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

CURRENT VERSION OF TEXT
As reported by the Assembly Health and Senior Services Committee on February 27, 2017, with amendments.

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

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

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

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

c. As used in this section:

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

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

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
Administration for self-administration for the treatment of an opioid overdose.

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

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

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

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, 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 to opioid users in the event of an overdose.

"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 acting in that person's professional capacity.

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

"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.

"Opioid antidote" means naloxone hydrochloride, or any other similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose.
"Patient" means a person who is at risk of an opioid overdose or a person who is not at risk of an opioid overdose who, in the person's individual capacity, obtains an opioid antidote from a health care practitioner, professional, or professional entity for the purpose of administering that antidote to another person in an emergency, in accordance with subsection [c.] d. of section 4 of P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is acting in that professional's individual capacity, but does not include a professional who is acting in a professional capacity.

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

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

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

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

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

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

4. a. (1) A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote:
   (a) directly or through a standing order, to any recipient who is deemed by the health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency;
(b) through a standing order, to any professional or emergency medical responder who is not acting in a professional or volunteer capacity for a professional entity, or an emergency medical response entity, but who is deemed by the health care practitioner to be capable of administering opioid antidotes to overdose victims, as part of the professional’s regular course of business or volunteer activities;

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

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

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

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

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

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

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

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

[(4)] (5) Any prescriber or other health care practitioner who
prescribes [or], dispenses, or otherwise supplies, an opioid antidote
in good faith, and in accordance with the provisions of this
subsection, 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, or otherwise supplying,
an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
seq.).

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

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

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

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

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

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

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

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