

ASSEMBLY, No. 4866

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JANUARY 15, 2019

Sponsored by:

Assemblywoman MILA M. JASEY

District 27 (Essex and Morris)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman CLINTON CALABRESE

District 36 (Bergen and Passaic)

Co-Sponsored by:

**Assemblymen Karabinchak, Verrelli, Freiman, Armato, Mazzeo and
Assemblywoman Murphy**

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)

1 AN ACT concerning the emergency administration of opioid
2 antidotes at institutions of higher education, supplementing
3 chapter 61D of Title 18A of the New Jersey Statutes, and
4 amending P.L.2013, c.46.

5

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

8

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

10 “Institution of higher education” means a public or independent
11 institution of higher education.

12 “Licensed campus medical professional” means a physician,
13 physician assistant, advanced practice nurse, or registered nurse
14 who is appropriately licensed by the State of New Jersey and is
15 employed or engaged by an institution of higher education.

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

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

29 “Secretary” means the Secretary of Higher Education.

30 “Trained designee” means an employee of an institution of
31 higher education who has received training on the administration of
32 opioid antidotes under the provisions of this act.

33

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

44 b. An institution of higher education shall develop a policy, in
45 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.

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

4 (1) designate a licensed campus medical professional to oversee
5 the institution's program for the maintenance and emergency
6 administration of opioid antidotes;

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

12 (3) require the transportation of an overdose victim to a hospital
13 emergency room by emergency services personnel after the
14 administration of an opioid antidote, even if the person's symptoms
15 appear to have resolved.

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

27
28 3. (New section) a. The secretary, in consultation with the
29 Department of Human Services and appropriate medical experts,
30 shall establish guidelines for the development of a policy by an
31 institution of higher education for the emergency administration of
32 opioid antidotes. Each institution of higher education shall
33 implement the guidelines in developing a policy pursuant to section
34 2 of this act.

35 b. The guidelines shall include a requirement that a licensed
36 campus medical professional and each employee designated
37 pursuant to subsection c. of section 2 of this act receive training on
38 standardized protocols for the administration of an opioid antidote
39 to a person who experiences an opioid overdose. The training shall
40 include the overdose prevention information described in subsection
41 a. of section 5 of the "Overdose Prevention Act," P.L.2013, c.46
42 (C.24:6J-5). The guidelines shall specify an appropriate entity or
43 entities to provide the training.

44
45 4. (New section) No employee of an institution of higher
46 education, including a licensed campus medical professional,
47 trained designee, or any other officer or agent of an institution of
48 higher education, pharmacist, or a prescriber of opioid antidotes for

1 an institution of higher education through a standing order, shall be
2 held liable for any good faith act or omission consistent with the
3 provisions of this act. Good faith shall not include willful
4 misconduct, gross negligence, or recklessness.

5

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

8 3. As used in this act:

9 "Commissioner" means the Commissioner of Human Services.

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

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

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

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

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

45 "Opioid antidote" means any drug, regardless of dosage amount
46 or method of administration, which has been approved by the
47 United States Food and Drug Administration (FDA) for the
48 treatment of an opioid overdose. "Opioid antidote includes, but is

1 not limited to, naloxone hydrochloride, in any dosage amount,
2 which is administered through nasal spray or any other FDA-
3 approved means or methods.

4 "Patient" means a person who is at risk of an opioid overdose or
5 a person who is not at risk of an opioid overdose who, in the
6 person's individual capacity, obtains an opioid antidote from a
7 health care practitioner, professional, or professional entity for the
8 purpose of administering that antidote to another person in an
9 emergency, in accordance with subsection c. of section 4 of
10 P.L.2013, c.46 (C.24:6J-4). "Patient" includes a professional who is
11 acting in that professional's individual capacity, but does not
12 include a professional who is acting in a professional capacity.

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

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

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

37 "Recipient" means a patient, professional, professional entity,
38 emergency medical responder, emergency medical response entity,
39 school, school district, **[or]** school nurse, institution of higher
40 education, or licensed campus medical professional who is
41 prescribed or dispensed an opioid antidote in accordance with
42 section 4 of P.L.2013, c.46 (C.24:6J-4).

43 (cf: P.L.2018, c.106, s.7)

44

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

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

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

5 (b) through a standing order, to any professional or emergency
6 medical responder who is not acting in a professional or volunteer
7 capacity for a professional entity, or an emergency medical
8 response entity, but who is deemed by the health care practitioner to
9 be capable of administering opioid antidotes to overdose victims, as
10 part of the professional's regular course of business or volunteer
11 activities;

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

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

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

29 (f) through a standing order, to a school, school district, or
30 school nurse pursuant to the provisions of section 2 of P.L.2018,
31 c.106 (C.18A:40-12.24), or to an institution of higher education or
32 licensed campus medical professional pursuant to the provisions of
33 section 2 of P.L. , c. (C.) (pending before the Legislature as
34 this bill).

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

43 (b) For the purposes of this subsection, whenever the law
44 expressly requires a certain type of emergency medical responder or
45 emergency medical response entity to obtain a standing order for
46 opioid antidotes pursuant to this section, such emergency medical
47 responder, or the emergency medical responders employed or
48 engaged by such emergency medical response entity, as the case

1 may be, shall be presumed by the prescribing or dispensing health
2 care practitioner to be capable of administering the opioid antidote,
3 consistent with the express statutory requirement.

4 (c) For the purposes of this subsection, whenever the law
5 expressly authorizes or requires a school or school district to obtain
6 a standing order for opioid antidotes pursuant to this section, the
7 school nurses employed or engaged by the school or school district
8 shall be presumed by the prescribing or dispensing health care
9 practitioner to be capable of administering the opioid antidote,
10 consistent with the express statutory requirement.

11 (d) For the purposes of this subsection, whenever the law
12 expressly authorizes or requires an institution of higher education to
13 obtain a standing order for opioid antidotes pursuant to this section,
14 the licensed campus medical professionals employed or engaged by
15 the institution shall be presumed by the prescribing or dispensing
16 health care practitioner to be capable of administering the opioid
17 antidote, consistent with the express statutory requirement.

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

34 (b) Notwithstanding the provisions of this paragraph to the
35 contrary, if the law expressly authorizes or requires a certain type of
36 professional, professional entity, emergency medical responder,
37 emergency medical response entity, school, school district, **[or]**
38 school nurse, institution of higher education, or licensed campus
39 medical professional to administer or dispense opioid antidotes
40 pursuant to a standing order issued hereunder, the standing order
41 issued pursuant to this section shall be deemed to grant the
42 authority specified by the law, even if such authority is not
43 expressly indicated on the face of the standing order.

44 (4) Any prescriber or other health care practitioner who
45 prescribes or dispenses an opioid antidote in good faith, and in
46 accordance with the provisions of this subsection, shall not, as a
47 result of the practitioner's acts or omissions, be subject to any
48 criminal or civil liability, or any professional disciplinary action

1 under Title 45 of the Revised Statutes for prescribing or dispensing
2 an opioid antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et
3 seq.).

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

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

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

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

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

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

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

1 f. Any school, school district, school nurse, school employee,
2 or any other officer or agent of a board of education, charter school,
3 or nonpublic school, or any institution of higher education, licensed
4 campus medical professional, or any other employee, officer, or
5 agent of an institution of higher education, who administers, or
6 permits the administration of, an opioid antidote in good faith in
7 accordance with the provisions of section 2 of P.L.2018, c.106
8 (C.18A:40-12.24) or section 2 of P.L. , c. (C.) (pending
9 before the Legislature as this bill), and pursuant to a standing order
10 issued under subsection a. of this section, shall not, as a result of
11 any acts or omissions, be subject to any criminal or civil liability, or
12 any disciplinary action, for administering, or for permitting the
13 administration of, the opioid antidote in accordance with P.L.2013,
14 c.46 (C.24:6J-1 et seq.).

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

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

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

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

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

36

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

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42

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STATEMENT

44

45 This bill requires public and independent institutions of higher
46 education in New Jersey to obtain a supply of opioid antidotes to be
47 maintained in one or more secure and easily accessible locations at
48 the institution. The bill requires the institutions to develop a policy

1 for the emergency administration of an opioid antidote to a student,
2 staff member, or other person who is experiencing an opioid
3 overdose. The policies must: (1) designate a licensed campus
4 medical professional to oversee the institution's program for the
5 maintenance and emergency administration of opioid antidotes; (2)
6 permit a licensed campus medical professional and other designated
7 trained employees of the institution to administer an opioid antidote
8 to any person whom the licensed campus medical professional or
9 trained employee in good faith believes is experiencing an opioid
10 overdose; and (3) require the transportation of an overdose victim to
11 a hospital emergency room by emergency services personnel after
12 the administration of an opioid antidote.

13 Under an institution's policy, a licensed campus medical
14 professional will have the primary responsibility for the emergency
15 administration of an opioid antidote. The governing board of an
16 institution of higher education will designate additional employees
17 of the institution who volunteer to administer an opioid antidote in
18 the event that a person experiences an opioid overdose when a
19 licensed campus medical professional is not physically present at
20 the scene. The licensed campus medical professionals and
21 designated employees are required to receive training on
22 standardized protocols for the administration of an opioid antidote
23 to a person who experiences an opioid overdose. The training will
24 include the overdose prevention information described in subsection
25 a. of section 5 of the "Overdose Prevention Act,"
26 P.L.2013, c.46 (C.24:6J-5).

27 The bill directs the Secretary of Higher Education, in
28 consultation with the Department of Human Services and
29 appropriate medical experts, to establish guidelines for institutions
30 of higher education in developing their policies for the
31 administration of opioid antidotes, including guidelines concerning
32 the training requirements for licensed campus medical professionals
33 and designated employees. Institutions of higher education will be
34 required to implement the guidelines in developing their policies.
35 The bill provides immunity from liability for licensed campus
36 medical professionals, trained designees, and other employees or
37 agents of an institution of higher education, and for pharmacists and
38 prescribers of opioid antidotes for an institution of higher
39 education, for good faith acts or omissions consistent with the bill's
40 provisions.

41 In addition, the bill amends the "Overdose Prevention Act,"
42 P.L.2013, c.46 (C.24:6J-1 et seq.), to: (1) include institutions of
43 higher education and licensed campus medical professionals among
44 the recipients that may be prescribed opioid antidotes through a
45 standing order; and (2) provide that immunity from liability for
46 opioid antidote administration in accordance with the Overdose
47 Prevention Act will be applicable to institutions of higher
48 education, licensed campus medical professionals, and other

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- 1 employees or agents of an institution of higher education who
- 2 administer, or permit the administration of, opioid antidotes in good
- 3 faith under the provisions of the bill.