

[First Reprint]

ASSEMBLY, No. 542

STATE OF NEW JERSEY

218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

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SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on March 22, 2018, with amendments.

(Sponsorship Updated As Of: 6/26/2018)

1 AN ACT concerning the emergency administration of opioid
 2 antidotes in schools, supplementing chapter 40 of Title 18A of
 3 the New Jersey Statutes, and amending P.L.2013, c.46.

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

7
 8 1. (New section) As used in this act:

9 “Opioid antidote” means ¹[naloxone hydrochloride, or any other
 10 similarly acting] any¹ drug¹, regardless of dosage amount or
 11 method of administration, which has been¹ approved by the United
 12 States Food and Drug Administration¹(FDA)¹ for the treatment of
 13 an opioid overdose. ¹“Opioid antidote” includes, but is not limited
 14 to, naloxone hydrochloride, in any dosage amount, which is
 15 administered through nasal spray or any other FDA-approved
 16 means or methods.¹

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

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

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

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

41 (2) permit the school nurse, or a trained employee designated
 42 pursuant to subsection c. of this section, to administer an opioid
 43 antidote to any person whom the nurse or trained employee in good
 44 faith believes is experiencing an 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:

¹Assembly AAP committee amendments adopted March 22, 2018.

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 an opioid overdose when the nurse is not
22 physically present at the scene. The designated employees shall
23 only be authorized to administer opioid antidotes after receiving the
24 training required under subsection b. of section 3 of this act.

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

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

34
35 3. (New section) a. The Department of Education, in
36 consultation with the Department of Human Services and
37 appropriate medical experts, shall establish guidelines for the
38 development of a policy by a school district, charter school, or
39 nonpublic school for the emergency administration of opioid
40 antidotes. Each board of education, board of trustees of a charter
41 school, and chief school administrator of a nonpublic school shall
42 implement the guidelines in developing a policy pursuant to section
43 2 of this act.

44 b. The guidelines shall include a requirement that each school
45 nurse, and each employee designated pursuant to subsection c. of
46 section 2 of this act, receive training on standardized protocols for
47 the administration of an opioid antidote to a person who
48 experiences an opioid overdose. The training shall include the

1 overdose prevention information described in subsection a. of
2 section 5 of the “Overdose Prevention Act,” P.L.2013, c.46
3 (C.24:6J-5). The guidelines shall specify an appropriate entity or
4 entities to provide the training, and a school nurse shall not be
5 solely responsible to train the employees designated pursuant to
6 subsection c. of section 2 of this act.

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

15
16 5. (New section) A school district may enter into a shared
17 services arrangement with another school district for the provision
18 of opioid antidotes pursuant to section 2 of this act if the
19 arrangement will result in cost savings for the districts.

20
21 6. (New section) Notwithstanding any law to the contrary,
22 funds appropriated or otherwise made available pursuant to
23 P.L.1991, c.226 (C.18A:40-23 et seq.) may be used to comply with
24 the requirements of section 2 of this act in nonpublic schools.

25
26 7. Section 3 of P.L.2013, c.46 (C.24:6J-3) is amended to read
27 as follows:

28 3. As used in this act:

29 "Commissioner" means the Commissioner of Human Services.

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

36 "Emergency medical response entity" means an organization,
37 company, governmental entity, community-based program, or
38 healthcare system that provides pre-hospital emergency medical
39 services and assistance to opioid or heroin addicts or abusers in the
40 event of an overdose. ¹"Emergency medical response entity"
41 includes, but is not limited to, a first aid, rescue and ambulance
42 squad or other basic life support (BLS) ambulance provider; a
43 mobile intensive care provider or other advanced life support (ALS)
44 ambulance provider; an air medical service provider; or a fire-
45 fighting company or organization, which squad, provider, company,
46 or organization is qualified to send paid or volunteer emergency
47 medical responders to the scene of an emergency.¹

1 "Emergency medical responder" means a person, other than a
2 health care practitioner, who is employed on a paid or volunteer
3 basis in the area of emergency response, including, but not limited
4 to, an emergency medical technician ¹, a mobile intensive care
5 paramedic, or a fire fighter,¹ acting in that person's professional
6 capacity.

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

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

18 "Opioid antidote" means ¹naloxone hydrochloride, or any other
19 similarly acting] any¹ drug ¹, regardless of dosage amount or
20 method of administration, which has been¹ approved by the United
21 States Food and Drug Administration ¹(FDA)¹ for the treatment of
22 an opioid overdose. ¹Opioid antidote includes, but is not limited
23 to, naloxone hydrochloride, in any dosage amount, which is
24 administered through nasal spray or any other FDA-approved
25 means or methods.¹

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

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

40 "Professional" means a person, other than a health care
41 practitioner, who is employed on a paid basis or is engaged on a
42 volunteer basis in the areas of substance abuse treatment or therapy,
43 criminal justice, or a related area, and who, acting in that person's
44 professional or volunteer capacity, obtains an opioid antidote from a
45 health care practitioner for the purposes of dispensing or
46 administering that antidote to other parties in the course of business
47 or volunteer activities. "Professional" includes, but is not limited

1 to, a sterile syringe access program employee, or a law enforcement
2 official.

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

12 "Recipient" means a patient, professional, professional entity,
13 emergency medical responder, **[or]** emergency medical response
14 entity, school, school district, or school nurse who is prescribed or
15 dispensed an opioid antidote in accordance with section 4 of
16 P.L.2013, c.46 (C.24:6J-4).

17 (cf: P.L.2017, c.381, s.1)

18

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

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

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

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

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

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

46 (e) through a standing order, to any professional entity which is
47 deemed by the health care practitioner to employ professionals who
48 are capable of dispensing opioid antidotes to recipients, for

1 administration thereby, as part of the entity's regular course of
2 business or volunteer activities ;

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

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

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

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

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

46 (b) Notwithstanding the provisions of this paragraph to the
47 contrary, if the law expressly authorizes or requires a certain type of

1 professional, professional entity, emergency medical responder,
2 **【or】** emergency medical response entity , school, school district, or
3 school nurse to administer or dispense opioid antidotes pursuant to
4 a standing order issued hereunder, the standing order issued
5 pursuant to this section shall be deemed to grant the authority
6 specified by the law, even if such authority is not expressly
7 indicated on the face of the standing order.

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

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

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

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

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

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

1 opioid overdose.

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

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

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

25 ¹g. Notwithstanding the provisions of any law, rule, regulation,
26 ordinance, or institutional or organizational directive to the
27 contrary, any person or entity authorized to administer an opioid
28 antidote pursuant to this section, may administer to an overdose
29 victim, with full immunity:

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

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

40 h. No later than 45 days after the effective date of P.L.2017,
41 c.381 the Commissioner of Health shall provide written notice to all
42 emergency medical response entities affected by subsection g. of
43 this section notifying them of the provisions of subsection g. of this
44 section.¹

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

46

47 9. This act shall take effect on the first day of the fourth month

A542 [1R] MAZZEO, LAGANA

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- 1 next following the date of enactment, except the Department of
- 2 education may take any anticipatory administrative action in
- 3 advance as shall be necessary for the implementation of this act.