to obtain, and may further require that recognized places of public access require more than one employee or volunteer to complete the mandatory training. Recognized places of public access will be permitted to contract with a community-based organization to distribute opioid antidotes on the premises of the recognized place of public access.

The substitute bill revises the current requirement that individuals treated for a suspected opioid overdose be provided information concerning substance use disorder treatment programs and resources, to provide that the informational materials are to additionally include information on sterile syringe access programs and resources, and an offer to furnish the person with an opioid antidote. In the case of a person treated in connection with a suspected opioid overdose in a hospital emergency department, the facility is to offer an opioid antidote upon discharge to the person treated for the suspected overdose and to any family member or friend of the person who is in attendance during the person's admission or treatment in the hospital emergency department. The facility will also be required to provide information concerning the cost of the opioid antidote. In the case of a person treated by a first responder for a suspected opioid overdose who refuses transportation to a hospital, the first responder will offer the person an opioid antidote at the time treatment for the suspected overdose is completed.

Current law provides that pharmacies may request a standing order issued by the Department of Health authorizing the pharmacy to dispense opioid antidotes to any person without the need for the person to have an individual prescription for the opioid antidote. The substitute bill revises this provision of law to require the department to issue a blanket standing order applicable to all pharmacies, thereby eliminating the need for pharmacies to request the standing order on an individual basis. The Board of Pharmacy will be required to transmit a copy of the standing order to all licensed pharmacists in the State and make a copy of the standing order available on its Internet website.

The substitute bill makes further revisions to the current statutory law to update and harmonize certain terminology and to remove certain provisions of law that identified specific details related to the conduct authorized for certain entities in connection with opioid antidotes, which provisions are obviated by the expanded access to opioid antidotes provided under the substitute bill.

STATEMENT TO
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 5457

with Assembly Floor Amendments
(Proposed by Assemblywoman VAINIERI HUTTLE)

ADOPTED: JUNE 3, 2021

These Assembly amendments remove a provision that would have required recognized places of public access to acquire opioid antidotes under the bill in quantities and types as required by the Commissioner of Human Services.

The Assembly amendments fix a reference to “opioid antidote” to read “opioid overdose.”

Governor Murphy Signs Legislative Package to Address New Jersey's Opioid Epidemic

07/2/2021

ASBURY PARK – Reaffirming his commitment to end New Jersey's opioid epidemic, Governor Phil Murphy today signed a comprehensive legislative package into law to address the state's opioid crisis through overdose prevention and recovery resilience. The six bills focus on overdose prevention by expanding low-barrier access to naloxone and bridges to medication assisted treatment; strengthens public health data; and builds resiliency among children and families impacted by the opioid crisis.

“Over the last three years, my Administration, alongside our partners in the Legislature and many passionate advocates, has worked to meaningfully combat the opioid crisis that has held our state in its grip for far too long,” **said Governor Murphy**. “We have worked tirelessly to erase the stigma associated with opioid use disorder and people who use drugs, close gaps in treatment, expand access and use of life-saving medicines like naloxone, and support the work of syringe exchange programs and harm reduction centers. The fight against the opioid epidemic has required a focus on harm reduction by providing safe and compassionate access points to care and by securing funding for vital programs and recovery services. By signing these bills today, we are strengthening the foundation of these critical resources and programs, keeping families together, and furthering our commitment to saving lives and ending the opioid epidemic in New Jersey.”

“The opioid epidemic is a national public health crisis that devastates families every day,” **said U.S. Congressman Frank Pallone**. “We know that harm reduction is critical to saving lives and getting the help individuals who suffer from opioid use disorder need to combat this epidemic. As Chairman of the Energy and Commerce Committee, I've helped pass legislation in Congress to address this crisis and will continue to work at the federal level to save lives. I'm proud to join Governor Murphy today as we take another step forward in expanding access to treatments and lifesaving medications in our state.”

Governor Murphy signed the following six bills into law:

S3491 (Vitale, Lagana, Vainieri Huttel/Verrelli, Benson) Revises and expands authorization for any person or entity to obtain, distribute, and administer opioid antidotes.

S3803 (Vitale, Schepisi/Conaway, Vainieri Huttel, Verrelli) Permits certain paramedics to administer buprenorphine.

A5595 (Verrelli, Benson, Holley/Gopal, Lagana) Requires Division of Consumer Affairs to publish retail price of certain opioid antidotes.

A5597 (Conaway, Jimenez, Speight/Vitale, Turner) Permits school districts to administer student health surveys after prior written notification to parents and legal guardians.

S3814 (Madden/Conaway, Mosquera, Tully) Requires DCF or court to consider placement of children with relatives or kinship guardians when making placement decision; makes changes to certain standards for initiating petitions to terminate parental rights.

A5703 (Armato, Verrelli, Conaway/Addiego, Lagana) Requires certain health insurers, Medicaid, NJ FamilyCare, SHBP, and SEHBP to cover naloxone without imposing prior authorization requirements.

"I would like to thank the Governor for signing these crucial and life-saving bills into law today," **said Senator Joseph Vitale**. "Drug overdose is the leading cause of accidental death in the United States, with opioids being the most common drug, causing approximately 70 percent of all drug overdose deaths. Many of these lives could have been saved with the use of opioid antidotes, however; there is currently only a limited amount of individuals authorized to administer these antidotes. These new laws will expand who can deliver antidotes to a larger group of individuals, which will be crucial in saving countless lives from overdose."

"This bill keeps reunification the focus by removing barriers to relatives becoming Kinship Legal Guardians so that the child's relationship with their birth parents can be preserved," **said Senator Fred Madden**. "Kinship relationships increase the emotional well-being of a child and reduce their number of placements in foster care. This legislation will allow case precedent to better reflect new research."

"It's important that we have accurate data on the social, emotional and physical well-being of our students," **said Senator Shirley Turner**. "This legislation will help to provide that, by ensuring we are allowing as many students as possible to participate in these valuable surveys. I am grateful to see the Governor signing this measure into law and I look forward to seeing the impact it has on our public health initiatives."

"In 2020 alone, New Jersey had thousands of suspected opioid overdose deaths," **said Senator Joseph Laguna**. "It is evident that when we increase the availability of opioid antidotes, we can equip ourselves with the resources needed to greatly diminish the amount of deaths we have each year. Additionally, having the prices of these antidotes readily available will encourage those suffering from addiction to seek out antidotes that can be life-saving in dire times. I commend the Governor for signing this bill package today and I know we will save more lives because of it."

"Complete and utter transparency between the Division of Consumer Affairs and consumers is essential," **said Senator Vin Gopal**. "Antidotes like Narcan save lives and its accessibility can be the difference between a fatal drug overdose and someone's resuscitation. This legislation will ensure that consumers can identify which opioid antidotes they can afford and encourage them to purchase one to keep on them in case of emergency."

"Naloxone is crucial in treating an opioid overdose in the event of an emergency," **said Senator Dawn Addiego**. "When properly administered, the drug has been proven to significantly decrease the likelihood of death following an overdose, saving countless lives to date. It is imperative that we make this life-saving medication as accessibly as possible to our residents."

"As a doctor, I know just how important it is to prepare for and respond to medical emergencies patients may encounter," **said Assemblyman Herb Conaway**. "With thousands of lives lost to overdoses each year, we need a system in place to help residents struggling with substance use disorders who may be at risk for overdoses."

"Having immediate access to an opioid antidote when helping someone experiencing an overdose can mean the difference between life and death," **said Assemblyman Anthony Verrelli**. "It might be too late if a patient has to wait for treatment until they reach the hospital, which is why we must improve access to these medicines in our state."

"Every life lost to an overdose is a tragedy that might have been avoided with the right resources and support," **said Assemblyman John Armato**. "We must do everything in our power to help prevent the needless loss of life caused by drug overdoses throughout our state."

"Due to the addictive nature of these drugs, unfortunately it is quite possible for someone who overdosed once to accidentally overdose again," **said Assemblywoman Valerie Vainieri Huttle**. "We must take a holistic approach to combating overdoses by also treating opioid use disorder itself with medicines such

as buprenorphine.”

“Studies have shown that children often fare better when placed with relatives rather than someone they do not know in foster care,” **said Assemblywoman Gabriela Mosquera**. “More residents with happier, stable childhoods will help reduce the number of people throughout our state who struggle with substance use disorder.”

“A safe and loving home environment helps pave the way for children to lead healthier lives,” **said Assemblyman Christopher Tully**. “This legislation provides solutions to one of the key factors contributing to substance use disorder by ensuring more children end up with family or friends who know them and can care for them when their parents cannot.”

“When you consider the prevalence of overdoses in our state and just how effective opioid antidotes can be in those situations, it is clear we must do everything we can to make this medication widely available,” **said Assemblyman Daniel Benson**. “Allowing anyone to obtain opioid antidotes and give them out or utilize them in emergency situations is one way we can help get this life-saving medicine into the hands of the many residents who need it.”

“Opioid antidotes save lives – it’s as simple as that,” **said Assemblyman Jamel Holley**. “There can be no confusion about pricing and accessibility when it comes to helping our community members acquire these medicines.”

“With drug use sometimes beginning as young as 12-years-old, it is vital our State gathers information on the various health issues affecting our students,” **said Assemblywoman Angelica Jimenez**. “Knowing just how many children have already been exposed to harmful substances will help us better understand the scope of the issue and how to address it before it becomes more severe in adulthood.”

“We need to know more about the health challenges facing New Jersey students today,” **said Assemblywoman Shanique Speight**. “Understanding how many students are actively using harmful substances will make it easier for us to reach out and provide support to the children in our communities who need our help.”

“Governor Murphy and the Legislature are committed to saving lives by reaching those in need and removing barriers to treatment, and that includes making life-saving opioid antidotes as accessible as possible,” **said New Jersey Department of Human Services Acting Commissioner Sarah Adelman**. “We’ve worked to get the opioid overdose antidote naloxone into as many hands as possible, distributing 62,000 free doses to residents at more than 300 pharmacies and giving more than 70,000 free naloxone doses to police, EMS, homeless shelters, libraries, reentry organizations and county mobile outreach units. Naloxone saves lives, and these new laws will help reinforce these efforts to get it into as many hands as possible in as many ways as possible.”

“Today, New Jersey is making a strong and lasting statement with several new laws that support substance use treatment, recovery and family connections,” **said New Jersey Department of Children and Families Commissioner Christine Norbut Beyer**. “Through our work in child welfare, we know that substance use and addiction are often underlying factors of family separation, with resulting trauma that can have long term, negative effects on everyone involved. This new law will help create placement stability for children who are removed due to a caregiver’s opioid abuse, and will ensure that the preference for kinship placements is preserved.”

“Today’s actions further demonstrate Governor Murphy’s commitment to end the opioid epidemic in New Jersey. By removing barriers to life-saving treatments like naloxone, and addressing the impact of addiction on families, these new laws will make it easier for people battling with substance abuse to receive the help they need and will ultimately save lives,” **said New Jersey Department of Banking and Insurance Commissioner Marlene Caride**.

"New Jersey remains resolute in its commitment to ending the addiction crisis that continues to claim lives in communities across New Jersey," **said Attorney General Gurbir S. Grewal**. "These bills bolster our efforts by expanding access to life-saving medications and giving those on the front lines additional resources to fight this epidemic."

"Taken together, these bills provide powerful tools to address the overdose epidemic," **said New Jersey Department of Health Commissioner Judith Persichilli**. "Fundamentally rooted in science, compassion and harm reduction, these bills will help reverse the tide of the overdose epidemic, which has robbed us of too many people we love. These bills come at a crucial time, especially as we worry about an uptick in overdoses as a result of the COVID-19 pandemic."

"Breaking down barriers to affordable high-quality healthcare is the hallmark of what we do at the VNACJ Community Health Center," **said Christopher R. Rinn, CEO of the VNACJ Community Health Center**. "Today's initiatives not only underscore Governor Murphy's ongoing commitment to end the opioid epidemic but also empower those at the community level to improve access to a whole host addiction services. We are especially grateful for the support of our Medication Assistant Therapy (MAT) programs. The opioid epidemic continues to impact thousands of lives in the communities we serve. Thanks to the Governor's and the Legislature's leadership, we are saving lives and empowering patients onto the journey of recovery."

"Expanding New Jersey's naloxone standing order will make it much easier for people who use drugs to access this life-saving medication," **said Jenna Mellor, Executive Director, New Jersey Harm Reduction Coalition**. "When naloxone is widely available, people who are most likely to witness an overdose can act as first responders and save the life of a friend or family member. This legislation will get naloxone into as many hands as possible, which is one of the few proven ways to prevent overdose deaths. We sincerely thank Governor Murphy, Senator Vitale, and Assemblywoman Vaineri Huttle for their leadership on this issue, and look forward to finding new ways to expand harm reduction services across the Garden State."

"The bills signed today ensure that cost, location, and stigma never stand in the way of naloxone access for people who use drugs, people who used to use drugs, and our loved ones," **said Caitlin O'Neill, Director of Harm Reduction Services and co-founder, New Jersey Harm Reduction Coalition**. "Having naloxone on-hand is critical to keeping one another alive, and this bill makes widespread naloxone distribution possible. I commend Governor Murphy, Senator Vitale, and Assemblywoman Vainieri Huttle for responding with true leadership when people who use drugs when we told you we need widespread community naloxone access to survive, and I look forward to continuing to expand harm reduction services throughout the Garden State."