

ASSEMBLY, No. 4707

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED MARCH 20, 2017

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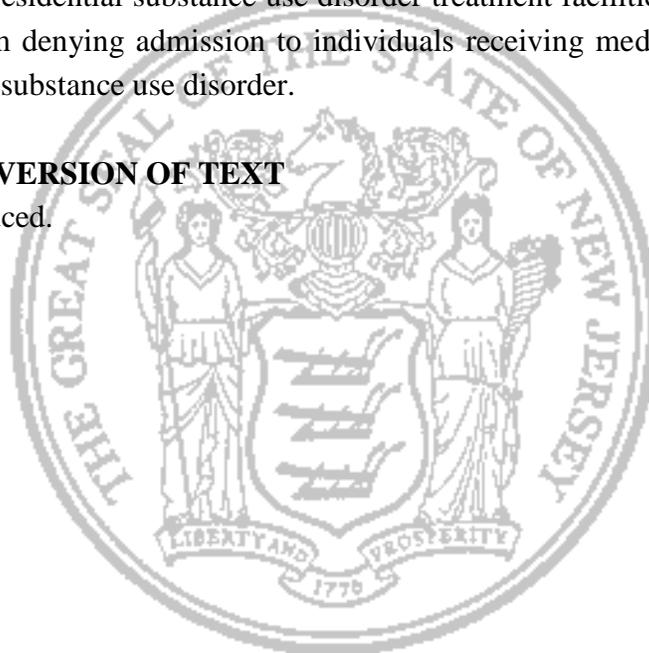
Assemblywoman Vainieri Huttle

SYNOPSIS

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

CURRENT VERSION OF TEXT

As introduced.



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

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

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

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

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

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

38 Any person admitted to a facility may receive treatment at the
39 facility for as long as he wishes to remain at the facility or until the
40 administrator determines that treatment will no longer benefit him;
41 provided, however, that any person who at the time of admission is
42 intoxicated and is incapacitated, shall remain at the facility until he
43 is no longer incapacitated, but in no event shall he be required to
44 remain for a period greater than 48 hours.

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

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

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

25 When a patient voluntarily withdraws, or is involuntarily evicted
26 from a transitional sober living home, halfway house, or other
27 residential aftercare facility, the facility shall provide notice of the
28 patient's release from care to the patient's spouse, parent, legal
29 guardian, designated next of kin, or other designated emergency
30 contact, provided that: (1) such notice is provided in a manner that
31 is consistent with federal requirements under 42 CFR Part 2 and
32 federal HIPAA requirements under 45 CFR Parts 160 and 164; and
33 (2) the patient, if an adult, has not withheld consent for such notice,
34 or expressly requested that notification not be given. If a patient
35 who is not incapacitated withholds consent for such notice, or
36 expressly requests that notification not be given, the patient's
37 wishes shall be respected unless the patient is a minor child or
38 adolescent, in which case, the minor's parent, legal guardian,
39 designated next of kin, or other designated emergency contact shall
40 be notified, provided that such notification is not inconsistent with,
41 and would not violate, federal requirements under 42 CFR Part 2
42 and federal HIPAA requirements under 45 CFR Parts 160 and 164.
43 (cf: P.L.2015, c.284, s.1)

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

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

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

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

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

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

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STATEMENT

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

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

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