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SYNOPSIS
Requires institutions of higher education to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by campus medical professional or trained employee.

CURRENT VERSION OF TEXT
As introduced.

(Sponsorship Updated As Of: 2/15/2019)
AN ACT concerning the emergency administration of opioid antidotes at institutions of higher education, supplementing chapter 61D of Title 18A of the New Jersey Statutes, and amending P.L.2013, c.46.

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

1. (New section) As used in this act:
   “Institution of higher education” means a public or independent institution of higher education.
   “Licensed campus medical professional” means a physician, physician assistant, advanced practice nurse, or registered nurse who is appropriately licensed by the State of New Jersey and is employed or engaged by an institution of higher education.
   “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.
   “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.
   “Secretary” means the Secretary of Higher Education.
   “Trained designee” means an employee of an institution of higher education who has received training on the administration of opioid antidotes under the provisions of this act.

2. (New section) a. An institution of higher education shall obtain a supply of opioid antidotes pursuant to a standing order under section 4 of the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-4), or section 1 of P.L.2017, c.88 (C.45:14-67.2), to be maintained in one or more secure and easily accessible locations at the institution for the purpose of responding to an opioid overdose emergency. Opioid antidotes shall be maintained by the institution in quantities and types deemed adequate by the governing board of the institution, in consultation with the secretary and the Department of Human Services.
   b. An institution of higher education shall develop a policy, in accordance with guidelines established by the secretary pursuant to

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.
section 3 of this act, for the emergency administration of an opioid antidote to a student, staff member, or other person who is experiencing an opioid overdose. The policy shall:

1. designate a licensed campus medical professional to oversee the institution’s program for the maintenance and emergency administration of opioid antidotes;

2. permit a licensed campus medical professional and trained employees designated pursuant to subsection c. of this section to administer an opioid antidote to any person whom the licensed campus medical professional or trained employee in good faith believes is experiencing an opioid overdose; and

3. require the transportation of an overdose victim 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.

c. A licensed campus medical professional shall have the primary responsibility for the emergency administration of an opioid antidote in accordance with a policy developed under this section. The governing board of an institution of higher education shall designate additional employees of the institution who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when a licensed campus medical professional is not physically present at the scene. The designated employees shall only be authorized to administer opioid antidotes after receiving the training required under subsection b. of section 3 of this act.

3. (New section) a. The secretary, in consultation with the Department of Human Services and appropriate medical experts, shall establish guidelines for the development of a policy by an institution of higher education for the emergency administration of opioid antidotes. Each institution of higher education shall implement the guidelines in developing a policy pursuant to section 2 of this act.

b. The guidelines shall include a requirement that a licensed campus medical professional 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 experiences 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.

4. (New section) No employee of an institution of higher education, including a licensed campus medical professional, trained designee, or any other officer or agent of an institution of higher education, pharmacist, or a prescriber of opioid antidotes for
an institution of higher education through a standing order, shall be held liable for any good faith act or omission consistent with the provisions of this act. Good faith shall not include willful misconduct, gross negligence, or recklessness.

5. 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 or heroin addicts or abusers in the event of an overdose. "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 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 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.

"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. 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, emergency medical response entity,
school, school district, [or] school nurse, institution of higher
education, or licensed campus medical professional who is
prescribed or dispensed an opioid antidote in accordance with
(cf: P.L.2018, c.106, s.7)

6. 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;
(f) through a standing order, to a school, school district, or
school nurse pursuant to the provisions of section 2 of P.L.2018,
c.106 (C.18A:40-12.24), or to an institution of higher education or
licensed campus medical professional pursuant to the provisions of
section 2 of P.L. , c. (C. ) (pending before the Legislature as
this bill).
(2) (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.
(c) For the purposes of this subsection, whenever the law
expressly authorizes or requires a school or school district to obtain
a standing order for opioid antidotes pursuant to this section, the
school nurses employed or engaged by the school or school district
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.
(d) For the purposes of this subsection, whenever the law
expressly authorizes or requires an institution of higher education to
obtain a standing order for opioid antidotes pursuant to this section,
the licensed campus medical professionals employed or engaged by
the institution 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) (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. 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,
emergency medical response entity, school, school district, [or] school nurse, institution of higher education, or licensed campus
medical professional 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) Any prescriber or other health care practitioner who
prescribes or dispenses 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 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 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 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 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 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 or dispensed 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 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.
f. Any school, school district, school nurse, school employee, or any other officer or agent of a board of education, charter school, or nonpublic school, or any institution of higher education, licensed campus medical professional, or any other employee, officer, or agent of an institution of higher education, who administers, or permits the administration of, an opioid antidote in good faith in accordance with the provisions of section 2 of P.L.2018, c.106 (C.18A:40-12.24) or section 2 of P.L.____, c.____ (pending before the Legislature as this bill), 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 disciplinary action, for administering, or for permitting the administration of, the opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

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

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

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

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

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

7. This act shall take effect on the first day of the fourth month next following the date of enactment, except the Secretary of Higher Education may take any anticipatory administrative action in advance as shall be necessary for the implementation of this act.

STATEMENT

This bill requires public and independent institutions of higher education in New Jersey to obtain a supply of opioid antidotes to be maintained in one or more secure and easily accessible locations at the institution. The bill requires the institutions to develop a policy
for the emergency administration of an opioid antidote to a student, staff member, or other person who is experiencing an opioid overdose. The policies must: (1) designate a licensed campus medical professional to oversee the institution’s program for the maintenance and emergency administration of opioid antidotes; (2) permit a licensed campus medical professional and other designated trained employees of the institution to administer an opioid antidote to any person whom the licensed campus medical professional or trained employee in good faith believes is experiencing an opioid overdose; and (3) require the transportation of an overdose victim to a hospital emergency room by emergency services personnel after the administration of an opioid antidote.

Under an institution’s policy, a licensed campus medical professional will have the primary responsibility for the emergency administration of an opioid antidote. The governing board of an institution of higher education will designate additional employees of the institution who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when a licensed campus medical professional is not physically present at the scene. The licensed campus medical professionals and designated employees are required to receive training on standardized protocols for the administration of an opioid antidote to a person who experiences an opioid overdose. The training will 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 bill directs the Secretary of Higher Education, in consultation with the Department of Human Services and appropriate medical experts, to establish guidelines for institutions of higher education in developing their policies for the administration of opioid antidotes, including guidelines concerning the training requirements for licensed campus medical professionals and designated employees. Institutions of higher education will be required to implement the guidelines in developing their policies. The bill provides immunity from liability for licensed campus medical professionals, trained designees, and other employees or agents of an institution of higher education, and for pharmacists and prescribers of opioid antidotes for an institution of higher education, for good faith acts or omissions consistent with the bill’s provisions.

In addition, the bill amends the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include institutions of higher education and licensed campus medical professionals among the recipients that may be prescribed opioid antidotes through a standing order; and (2) provide that immunity from liability for opioid antidote administration in accordance with the Overdose Prevention Act will be applicable to institutions of higher education, licensed campus medical professionals, and other
employees or agents of an institution of higher education who administer, or permit the administration of, opioid antidotes in good faith under the provisions of the bill.