

SENATE, No. 4153

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED OCTOBER 24, 2019

Sponsored by:

Senator PATRICK J. DIEGNAN, JR.

District 18 (Middlesex)

SYNOPSIS

“New Jersey Coordinated Substance Use Control Policy and Planning Act.”

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning the coordination of comprehensive substance
2 use control policies, programs, services, and supports in New
3 Jersey, supplementing Title 26 of the Revised Statutes, and
4 amending and repealing various parts of the statutory law.

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

8
9 1. (New section) This act shall be known, and may be cited as,
10 the “New Jersey Coordinated Substance Use Control Policy and
11 Planning Act.”

12
13 2. (New section) The Legislature finds and declares that:

14 a. The prevention of illicit substance use and substance use
15 disorders, and the treatment and rehabilitation of persons with
16 substance use disorders, are matters of grave concern to the citizens
17 of New Jersey.

18 b. An individual’s development of a substance use disorder is
19 to be treated as a health problem, and not as a moral failing.

20 c. It is appropriate and necessary for individuals with substance
21 use disorders, including incarcerated individuals and other
22 individuals under criminal justice supervision, to have unrestricted
23 access to a full continuum of care for substance use disorders,
24 including intervention, assessment, treatment, and recovery
25 programs, services, and supports, in the region or correctional
26 facility where the individuals are located, as necessary to help them
27 overcome addiction, attain and maintain sobriety, and live as
28 productive members of society.

29 d. Individuals who are intoxicated by, or who have a substance
30 use disorder related to, alcohol, shall not be subject to criminal
31 prosecution based solely on the consumption of alcoholic
32 beverages, but shall be afforded the opportunity to engage in
33 appropriate treatment.

34 e. While individuals who are intoxicated by, or who have a
35 substance use disorder related to, drugs may be criminally
36 prosecuted and incarcerated for the possession or use of such drugs,
37 it is nonetheless necessary to ensure that such individuals are able
38 to access a full continuum of treatment and recovery programs,
39 services, and supports, both during and after, or as an alternative to,
40 incarceration.

41 f. The establishment and enforcement of uniform substance use
42 control policies, treatment standards, and performance measures,
43 and the identification of overriding substance use control policy
44 priorities, is necessary to ensure that the State’s substance use
45 disorder prevention and treatment system is working effectively,

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 across all relevant State agencies, to ensure that individuals with
2 substance use disorders are provided with safe and effective care
3 and treatment.

4 g. The State's current statutory system applicable to substance
5 use control and treatment is outdated, disjointed, unclear, and does
6 not accurately reflect the manner in which substance use disorder
7 treatment facilities, programs, and services are currently regulated
8 in the State.

9 h. Illicit substance use and the occurrence of substance use
10 disorders in the State can only be fully and successfully addressed if
11 the State takes action to ensure the implementation of a clear,
12 comprehensive, cooperative interagency and interjurisdictional
13 substance use control program, which provides for the broadest
14 possible spectrum of prevention, treatment, recovery, and harm
15 reduction facilities, programs, services, and supports, on a
16 Statewide basis, across multiple agencies, while simultaneously
17 avoiding interagency and interjurisdictional divisiveness and
18 unproductive controversy, organizational uncertainty, the inefficient
19 use of agency funds and other resources, and the unnecessary
20 duplication of agency efforts.

21 i. It is therefore necessary and proper for the State to establish
22 a Coordinated Statewide Substance Use Control Program and
23 comprehensive substance use control strategy, which will allow for
24 the coordination and supervision of all interrelated substance use
25 control operations, through a centralized State office and director of
26 Statewide substance use control policy and planning.

27
28 3. (New section) As used in P.L. , c. (C.) (pending
29 before the Legislature as this bill), P.L.2001, c.48 (C.26:2B-9.2 et
30 seq.), P.L.1983, c.531 (C.26:2B-32 et seq.), P.L.1995, c.318
31 (C.26:2B-36 et seq.), and P.L.1989, c.51 (C.26:2BB-1 et seq.):

32 "Administrator" means the person in charge of the operation of a
33 facility, or the person's designee.

34 "Admitted" means accepted for treatment at a facility.

35 "Agency" means, except where the context indicates otherwise, a
36 department, agency, or instrumentality in the executive branch of
37 State government.

38 "Appropriate budget committees" means the Assembly
39 Appropriations Committee, the Assembly Budget Committee, and
40 the Senate Budget and Appropriations Committee, or their
41 successor committees.

42 "Appropriate health committees" means the Assembly Human
43 Services Committee, the Assembly Health and Senior Services
44 Committee, and the Senate Health, Human Services and Senior
45 Citizens Committee, or their successor committees.

46 "Appropriate legislative committees" includes both the
47 appropriate health committees and the appropriate budget
48 committees.

1 “Assistant commissioner” means the Assistant Commissioner of
2 the Division of Mental Health and Addiction Services.

3 “Commissioner” means the commissioner of the agency
4 expressly identified in the respective section of P.L. ,
5 c. (C.) (pending before the Legislature as this bill), or the
6 commissioner of another properly designated agency.

7 “Comprehensive substance use control strategy” or “strategy”
8 means the strategy developed by the Director of the Office of
9 Coordinated Substance Use Control Policy and Planning, and
10 submitted to the Legislature pursuant to subsection b. of section 6
11 of P.L. , c. (C.) (pending before the Legislature as this
12 bill), which establishes goals, objectives, and targets to be achieved
13 under the Coordinated Statewide Substance Use Control Program;
14 and any report, plan, or strategy that is required to be incorporated
15 into, or issued concurrently with, such strategy.

16 “Controlled dangerous substance” means a drug, substance, or
17 immediate precursor in Schedules I through V of the “New Jersey
18 Controlled Dangerous Substances Act,” P.L.1970, c.226 (C.24:21-1
19 et seq.).

20 “Coordinated Statewide Substance Use Control Program” means
21 the program established under P.L. , c. (C.) (pending
22 before the Legislature as this bill), which provides for the Office of
23 Coordinated Substance Use Control Policy and Planning to oversee
24 the operations of, and work cooperatively with, program partner
25 agencies in matters of substance use control, and specifically, in the
26 implementation of comprehensive, cooperative, and coordinated
27 policies and programs that are designed to reduce or eliminate the
28 occurrence of, and harms associated with, substance use disorders
29 in the State.

30 “Demand reduction activity” means any activity, service, or
31 program, not related to law enforcement, which is conducted by a
32 program partner agency to minimize the demand for Schedule I
33 controlled dangerous substances in the State, reducing the desire
34 and willingness of residents to engage in the illicit use of other
35 drugs and alcohol, otherwise prevent the occurrence of substance
36 use disorders in the State, or provide, expand, or support the
37 provision of treatment and recovery programs, services, and
38 supports to individuals in the State who have a substance use
39 disorder. “Demand reduction activities” may include, but need not
40 be limited to, the following specific types of activities, services, or
41 programs: activities, services, and programs that are designed to
42 reduce the demand for, and the availability of, Schedule I controlled
43 dangerous substances and other substances used for illicit purposes;
44 educational campaigns that are designed to inform individuals about
45 the dangers of illicit substance use; community-based substance use
46 prevention programs; prescription drug take-back programs;
47 targeted activities, services, or programs that attempt to prevent,
48 deter, or delay substance use by youth and other at-risk populations;

1 substance use disorder treatment services and programs, including
2 activities, services, or programs that are designed to expand access
3 to treatment; long-term recovery programs, services, and supports,
4 as well as sober living programs and housing for persons who have
5 completed treatment for a substance use disorder; drug-free
6 workplace programs; drug testing programs; criminal justice
7 intervention programs, services, and activities, such as diversion
8 programs, drug courts, or special probation programs for persons
9 who are drug or alcohol dependent, and treatment programs and
10 services, including medication-assisted treatment programs, for
11 persons who are incarcerated, or are on parole, on probation, or
12 otherwise reentering the community following release from
13 incarceration; and research related to any such activity.

14 “Department” means the agency expressly identified in the
15 respective section of P.L. , c. (C.) (pending before the
16 Legislature as this bill), or another properly designated agency.

17 “Director” means the Executive Director of the Office of
18 Coordinated Substance Use Control Policy and Planning.

19 “Division” means the Division of Mental Health and Addiction
20 Services in the Department of Human Services or other properly
21 designated agency.

22 “Drug” means: a substance recognized in the official United
23 States Pharmacopoeia, the official Homeopathic Pharmacopoeia of
24 the United States, or the official National Formulary, or in any
25 supplement to any of those documents; any substance, other than
26 food, which is intended for use in the diagnosis, cure, mitigation,
27 treatment, or prevention of disease in humans or other animals, or
28 which is intended to affect the structure or any function of the body
29 of humans or other animals; and any article that is intended for use
30 as a component of any such substance. “Drug” includes controlled
31 dangerous substances and prescription legend drugs. “Drug” does
32 not include a device; any component, part, or accessory of a device;
33 or industrial hemp that is cultivated pursuant to the “New Jersey
34 Hemp Farming Act,” P.L.2019, c.238 (C.4:28-6 et al.).

35 “Emergency medical responder” means a person, other than a
36 health care practitioner or law enforcement officer, who is
37 employed on a paid or volunteer basis in the area of emergency
38 response, including, but not limited to, an emergency medical
39 technician, a mobile intensive care paramedic, a mobile intensive
40 care nurse, or a firefighter.

41 “Emergency medical response entity” means an organization,
42 company, governmental entity, community-based program, or
43 healthcare system that is authorized to provide pre-hospital
44 emergency medical services at the scene of an emergency.
45 “Emergency medical response entity” includes, but is not limited to,
46 a first aid, rescue and ambulance squad or other basic life support
47 (BLS) ambulance provider; a mobile intensive care provider or
48 other advanced life support (ALS) ambulance provider; an air

1 medical service provider; or a firefighting company or organization,
2 which squad, provider, company, or organization is qualified to
3 send paid or volunteer emergency medical responders to the scene
4 of an emergency.

5 “Emerging drug threat” means the emergence of a new and
6 growing trend in the illicit use of a drug or class of drugs, including
7 rapid expansion in the supply of, or demand for, such drug.

8 “Emerging Drug Threat Committee” means the committee
9 established in the Office of Substance Use Control Policy and
10 Planning, pursuant to section 15 of P.L. , c. (C.) (pending
11 before the Legislature as this bill), which is responsible for
12 overseeing and responding to emerging and evolving drug threats in
13 the State.

14 “Illicit substance use” or “illicit use” or “use for an illicit
15 purpose” means the use of a Schedule I controlled dangerous
16 substance; the use of a prescription drug or other drug in a manner
17 that is not in accordance with the drug’s lawful purpose or use; or
18 the use of alcohol in an unlawful manner.

19 “Incapacitated” means the condition of a person who, as a result
20 of the person’s current or recent substance use: is unconscious; has
21 judgment so impaired that the person is incapable of realizing and
22 making a rational decision with respect to the person’s need for
23 treatment; is in need of substantial medical attention; or is likely to
24 suffer substantial physical harm.

25 “Independent physician” means a physician who does not hold
26 an office or appointment in any State agency or public facility.

27 “Intoxicated person” means a person whose mental or physical
28 functioning is substantially impaired as a result of current or recent
29 substance use.

30 “Law enforcement activity” means any effort by a State or local
31 agency to enforce the drug, alcohol, or substance use disorder
32 prevention or treatment laws of this State or of the United States,
33 including investigation, arrest, prosecution, and incarceration or the
34 imposition of other punishments or penalties.

35 “Medication-assisted treatment” means the use of methadone,
36 buprenorphine, naltrexone, or any other medication approved by the
37 federal Food and Drug Administration for the treatment of a
38 substance use disorder, in combination with counseling and
39 behavioral therapies, to provide a whole-patient approach to the
40 treatment of substance use disorders.

41 “Nonprofit organization” means an organization that is described
42 in section 501(c)(3) of the Internal Revenue Code of 1986, 26
43 U.S.C. s.501(c)(3), and is exempt from tax under section 501(a) of
44 such code.

45 “Office” means the Office of Coordinated Substance Use Control
46 Policy and Planning established pursuant to section 4 of P.L. , c.
47 (C.) (pending before the Legislature as this bill).

1 “Opioid Epidemic Activities Coordination Committee” means
2 the committee established in the Office of Coordinated Substance
3 Use Control Policy and Planning, pursuant to section 16 of P.L. ,
4 c. (C.) (pending before the Legislature as this bill), which is
5 responsible for coordinating Statewide activities specifically in
6 relation to the opioid epidemic.

7 “Prescription drug” means a prescription legend drug, including
8 a controlled dangerous substance, which the federal Food and Drug
9 Administration has approved for a medical use and purpose.

10 “Private facility” means any treatment facility, other than one
11 that is operated by the federal government, the State of New Jersey,
12 or any political subdivision thereof.

13 “Program partner agency” or “program partner” means any
14 agency identified in subsection a. of section 9 of P.L. , c.
15 (C.) (pending before the Legislature as this bill), or any
16 division or other component of such agency, which is responsible
17 for implementing any aspect of the State’s comprehensive substance
18 use control strategy.

19 “Properly designated agency” or “designated agency” means any
20 agency, other than the agency expressly identified in the respective
21 section of P.L. , c. (C.) (pending before the Legislature as
22 this bill), that the Governor deems to be the appropriate agency to
23 exercise the authority granted under the respective section of law,
24 and which is officially designated as the agency having such
25 authority pursuant to an executive reorganization plan executed by
26 the Governor, which plan shall be consistent with the guiding
27 principles laid out in the Statement of Executive Branch Substance
28 Use Control Policy Priorities, published pursuant to subsection a. of
29 section 6 of P.L. , c. (C.) (pending before the Legislature
30 as this bill), and the goals, objectives, and targets identified in the
31 State’s comprehensive substance use control strategy.

32 “Public facility” means a treatment facility that is operated by
33 the State or a political subdivision thereof.

34 “Recovery residence” or “recovery housing” means
35 professionally-managed or peer-managed housing, which: has a
36 home-like atmosphere; provides a sober living environment and
37 alcohol and drug free living accommodations to individuals,
38 including individuals with dual mental health and substance use
39 disorder diagnoses, who are recovering from a substance use
40 disorder following the completion of treatment; does not provide
41 clinical treatment services for mental health or substance use
42 disorders; and is subject to regulation by the Department of
43 Community Affairs as a rooming or boarding house, and not as a
44 substance use disorder treatment facility. “Recovery residence”
45 includes, but is not limited to, a facility that is commonly referred
46 to as a sober living home.

47 “Statement of Executive Branch Substance Use Control Policy
48 Priorities” or “Statement of Executive Priorities” means the

1 statement issued by the Governor pursuant to subsection a. of
2 section 6 of P.L. , c. (C.) (pending before the Legislature
3 as this bill).

4 “Substance” includes drugs and alcohol.

5 “Substance use control” or “substance use control activity”
6 means a demand reduction activity or supply reduction activity that
7 is conducted by the Office of Coordinated Substance Use Control
8 Policy and Planning or a program partner agency under the
9 Coordinated Statewide Substance Use Control Program, and in
10 furtherance of the State’s comprehensive substance use control
11 strategy.

12 “Substance use disorder” means a maladaptive pattern of
13 substance use, as defined in the most recent version of the
14 Diagnostic and Statistical Manual of Mental Disorders, which is
15 manifested by recurrent and significant adverse consequences
16 related to the repeated use of drugs or alcohol.

17 “Substance use disorder prevention and treatment system” or
18 “treatment system” means the system established and operated by
19 the division pursuant to section 22 of P.L. , c. (C.)
20 (pending before the Legislature as this bill).

21 “Substance use disorder treatment” or “treatment” means an
22 evidence-based, professionally directed, deliberate, and planned
23 regimen of primary and supportive services and programs,
24 including identification, outreach, intervention, assessment, and
25 diagnostic services; medical services; psychiatric, psychological,
26 and social work services; medical monitoring and follow-up
27 services; vocational, educational, recreational, and social services;
28 and rehabilitative services such as pharmacotherapy and
29 medication-assisted treatment, behavioral therapy, and individual
30 and group counseling, which are made available, on an inpatient or
31 outpatient basis, to help persons overcome and recover from a
32 substance use disorder and attain sobriety.

33 “Supply reduction activity” means any activity, service, or
34 program that is conducted by a program partner agency to reduce
35 the availability, accessibility, and supply in the State of Schedule I
36 controlled dangerous substances and other substances used for illicit
37 purposes. “Supply reduction activities” may include, but need not
38 be limited to, the following specific types of activities, services, and
39 programs: law enforcement activities and programs; economic
40 development programs that are primarily intended to reduce the
41 production or trafficking of Schedule I controlled dangerous
42 substances, or the production or trafficking of other drugs and
43 alcohol for illicit purposes; drug seizure activities; the
44 interjurisdictional and interagency sharing of information relating to
45 the production and trafficking of Schedule I controlled dangerous
46 substances, and of other drugs and alcohol for illicit purposes;
47 activities, services, and programs that are designed to prevent the

1 diversion of prescription drugs for illicit purposes; and research
2 related to any such activities.

3 “Treatment facility” or “facility” means any establishment,
4 facility, or institution, whether public or private, or any portion
5 thereof, which provides services designed for the residential or
6 outpatient diagnosis, care, treatment, or rehabilitation of two or
7 more nonrelated individuals with a substance use disorder, and
8 which is licensed or certified to operate pursuant to section 20 or 21
9 of P.L. , c. (C. or C.) (pending before the Legislature
10 as this bill). “Treatment facility” includes, but is not limited to: an
11 intoxication treatment center that provides intoxicated persons with
12 emergency medical care and services on a 24-hour a day, seven-
13 day-per-week basis, including examination, diagnosis, and
14 detoxification services, as well as services and referrals to address
15 the patient’s immediate physical and social needs, such as needs for
16 medication and shelter, and which, to the extent possible, is
17 affiliated with a general or other hospital; a residential facility that
18 provides treatment to individuals who are in need of intensive
19 residential treatment for a substance use disorder, and which, to the
20 extent possible, is affiliated with the medical service of a general
21 hospital, mental hospital, community mental health center, or other
22 hospital; an outpatient facility or clinic, including a community
23 health clinic, that provides treatment to individuals whose substance
24 use disorder can be managed successfully on a non-intensive
25 outpatient basis; or an aftercare facility, including, but not limited
26 to, a halfway house. “Treatment facility” does not include a
27 recovery residence or sober living home that is regulated by the
28 Department of Community Affairs as a rooming or boarding house.

29

30 4. (New section) a. The Office of Coordinated Substance Use
31 Control Policy and Planning is hereby established in, but not of, the
32 Department of Human Services. For the purpose of complying with
33 the provisions of Article V, Section IV, paragraph 1 of the New
34 Jersey Constitution, the Office of Coordinated Substance Use
35 Control Policy and Planning is allocated within the Department of
36 Human Services, but, notwithstanding this allocation, the office
37 shall be independent of any supervision or control by the
38 department, or by any officer or employee thereof.

39 b. The purpose of the Office of Coordinated Substance Use
40 Control Policy and Planning shall be to provide a centralized office
41 for the coordination and oversight of all substance use control
42 activities taking place in the State across all program partner
43 agencies, local governments, and State and local law enforcement
44 agencies, in accordance with the principles and policies identified in
45 the Statement of Executive Branch Substance Use Control Policy
46 Priorities, and as necessary to achieve the goals, objectives, and
47 targets identified in the State’s comprehensive substance use control

1 strategy, published by the office pursuant to section 6 of P.L. , c.
2 (C.) (pending before the Legislature as this bill).

3 c. (1) The office shall be administered by an executive
4 director, who shall be appointed by the Governor with the advice
5 and consent of the Senate. The director shall be properly qualified
6 by education, training, and experience to perform the duties and
7 effectuate the functions of the office, as specified by P.L. , c.
8 (C.) (pending before the Legislature as this bill), and shall
9 serve at the pleasure of the Governor, during the Governor's term of
10 office, until another person is appointed to serve in the position.
11 The director shall be dedicated, full time, to effectuating the
12 mission of the office, and shall receive a salary as shall be provided
13 by law.

14 (2) The Governor, with the advice and consent of the Senate,
15 shall also appoint a deputy director of the office, who shall: (a)
16 report directly to the director; (b) carry out all of the duties and
17 powers prescribed by the executive director; and (c) serve as the
18 acting director in the executive director's absence, including in
19 cases where the director has died, resigned, or is otherwise unable
20 to perform the functions and duties of the office.

21
22 5. (New section) a. The Director, through the office, shall
23 have the duty to:

24 (1) assist the Governor and Legislature in the establishment of
25 comprehensive policies, goals, and priorities for the Coordinated
26 Statewide Substance Use Control Program, particularly in
27 association with the development and publication of the Statement
28 of Executive Branch Substance Use Control Policy Priorities
29 pursuant to subsection a. of section 6 of P.L. , c. (C.)
30 (pending before the Legislature as this bill);

31 (2) adopt a comprehensive substance use control strategy, which
32 shall: (a) be published in accordance with the timeframes
33 established by section 6 of P.L. , c. (C.) (pending before
34 the Legislature as this bill); and (b) contain the information required
35 by section 8 of P.L. , c. (C.) (pending before the
36 Legislature as this bill);

37 (3) consult with, advise, and assist program partner agencies,
38 local governments, State and local law enforcement agencies, and
39 other appropriate persons and entities, in implementing the
40 comprehensive substance use control strategy, and in achieving the
41 goals, objectives, and targets described therein;

42 (4) coordinate and oversee program partner compliance with,
43 and adherence to, the comprehensive substance use control strategy;
44 ensure that each program partner agency is working in accordance
45 with the agency's stated responsibilities under the strategy, and in a
46 manner that reflects, and is consistent with, the overarching
47 policies, goals, and priorities of the Coordinated Statewide
48 Substance Use Control Program, as identified under paragraph (1)

1 of this subsection and in the Executive Statement of Substance Use
2 Control Policy Priorities published pursuant to subsection a. of
3 section 6 of P.L. , c. (C.) (pending before the Legislature
4 as this bill); and make recommendations to program partners with
5 respect to the implementation of appropriate substance use control
6 programs and services, and the use of funds appropriated for
7 substance use control purposes, as provided by P.L. , c.
8 (C.) (pending before the Legislature as this bill);

9 (5) provide budget recommendations to the heads of each
10 program partner agency, by July 1 of each year, which budget
11 recommendations shall apply to the next budget year and each of
12 the four subsequent fiscal years, and shall include requests for
13 specific funding initiatives that are consistent with the priorities
14 identified in the Comprehensive Statewide Substance Use Control
15 Strategy;

16 (6) monitor and evaluate the effectiveness of substance use
17 control activities undertaken, and programs implemented, by
18 program partner agencies in furtherance of the State's
19 comprehensive substance use control strategy, through the
20 development and application of specific performance measures and
21 targets, the use of program and performance audits and evaluations,
22 and the monitoring of spending by program partner agencies, as
23 authorized by P.L. , c. (C.) (pending before the Legislature
24 as this bill);

25 (7) facilitate the use of collaborative efforts to identify
26 duplication, overlaps, or gaps in funding made available for
27 substance use control purposes, and to ensure the most efficient and
28 effective allocation of funding for such purposes;

29 (8) facilitate the broad-scale sharing of information on substance
30 use control efforts and activities, and the standardization of data
31 compilation and reporting requirements, among program partner
32 agencies, law enforcement agencies, and local government units, in
33 order to support the Coordinated Statewide Substance Use Control
34 Program and achieve the goals, objectives, and targets identified in
35 the State's comprehensive substance use control strategy;

36 (9) consult with, and assist, local governments and State and
37 local law enforcement agencies with respect to their interactions
38 with program partner agencies;

39 (10) develop standards, policies, and procedures to support
40 program partner agencies and other entities that enter into contracts
41 with treatment facilities, in order to ensure that: (a) treatment
42 facilities are meeting all requirements for payment under the
43 contracts; (b) treatment facilities are acting in compliance with all
44 other terms of the contracts, including, but not limited to, criminal
45 history record background check and drug testing requirements
46 applicable to facility staff; and (c) contracts are being properly
47 closed-out, and claims for payment are being promptly and properly
48 processed and reconciled;

1 (11) provide recommendations to the Governor and the
2 Legislature, as determined by the director to be appropriate,
3 regarding changes in the organization, management, and budgets of
4 program partner agencies, and changes in the allocation of
5 personnel to and within those program partner agencies, as
6 necessary to implement the Statewide strategy, and effectuate the
7 policies, goals, objectives, and priorities established under
8 paragraph (1) of this subsection;

9 (12) in consultation and cooperation with the Office of the
10 Attorney General, the Department of Human Services, and other
11 appropriate program partner agencies, biennially review existing
12 State and local laws and regulations governing intoxicated driving;
13 the manufacture, sale, and consumption of alcoholic beverages; and
14 the administration, prescription, use, and diversion and misuse of
15 prescription drugs, in order to determine:

16 (a) how those laws and regulations relate to, and are consistent
17 or inconsistent with: the purposes of P.L. , c. (C.)
18 (pending before the Legislature as this bill); the priorities identified
19 in the Executive Statement of Substance Use Control Policy
20 Priorities; and the goals, objectives, and targets outlined in the
21 State's comprehensive substance use control strategy; and

22 (b) what types of treatment programs and punishments are
23 appropriate for individuals who are convicted of intoxicated driving
24 or drug-related offenses;

25 (13) as provided by subsection b. of section 10 of P.L. , c.
26 (C.) (pending before the Legislature as this bill), review policy
27 changes that are proposed or implemented by a program partner
28 agency, in order to determine whether such changes are consistent
29 with the State strategy;

30 (14) serve as a spokesperson for the executive branch on all
31 matters related to substance use control, and appear and testify
32 before appropriate legislative committees on all issues related to the
33 Coordinated Statewide Substance Use Control Program, the
34 implementation of the State's comprehensive substance use control
35 strategy, and the substance use control policies of the executive
36 branch;

37 (15) ensure that current research and information on matters
38 related to substance use and substance use control is effectively
39 disseminated by program partner agencies to local governments,
40 nonprofit organizations, and other nongovernmental entities that are
41 involved in substance use control activities, and to members of the
42 public, by: (a) encouraging program partner agencies that conduct
43 or sponsor research, and program partner agencies that disseminate
44 information, to engage in formal consultation with regard to the
45 development of research and information dissemination agendas;
46 (b) encouraging program partner agencies to develop and
47 implement information dissemination plans that specifically target
48 governmental and nongovernmental entities involved in demand

1 reduction activities; and (c) regularly updating the information
2 contained on the Substance Use Control Data Dashboard
3 established pursuant to section 17 of P.L. , c. (C.) (pending
4 before the Legislature as this bill), and encouraging all program
5 partner agencies to provide all appropriate and relevant information
6 to the data dashboard;

7 (16) coordinate with individuals and entities in the private sector
8 to promote private research into substance use disorders and
9 substance use control methodologies, including, but not limited to,
10 research with respect to the development of new and innovative
11 approaches to substance use disorder treatment, and the
12 development of new addiction treatment medications;

13 (17) designate, terminate the designation of, and respond to
14 emerging drug threats, as provided by subsection c. of section 15 of
15 P.L. , c. (C.) (pending before the Legislature as this bill);

16 (18) work with the Office of the Attorney General to identify,
17 and obtain statistical information about, counties and regions of the
18 State: (a) that have high rates of substance use disorders or
19 substance use-related crime; (b) where substance use is having a
20 particularly harmful impact; (c) that are acting as distribution or
21 manufacturing centers for Schedule I controlled dangerous
22 substances, or for other drugs that are used for illicit purposes; (d)
23 where law enforcement resources are stressed because of substance
24 use-related issues; (e) where State and local resources have been
25 committed to respond to a substance use-related problem, thereby
26 indicating a determination to respond aggressively to the problem;
27 and (f) where a significant increase in resources is necessary to
28 respond adequately to substance use-related problems occurring in
29 the county or region; and encourage and facilitate the sharing of
30 information and resources among State and local law enforcement
31 agencies in relation to substance use control activities that are
32 undertaken, and substance-use related arrests that are effectuated,
33 by such agencies;

34 (19) within the limits of appropriated funds, administer
35 appropriate grant programs, in furtherance of the State's
36 comprehensive substance use control strategy, including programs
37 that award grants to appropriate nonprofit organizations engaged in
38 community-based substance use control activities, and programs
39 that award grants to appropriate nonprofit organizations that
40 conduct research into the effectiveness, efficiency, or expansion of
41 substance use control activities being undertaken in the State; and
42 provide information to the public about the nature of all substance
43 use control grants issued under such programs, and about the
44 performance and effectiveness of each such grant program;

45 (20) work in consultation with the Division of Mental Health
46 and Addiction Services in the Department of Human Services and
47 the Governor's Council on Substance Use Control to establish
48 recommendations for the awarding of grants by the Local Substance

1 Use Control Alliance established pursuant to section 7 of P.L.1989,
2 c.51 (C.26:2BB-7); and

3 (21) review each County Annual Alliance Plan submitted by a
4 Local Advisory Committee on Substance Use Control pursuant to
5 subsection d. of section 8 of P.L.1989, c.51 (C.26:2BB-8), and
6 return the plan, by October 1 of each year, to the Local Advisory
7 Committee, with the office's proposed recommendations for the
8 awarding of grants by the Local Substance Use Control Alliance.

9 b. The director shall have the power and authority to:

10 (1) select, appoint, employ, and fix the compensation of such
11 officers and employees of the office as may be necessary to carry
12 out the duties of the director and functions of the office under
13 P.L. , c. (C.) (pending before the Legislature as this bill);

14 (2) establish advisory councils, working groups, or research
15 committees, and hire or appoint appropriate policy or service
16 coordinators or compliance officers, as deemed by the director to be
17 necessary to effectuate the priorities of the Coordinated Statewide
18 Substance Use Control Program, and achieve the goals, objectives,
19 and targets identified in the comprehensive substance use control
20 strategy;

21 (3) consult with, and provide assistance to, the committees,
22 working groups, advisory councils, and other entities established
23 pursuant to P.L. , c. (C.) (pending before the Legislature as
24 this bill); as well as to members of the public, appropriate
25 legislative committees, and any other person or entity deemed by
26 the director to be appropriate;

27 (4) request the head of any program partner agency to place
28 department or agency staff who are engaged in substance use
29 control activities on temporary detail to another program partner
30 agency, as necessary to ensure the most efficient and effective
31 implementation of the comprehensive substance use control
32 strategy. The head of such program partner agency shall comply
33 with any request issued pursuant to this paragraph;

34 (5) utilize, update, or improve on existing data systems as
35 necessary to comply with the provisions of P.L. , c. (C.)
36 (pending before the Legislature as this bill).

37 (6) use for administrative purposes, on a reimbursable basis, the
38 available services, equipment, personnel, and facilities of State and
39 local entities;

40 (7) request and obtain relevant data and information on
41 substance use disorders, and on substance use control activities
42 occurring in the State, from any program partner agency, State or
43 local government, State or local law enforcement agency, nonprofit
44 organization, educational institution, or any other appropriate
45 entity;

46 (8) solicit, contract for, accept, and use any gifts, grants, loans,
47 devises, or bequests of funds, facilities, property, services, or
48 assistance, in any form, from the federal government, or any

1 instrumentality thereof, from State or local government entities, or
2 from any private person or entity, and do all things necessary to
3 cooperate with the federal government or any of its agencies in
4 connection with the application for any federal grant or loan;
5 provided, however, that any money received under this subsection
6 shall be deposited with the State Treasurer to be kept in a separate
7 fund in the treasury for expenditure by the office in accordance with
8 the conditions of the gift, grant, loan, devise, or bequest, without
9 specific appropriation;

10 (9) in accordance with the conditions established by subsection
11 a. of section 12 of P.L. , c. (C.) (pending before the
12 Legislature as this bill), transfer funds that were made available to
13 one program partner agency under the Coordinated Substance Use
14 Control Program to another account within such agency, or to
15 another program partner agency, for the purposes of furthering the
16 State's comprehensive substance use control strategy; and

17 (10) in accordance with the conditions established by subsection
18 b. of section 12 of P.L. , c. (C.) (pending before the
19 Legislature as this bill), control the use of funds by program partner
20 agencies, through the issuance of fund control notices, as may be
21 necessary to ensure program partner compliance with the State's
22 comprehensive substance use control strategy.

23

24 6. (New section) a. Not later than April 1 of any year in which
25 there is a gubernatorial inauguration, the director shall publish on
26 the office's Internet website, and shall submit to the appropriate
27 legislative committees, a Statement of Executive Branch Substance
28 Use Control Policy Priorities, which shall reflect the Governor's
29 goals and priorities in relation to the issue of substance use control
30 in the State, and present the guiding principles that are to be used in
31 effectuating the Coordinated Statewide Substance Use Control
32 Program and developing the State's comprehensive substance use
33 control strategy under subsection b. of this section. The Governor
34 shall simultaneously issue any executive reorganization plans that
35 the Governor deems to be necessary and appropriate to effectuate
36 the goals and priorities outlined in the Statement of Executive
37 Priorities.

38 b. (1) Not later than February 1 of any year following the year
39 in which there is a gubernatorial inauguration, and biennially
40 thereafter, the director shall prepare and publish, on the office's
41 Internet website, and submit to the appropriate legislative
42 committees, a Comprehensive Statewide Substance Use Control
43 Strategy that is designed to implement the policy priorities of the
44 executive branch, as identified in the Statement of Executive
45 Priorities published pursuant to subsection a. of this section. If the
46 director fails to submit a comprehensive substance use control
47 strategy to the appropriate legislative committees, as provided by
48 this subsection, the director shall send written notification to the

1 appropriate legislative committees explaining why the strategy was
2 not timely submitted, and specifying the date by which the strategy
3 will be submitted.

4 (2) The comprehensive substance use control strategy shall be
5 revised and updated, as appropriate, at the following times: (a)
6 whenever a new Governor is inaugurated, in accordance with the
7 timeframes established by paragraph (1) of this subsection; (b) on at
8 least a biennial basis following the strategy's initial publication in a
9 gubernatorial term; and (c) at any other time, upon a determination
10 by the Governor, in consultation with the director, that the current
11 strategy is insufficient or ineffective.

12 c. Notwithstanding the provisions of this section to the
13 contrary, if P.L. , c. (C.) (pending before the Legislature as
14 this bill) is enacted prior to, or immediately following, the year of a
15 gubernatorial inauguration, the Statement of Executive Priorities
16 required by subsection a. of this section shall be prepared within
17 120 days after the effective date of P.L. , c. (C.) (pending
18 before the Legislature as this bill), and the strategy required by
19 subsection b. of this section shall be prepared within 180 days after
20 the publication of the Statement of Executive Priorities pursuant to
21 this subsection. Following such initial publication, the provisions
22 of subsections a. and b. of this section shall apply, and shall govern
23 the future publication of such documents.

24
25 7. (New section) Any policy, goal, objective, or target adopted
26 by the director, or implemented by the office, pursuant to P.L. , c.
27 (C.) (pending before the Legislature as this bill), shall be based
28 on the best available medical and scientific research and evidence
29 showing the effectiveness or appropriateness of such policy, goal,
30 objective, or target in relation to its actual or potential impacts on
31 individual health, and the rates of substance use, substance use
32 disorders, and related illnesses and disorders occurring in the State.

33
34 8. (New section) a. The comprehensive substance use control
35 strategy, which is published pursuant to subsection b. of section 6
36 of P.L. , c. (C.) (pending before the Legislature as this
37 bill), shall set forth a comprehensive cross-agency plan to reduce
38 the occurrence of substance use disorders, and the ancillary
39 problems associated with substance use disorders, throughout the
40 State, by:

41 (1) reducing the demand for Schedule I controlled dangerous
42 substances, and the desire and willingness of residents to engage in
43 the illicit use of other substances;

44 (2) limiting the availability, supply, and street sales of Schedule
45 I controlled dangerous substances, and the availability, supply, and
46 street sales of prescription drugs for illicit purposes, such as by
47 preventing the unlawful diversion of opioids and other prescription
48 drugs for illicit purposes, and promoting the responsible use,

- 1 prescription, dispensation, administration, storage, and disposal of
- 2 prescription drugs;
- 3 (3) promoting, and working to ensure the safe, lawful, and
- 4 responsible use of alcohol;
- 5 (4) promoting the development of, and working to provide,
- 6 effective, evidence-based early intervention, treatment, and
- 7 recovery programs, services, and supports for persons with
- 8 substance use disorders, including persons who have co-occurring
- 9 physical or mental illnesses or disorders;
- 10 (5) facilitating interagency and interjurisdictional collaboration,
- 11 and the best use of each agency's resources and subject-matter
- 12 expertise, on all matters related to substance use control;
- 13 (6) identifying and addressing the root causes of substance use
- 14 disorder, and the ancillary issues associated with substance use
- 15 disorder, which may include, but need not be limited to: (a)
- 16 economic hardship; (b) criminal behavior; (c) mental illness; (d)
- 17 discrimination, stigma, or bias; and (e) lack of housing, education,
- 18 work, or family or community supports; and
- 19 (7) supporting and facilitating ongoing research on all matters
- 20 related to substance use control.
- 21 b. The comprehensive substance use control strategy shall, at a
- 22 minimum, include the following:
- 23 (1) a mission statement detailing the major functions of the
- 24 office in effectuating the priorities of the Coordinated Statewide
- 25 Substance Use Control Program, as articulated in the Statement of
- 26 Executive Branch Substance Use Control Policy Priorities, and in
- 27 implementing the State's comprehensive substance use control
- 28 strategy;
- 29 (2) comprehensive, quantifiable, research-based, short-term and
- 30 long-term goals for reducing the incidence of substance use
- 31 disorders, and the deleterious effects associated with substance use
- 32 disorders, in New Jersey, and a description of how each such goal
- 33 will be achieved, including, for each goal: (a) a list of the relevant
- 34 program partner agencies that will assist in achieving the goal, and
- 35 a description of each such agency's related responsibilities,
- 36 programs, activities, and available assets and resources, as well as
- 37 an indication of the manner in which each of the agency's
- 38 programs, activities, assets, and resources will be used to achieve
- 39 the stated goal; (b) a list of relevant stakeholders, and an indication
- 40 of the manner in which each such stakeholder will assist the State in
- 41 achieving the stated goal; (c) an estimate of funding and other
- 42 resources needed to achieve the stated goal, and a description of any
- 43 available federal funding sources; (d) a list of new or existing
- 44 coordinating mechanisms that will be needed to achieve the stated
- 45 goal; and (e) the office's role in facilitating the achievement of the
- 46 stated goal;
- 47 (3) for each year covered by the strategy, a performance
- 48 evaluation plan to be used by the office in evaluating the progress

1 made by program partner agencies with respect to the achievement
2 of each goal established under paragraph (2) of this subsection,
3 which plan shall include: (a) specific performance measures for
4 each program partner agency, which shall be used to evaluate the
5 agency's fulfillment of its responsibilities under the strategy, and
6 the agency's effectiveness in achieving the short-term and long-
7 term quantifiable goals that the director determines may be
8 achieved during each year; (b) annual, and, to the extent
9 practicable, quarterly objectives and targets for each performance
10 measure developed under subparagraph (a) of this paragraph; (c) an
11 estimate of funding and other resources needed to achieve each
12 performance objective and target; and (d) a description of existing
13 performance-related data sources and additional data collection
14 measures that are necessary to evaluate agency performance, and an
15 indication as to how the director will obtain requisite performance
16 data, such as through the use of the data collection plan established
17 under paragraph (9) of this subsection;

18 (4) a five-year fiscal projection for the Coordinated Statewide
19 Substance Use Control Program, including budget priorities;

20 (5) a review of existing State, local, and private sector substance
21 use control activities, as necessary to evaluate the effectiveness of
22 such activities and determine how to best coordinate the use of
23 available substance use control resources and agency expertise
24 throughout the State;

25 (6) a list of any anticipated challenges to the achievement of the
26 goals identified in paragraph (2) of this subsection, and a
27 description of actions that have been planned to address those
28 challenges;

29 (7) a description of how each goal identified in paragraph (2) of
30 this subsection was determined to be appropriate, including: (a) a
31 description of each consultation required by subsection c. of this
32 section, and a description of how each such consultation influenced
33 the development of the goal; and (b) the data, research, or other
34 information that was used to inform the determination that the goal
35 was appropriate;

36 (8) a description of the current prevalence of substance use in
37 the State, by substance, including an indication of the availability of
38 each type of Schedule I controlled dangerous substance, and the
39 prevalence and type of substance use disorders, by substance, which
40 are occurring in the State;

41 (9) a systemic data collection plan, which shall include: (a) a
42 plan for increasing data collection capabilities and analytical and
43 monitoring capabilities across program partner agencies, in order to
44 enable real time surveillance of emerging drug threats and
45 substance use control activities and capabilities in the State,
46 including open bed space in treatment facilities and recovery
47 residences; (b) a list of policy-relevant questions for which the
48 director and each program partner agency intends to develop

1 evidence to support the Coordinated Substance Use Control
2 Program and comprehensive substance use control strategy; (c) a
3 list of data that the director and each program partner agency
4 intends to collect, use, or acquire to facilitate substance use control-
5 related policymaking, service provision, and monitoring; (d) a list
6 of methods and analytical approaches that may be used to develop
7 or analyze evidence used to support the Coordinated Substance Use
8 Control Program and comprehensive substance use control strategy;
9 (e) a list of any challenges associated with the development of
10 evidence to support substance use control-related policymaking,
11 including any barriers to accessing, collecting, or using relevant
12 data; (f) a description of the steps that the office and each program
13 partner agency will undertake to effectuate the data collection plan;
14 and (g) any other information the director deems to be relevant;

15 (10) a strategic overdose response plan, developed in
16 consultation with the Opioid Epidemic Activities Coordination
17 Committee, which shall: (a) provide for the coordination of multi-
18 disciplinary efforts to prevent, reduce, and respond to overdoses
19 from opioids and other drugs; (b) provide for the uniform reporting
20 of fatal and non-fatal overdoses to public health and safety officials;
21 (c) provide for increased data sharing among public health and
22 safety officials concerning drug-related dependence and disorder
23 trends, and related crime; and (d) enable the collaborative
24 deployment of prevention, intervention, treatment, and law
25 enforcement resources to address overdoses and the factors that lead
26 to overdoses;

27 (11) a strategic plan to expand treatment and recovery options
28 for individuals with substance use disorders, which plan shall: (a)
29 identify unmet needs for substance use disorder treatment, and
30 develop a strategy for closing the gap between available and needed
31 treatment; (b) identify unmet needs for substance use disorder
32 recovery services and programs, including recovery residences, and
33 develop a strategy for closing the gap between available and needed
34 recovery programs, systems, and supports; (c) describe the specific
35 roles and responsibilities of each relevant program partner agency
36 in implementing the plan; (d) identify the specific resources that are
37 required to enable each relevant program partner agency to
38 effectuate the agency's responsibilities under the plan; and (e)
39 identify the resources, including from private sources, which are
40 required to eliminate the unmet need for substance use disorder
41 treatment and recovery services, programs, and facilities; and

42 (12) an analysis of any other statistical data and information that
43 the director considers to be appropriate to demonstrate and assess
44 trends related to: (a) illicit substance use in the State; (b) the effects
45 and consequences of such use, including the effects on youth and
46 other at-risk populations, and on society at large; (c) the ancillary
47 issues associated with substance use disorder, including economic
48 hardship, criminal behavior, mental illness, discrimination, stigma,

1 or bias, and lack of housing, education, work, or family or
2 community supports; (d) the effectiveness of substance use control
3 activities throughout the State; (e) and the implementation of the
4 State's comprehensive substance use control strategy.

5 c. When formulating the comprehensive substance use control
6 strategy pursuant to this section, the Director shall consult with,
7 seek input from, and, to the maximum extent possible, obtain
8 support for the strategy and a commitment to undertake actions in
9 accordance with the strategy, from:

10 (1) the heads of each program partner agency;

11 (2) local government units;

12 (3) each of the coordinators appointed by the director pursuant
13 to paragraph (2) of subsection b. of section 5, subsection i. of
14 section 11, and subsection f. of section 15 of P.L. , c. (C. ,
15 C. , and C.) (pending before the Legislature as this bill);

16 (4) the Emerging Drug Threats Committee;

17 (5) the Opioid Epidemic Activities Coordination Committee;

18 (6) the appropriate legislative committees;

19 (7) State and local law enforcement agencies with experience in
20 substance use control; and

21 (8) private citizens and entities, including, but not limited to,
22 community and faith-based organizations, nonprofit organizations,
23 and educational institutions that have experience and expertise in
24 substance use control or research related to substance use control.

25 d. In selecting data and information for inclusion in the
26 strategy, the Director shall ensure the inclusion of data and
27 information that:

28 (1) reflects, and is consistent with, the best available research
29 and evidence;

30 (2) permits an analysis of current trends against previously
31 compiled data and information in cases where the director
32 determines that such analysis will enhance the long-term assessment
33 of the comprehensive substance use control strategy; and

34 (3) permits a standardized and uniform assessment of the
35 effectiveness of substance use disorder prevention, treatment,
36 recovery, and harm reduction programs, services, and supports
37 throughout the State.

38
39 9. (New section) a. Program partner agencies having
40 responsibilities under the comprehensive substance use control
41 strategy shall include the Departments of Human Services, Health,
42 Community Affairs, Law and Public Safety, Corrections, Education,
43 and Environment, or their successor agencies, and any other
44 agencies deemed appropriate by the director and identified in the
45 strategy. The responsibilities of each program partner agency, as
46 described under the strategy, shall comport with the jurisdiction and
47 authority of each such agency.

48 b. The head of each program partner agency shall:

- 1 (1) cooperate with the director and the office in all matters
2 related to the program partner's implementation of the Coordinated
3 Statewide Substance Use Control Program and the comprehensive
4 substance use control strategy;
- 5 (2) provide the director with statistics, studies, reports, and other
6 data or information that has been prepared or collected by the
7 program partner agency, as well as a description of the substance
8 use control activities that are being undertaken by the program
9 partner agency, in accordance with the agency's responsibilities
10 under the comprehensive substance use control strategy;
- 11 (3) annually prepare, and submit to the director, in a form and
12 manner prescribed by the Director, a written report evaluating the
13 progress that has been made by the program partner agency, over
14 the prior fiscal year, with respect to each of the goals, objectives,
15 and targets described in the comprehensive substance use control
16 strategy, including progress that has been achieved with respect to:
17 (a) expanding access to, and increasing the effectiveness of,
18 evidence-based prevention, treatment, and recovery programs,
19 services, and supports; (b) reducing crime associated with substance
20 use; (c) reducing the negative health and social consequences of
21 substance use in the State; (d) reducing access to, or the sources of,
22 Schedule I controlled dangerous substances and other substances
23 used for illicit purposes; (e) preventing the diversion and misuse of
24 prescription drugs; and (f) attaining any other goal, objective, or
25 target identified in the strategy. A report prepared pursuant to this
26 paragraph shall evaluate the agency's performance using the
27 agency-specific performance measures that have been developed by
28 the director pursuant to paragraph (3) of subsection b. of section 8
29 of P.L. , c. (C.) (pending before the Legislature as this
30 bill);
- 31 (4) annually prepare and submit to the director, in a form and
32 manner prescribed by the director, a detailed written accounting of
33 all funds expended by the agency for substance use control
34 activities during the prior fiscal year, including an indication as to
35 how those expenditures were consistent with the comprehensive
36 substance use control strategy and the budget recommendations
37 made by the director pursuant to paragraph (5) of subsection a. of
38 section 5 of P.L. , c. (C.) (pending before the Legislature
39 as this bill);
- 40 (5) in accordance with the provisions of section 11 of P.L. , c.
41 (C.) (pending before the Legislature as this bill), annually
42 prepare and submit to the director a copy of the agency's substance
43 use control budget request for the upcoming fiscal year; and
- 44 (6) as deemed appropriate by the program partner agency,
45 periodically prepare, and submit to the director, written
46 recommendations, suggestions, or comments concerning changes to
47 the State's comprehensive substance use control strategy, or

1 changes to the State's laws and regulations related to substance use
2 control or intoxicated driving.

3
4 10. (New section) a. (1) Except in exigent circumstances, as
5 provided by paragraph (2) of this subsection, each program partner
6 agency shall notify the director, in writing, regarding any proposed
7 change in the policies that are used by the agency either to
8 implement the Coordinated Substance Use Control Program or to
9 effectuate the agency's responsibilities under the comprehensive
10 substance use control strategy. The notice required by this
11 paragraph shall be submitted to the director, prior to the agency's
12 implementation of the proposed policy change, and the director
13 shall proceed as specified in subsection b. of this section.

14 (2) If exigent circumstances make it impracticable for a program
15 partner agency to provide the director with prior notice of a policy
16 change, as required by paragraph (1) of this subsection, the head of
17 the program partner agency shall notify the director of the policy
18 change, in writing, as soon as practicable after the change goes into
19 effect, and the director shall proceed as specified in subsection b. of
20 this section.

21 b. The director shall promptly review any written notice of
22 policy change that is submitted to the director pursuant to
23 subsection a. of this section in order to determine whether the
24 policy change is consistent with the comprehensive substance use
25 control strategy. If the director determines that the policy change is
26 consistent with the strategy, the director shall provide the head of
27 the program partner agency with a written notice approving of, and
28 certifying, the policy change, and the program partner may proceed
29 to implement the change. If the director determines that the policy
30 change is inconsistent with the strategy, the director shall provide
31 the head of the program partner agency with a written notice
32 disapproving of the policy change, and the program partner shall
33 not proceed with the implementation of the policy change, or shall
34 revert to the original policy, as appropriate. The director shall
35 retain a copy of each written notice prepared pursuant to this
36 section, and shall submit a copy of each notice to the Governor and
37 the appropriate legislative committees.

38 c. The head of a program partner agency may appeal, to the
39 Governor, any determination made by the director, under this
40 subsection, that a policy change is inconsistent with the State's
41 comprehensive substance use control strategy.

42
43 11. (New section) a. For each fiscal year, the head of each
44 program partner agency shall transmit to the director a copy of the
45 agency's proposed substance use control budget request, in a form
46 and manner designated by the director with the concurrence of the
47 Director of the Office of Management and Budget in the
48 Department of the Treasury. Each budget request submitted

1 pursuant to this subsection shall be transmitted to the director
2 before the budget request is submitted to the Office of Management
3 and Budget in the Department of Treasury for use in the preparation
4 of the Governor's budget.

5 b. The head of each program partner agency shall ensure that
6 each budget request required under this section is developed, and
7 submitted to the director, in a timely manner.

8 c. A substance use control budget request transmitted by a
9 program partner agency under this section shall include all requests
10 for funds for any substance use control activity undertaken by that
11 program partner agency. The budget request shall contain separate
12 accounting sections for demand reduction activities and supply
13 reduction activities undertaken by the program partner. If a
14 particular activity also has a non-substance use control application,
15 the program partner agency shall estimate, using a documented
16 calculation, the total funds requested for that activity that will be
17 used for the purposes of substance use control, and shall set forth
18 the basis and method for making the estimate.

19 d. (1) The director shall review each budget request submitted
20 pursuant to subsection c. of this section, and shall confirm the
21 adequacy of each such budget request, as provided in this
22 subsection.

23 (2) The director shall not confirm the adequacy of any budget
24 request that requests a level of funding that will not facilitate the
25 achievement of the goals, objectives, or targets identified in the
26 State's comprehensive substance use control strategy, including a
27 budget request that: (a) does not adequately compensate for
28 transfers of resources and personnel necessary to support substance
29 use control activities throughout the State; (b) does not provide
30 adequate performance or accountability measures to evaluate the
31 effectiveness of the substance use control activities being
32 conducted; or (c) is insufficient to adequately support and enhance,
33 or expand the capacity of, the State's substance use disorder
34 treatment or recovery programs, services, and supports.

35 (3) If the director concludes that a program partner's budget
36 request is inadequate, in whole or in part, to successfully achieve
37 the goals, objectives, and targets identified in the State's
38 comprehensive substance use control strategy, in relation to the
39 program, policy, or service at issue for the year for which the
40 request is submitted, the director shall submit to the head of the
41 program partner agency a written notice of funding inadequacy,
42 which notice shall include a description of the funding levels and
43 specific initiatives that would, in the director's determination, make
44 the request adequate to implement the strategy.

45 (4) If the director concludes that a program partner's budget
46 request is adequate to effectuate the goals and objectives identified
47 in the State's comprehensive substance use control strategy, in
48 relation to the program, policy, or service at issue for the year for

1 which the request is submitted, the director shall submit to the head
2 of the program partner agency, a written notice of funding adequacy
3 certifying the adequacy of the request.

4 (5) The director shall maintain a record of each notice issued
5 pursuant to paragraph (3) or (4) of this subsection.

6 e. (1) The head of any program partner agency that receives a
7 notice of funding inadequacy pursuant to paragraph (3) of
8 subsection d. of this section shall indicate, in the agency's budget
9 submission to the Office of Management and Budget, the funding
10 levels and initiatives that were described by the director in the
11 notice. The head of any program partner agency that has altered its
12 budget submission in response to such notice shall include, as an
13 appendix to the agency's budget submission, an impact statement
14 that summarizes: (a) the changes that were made to the budget
15 submission under this section in response to the notice of funding
16 inadequacy; and (b) the impact of those changes on the ability of
17 the agency to perform its other responsibilities, including any
18 impact on the specific missions or programs of the agency.

19 (2) When a program partner agency annually submits its
20 proposed budget to the Office of Management and Budget, the
21 agency shall contemporaneously submit, to the appropriate budget
22 committees, a copy of any impact statement prepared under this
23 subsection.

24 f. Whenever the head of a program partner agency submits its
25 finalized budget request to the Office of Management and Budget,
26 the agency head shall also submit a copy of the budget submission
27 to the director, who shall review each such submission and make a
28 determination as to whether the budget submission includes
29 sufficient funding levels for the substance use control activities that
30 are proposed to be undertaken by the agency during the fiscal year.
31 In the case of an agency that has received a notice of funding
32 adequacy, pursuant to paragraph (4) of subsection d. of this section,
33 the director shall confirm that the budget submission includes
34 funding as certified in the notice. In the case of an agency that has
35 received a notice of funding inadequacy, pursuant to paragraph (3)
36 of subsection d. of this section, the director shall determine whether
37 the budget submission includes the changes recommended in the
38 notice. Upon completion of a review under this subsection, the
39 director shall submit to the Office of Management and Budget and
40 the appropriate budget committees:

41 (1) a written statement either certifying that the agency's budget
42 submission includes sufficient funding, or decertifying the budget
43 submission as not including sufficient funding;

44 (2) a copy of the notice of funding inadequacy, if any, which
45 was provided to the agency pursuant to paragraph (3) of subsection
46 d. of this section; and

47 (3) any budget recommendations that were provided to the
48 program partner agency pursuant to paragraph (5) of subsection a.

1 of section 5 of P.L. , c. (C.) (pending before the
2 Legislature as this bill).

3 g. (1) In each fiscal year, following the receipt of proposed
4 substance use control budget requests from all program partner
5 agencies pursuant to this section, the director, in consultation with
6 the head of each program partner agency, shall develop a
7 consolidated Coordinated Substance Use Control Program budget
8 proposal, which shall be designed to implement the State's
9 comprehensive substance use control strategy and inform the
10 Legislature and the public about the total amount that is proposed to
11 be spent on all demand reduction activities and supply reduction
12 activities, including substance use-related law enforcement
13 activities, which are being undertaken by all program partner
14 agencies in the State. Each consolidated budget proposal filed
15 under this section shall identify: (a) the current funding level for
16 each program partner agency, and for each substance use control
17 activity or program that is undertaken pursuant to the agency's
18 jurisdiction; and (b) alternative funding structures that could be
19 used to ensure the more efficient or effective achievement of goals,
20 objectives, and targets set out in the State's comprehensive
21 substance use control strategy.

22 (2) The director shall submit each consolidated budget proposal
23 to the Governor, the Office of Management and Budget, and the
24 appropriate budget committees, for consideration in the preparation
25 of the annual budget.

26 h. No program partner agency shall submit a reprogramming or
27 funding transfer request with respect to any amount of appropriated
28 funds in an amount exceeding \$5 million or 10 percent of a specific
29 program or account that is included in the consolidated Coordinated
30 Substance Use Control Program budget submitted pursuant to
31 subsection g. of this section, unless the request has first been
32 approved by the director. If the director does not respond to a
33 request for the reprogramming or transfer of funds within 30 days
34 after receipt of the request therefor, the request shall be deemed
35 approved. The head of a program partner agency may appeal to the
36 Governor any disapproval by the director of a reprogramming or
37 transfer request under this paragraph.

38 i. The director shall appoint a budget coordinator to:

39 (1) ensure that the director has sufficient information necessary
40 to: (a) analyze the performance of each program partner agency,
41 the impact that prior funding has had, and the likely impact that
42 future funding will have, on the achievement of the goals,
43 objectives, and targets set forth in the State's comprehensive
44 substance use control strategy; and (b) make an independent
45 assessment of each program partner budget request submitted
46 pursuant to this section;

47 (2) advise the director on agency budgets, performance
48 measures and targets, and additional data and research needed to

1 make informed monetary policy decisions under P.L. , c.
2 (C.) (pending before the Legislature as this bill); and

3 (3) perform any other duties as may be authorized by the
4 director with respect to the measurement or assessment of program
5 partner agency budgets or fiscal performance.

6 j. Whenever the director submits a consolidated budget
7 proposal pursuant to subsection g. of this section, the director shall
8 simultaneously transmit, to the Office of Management and Budget,
9 a detailed statement of the budgetary needs of the Office of
10 Coordinated Substance Use Control Policy and Planning, as
11 necessary to execute the office's mission and the duties of the
12 director, based on the director's good-faith assessment.

13

14 12. (New section) a. Any transfer of funds effectuated pursuant
15 to paragraph (9) of subsection b. of section 5 of P.L. , c.
16 (C.) (pending before the Legislature as this bill) shall be
17 subject to the following conditions:

18 (1) The Director may transfer funds only after considering the
19 input and concerns of the head of each affected agency in relation to
20 such transfer;

21 (2) In the case of an interagency transfer of funds, the total
22 amount of funds transferred from one agency to another may not
23 exceed three percent of the total amount of funds that were received
24 by the former agency for substance use control activities;

25 (3) Funds shall be transferred only as necessary to increase
26 available funding for programs or activities authorized by law, and
27 for the following purposes: (a) the expansion or improvement of
28 demand reduction activities or supply reduction activities; (b)
29 activities to facilitate and enhance the sharing of information among
30 program partner agencies, State and local governments, and State
31 and local law enforcement agencies; or (c) research related to any of
32 the activities listed in this paragraph; and

33 (4) Prior to transferring any funds, the Director shall submit a
34 written notice of such transfer to the State Comptroller.

35 b. The issuance of a fund control notice pursuant to paragraph
36 (10) of subsection b. of section 5 of P.L. , c. (C.) (pending
37 before the Legislature as this bill), shall be subject to the following
38 conditions:

39 (1) A fund control notice may direct that all or part of an
40 amount appropriated to the program partner agency's account be
41 obligated: (a) by months, fiscal year quarters, or other time periods;
42 or (b) by activities, functions, projects, or object classes;

43 (2) A fund control notice shall not direct that all or part of an
44 amount appropriated to a program partner agency account be
45 obligated, modified, or altered in any manner that is contrary, in
46 whole or in part, to a specific legislative appropriation or statute;

47 (3) A program partner agency officer or employee shall not
48 make or authorize an expenditure or obligation that is contrary to a

1 fund control notice issued by the director. If an officer or employee
2 violates the provisions of this paragraph, the head of the program
3 partner agency may, upon the request of, and in consultation with,
4 the director, subject the officer or employee to appropriate
5 administrative discipline, including, where appropriate, suspension
6 from duty without pay, or removal from office; and

7 (4) A copy of each fund control notice shall be transmitted by
8 the director to the State Comptroller, concurrently with its issuance
9 to the respective program partner agency.

10
11 13. (New section) a. The State Attorney General shall prepare
12 and submit to the director, the Governor, and, pursuant to section 2
13 of P.L.1991, c.164 (C.52:14-19.1), the Legislature, in a form and
14 manner prescribed by the director, a report on the supply reduction
15 activities that are being undertaken by State and local law
16 enforcement in accordance with the State strategy.

17 b. Each report submitted under this section shall include:

18 (1) data showing the number, type, and location of arrests
19 occurring over the preceding year, and prosecutions commenced
20 over the preceding year, for violations of State or federal laws
21 related to drugs or alcohol;

22 (2) data showing the number of law enforcement seizures of
23 drugs that occurred over the preceding year, by geographic region,
24 and the total weight of drugs seized in each region; and

25 (3) any other information required by the director.

26
27 14. (New section) a. The director shall annually submit to the
28 Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
29 19.1), to the Legislature, a written report describing the activities
30 undertaken pursuant to P.L. , c. (C.) (pending before the
31 Legislature as this bill).

32 b. Each annual report shall, at a minimum, contain the
33 following information:

34 (1) a substance use control assessment that evaluates, for the
35 prior fiscal year, the progress that has been made by each program
36 partner agency in reaching each goal, objective, and target
37 described in the comprehensive substance use control strategy, and
38 which includes: (a) a copy of each performance evaluation received
39 by the Director from an agency pursuant to paragraph (3) of
40 subsection b. of section 9 of P.L. , c. (C.) (pending before
41 the Legislature as this bill); (b) a summary of the progress made by
42 each program partner agency, using the performance measures
43 established for that agency pursuant to paragraph (3) of subsection
44 b. of section 8 of P.L. , c. (C.) (pending before the
45 Legislature as this bill); (c) a description of each substance use
46 control activity that is being engaged in by each program partner, in
47 accordance with the comprehensive substance use control strategy,
48 and an evaluation showing, to the extent practicable, the impact of

1 each such activity on: the availability of Schedule I controlled
2 dangerous substances and other substances used for illicit purposes
3 in the State; the regional and Statewide rates of substance use
4 disorder; and any other harm or factor associated with substance
5 use; and (d) a general assessment of the effectiveness of each
6 program partner agency, and of each relevant program administered
7 thereby, in achieving the goals, objectives, and targets described in
8 the comprehensive substance use control strategy, based on the
9 applicable performance measures established pursuant to paragraph
10 (3) of subsection b. of section 8 of P.L. , c. (C.) (pending
11 before the Legislature as this bill), including a specific evaluation of
12 whether the applicable goals, measures, objectives, and targets for
13 the previous year were met;

14 (2) information detailing how the office has consulted with and
15 assisted program partner agencies and other relevant persons and
16 entities with respect to the formulation and implementation of the
17 comprehensive substance use control strategy, and with respect to
18 other relevant substance use control issues;

19 (3) a copy of the detailed accounting statement submitted by
20 each program partner agency pursuant to paragraph (4) of
21 subsection b. of section 9 of P.L. , c. (C.) (pending before
22 the Legislature as this bill);

23 (4) a description of all funding control notices issued, and all
24 funding transfers effectuated, pursuant to P.L. , c. (C.)
25 (pending before the Legislature as this bill), during the reporting
26 period, and the effects of such notices and transfers;

27 (5) a description of all grant programs established, and all grants
28 issued, pursuant to paragraph (19) of subsection a. of section 5 of
29 P.L. , c. (C.) (pending before the Legislature as this bill);

30 (6) a description of the findings in the most recent report
31 submitted by the Opioid Epidemic Activities Coordination
32 Committee pursuant to subsection g. of section 16 of P.L. , c.
33 (C.) (pending before the Legislature as this bill);

34 (7) a description of the findings in the most recent Substance
35 use treatment provider performance report submitted by the division
36 under section 29 of P.L. , c. (C.) (pending before the
37 Legislature as this bill);

38 (8) a description of recommendations submitted to the office by
39 the Governor's Council on Substance Use Control, pursuant to
40 subsections d., e., and f. of section 4 of P.L.1989, c.51 (C.26:2BB-
41 4), concerning the allocation of State and federal funds for
42 substance use control purposes, the distribution of grant funds, and
43 the modification of funding mechanisms used to finance substance
44 use control activities in the State; an indication as to whether the
45 director agrees with such recommendations and deems them to be
46 consistent with the Statement of Executive Branch Substance Use
47 Control Policy Priorities and the comprehensive substance use
48 control strategy; and, in cases where the director disagrees with the

1 recommendations, or finds them to be inconsistent with the
2 Statement of Executive Priorities or the State strategy, a description
3 of the director's basis for such determinations or findings;

4 (9) a list of existing emerging drug threats in the State, as
5 designated pursuant to subsection c. of section 15 of P.L. , c.
6 (C.) (pending before the Legislature as this bill); an indication
7 of any previously designated emerging drug threats that have been
8 terminated during the reporting period; and an update on the
9 implementation of any Emerging Drug Threat Response Plan,
10 developed under subsections d. and e. of section 15 of P.L. , c.
11 (C. and C.) (pending before the Legislature as this bill),
12 that is still in effect at the time of reporting;

13 (10) a description of the conclusions reached from the most
14 recent review of State and local laws and regulations conducted
15 pursuant to paragraph (12) of subsection a. of section 5 of P.L. , c.
16 (C.) (pending before the Legislature as this bill), including any
17 specific recommendations for changes in the present laws and
18 regulations that the director deems appropriate; and

19 (11) recommendations for legislative or other appropriate
20 actions that could be used to improve the Coordinated Substance
21 Use Control Program, address emerging drug threats, and otherwise
22 counteract the deleterious effects of substance use disorders in the
23 State.

24
25 15. (New section) a. The director shall establish, in the office,
26 an Emerging Drug Threats Committee, to be composed of
27 representatives from program partner agencies, local governments,
28 and other entities, as deemed by the director to be appropriate. The
29 director shall appoint a chairperson from among the committee's
30 members. The committee shall meet at least once per year, and at
31 such additional times and locations as shall be designated by the
32 chair or the director.

33 b. The Emerging Drug Threats Committee shall:

34 (1) within 180 days after the committee's organizational
35 meeting, develop, and recommend to the director, criteria to be used
36 by the director in designating an emerging drug threat, or in
37 terminating an emerging drug threat designation, pursuant to
38 subsection c. of this section, which recommendations shall be based
39 on information, statistical data, and other evidence gathered by the
40 committee, and shall be revisited and revised by the committee, and
41 resubmitted to the director, as the committee deems to be
42 appropriate;

43 (2) work with the director to: (a) identify and designate
44 emerging drug threats, and terminate emerging drug threat
45 designations, as provided by subsection c. of this section; and (b)
46 develop and oversee the implementation of emerging drug threat
47 response plans, as provided by subsection d. of this section;

1 (3) monitor the evolution of emerging drug threats, and identify
2 trends in emerging and evolving drug threats, using the criteria
3 approved by the director pursuant to paragraph (2) of subsection c.
4 of this section;

5 (4) provide such other advice to the director, concerning the
6 State's strategy and policies for emerging drug threats, as the
7 committee deems to be appropriate; and

8 (5) disseminate and facilitate the sharing, among program
9 partner agencies, local governments, State and local law
10 enforcement, health and safety officials, and other persons and
11 entities determined by the director or committee chair to be
12 appropriate, of pertinent information and data relating to: (a) drug
13 seizures and drug supply and demand; (b) fatal and non-fatal
14 overdoses; (c) the demand for, and availability of, evidence-based
15 substance use disorder treatment and recovery services, programs,
16 and supports, including the extent of unmet treatment and recovery
17 needs; and (d) other subject matters as determined by the director or
18 committee chair to be necessary and appropriate.

19 c. (1) The director, in consultation with, or on the
20 recommendation of, the Emerging Drug Threats Committee, may
21 designate an emerging drug threat in the State, or may terminate an
22 emerging drug threat designation, in accordance with the provisions
23 of this subsection.

24 (2) The director shall promulgate, regularly revise and update,
25 as appropriate, and make publicly available, standards by which a
26 designation under paragraph (1) of this subsection, and a
27 termination of such designation, may be made. In developing or
28 revising such standards, the director shall consider the
29 recommendations of the Emerging Drug Threats Committee
30 submitted pursuant to paragraph (1) of subsection b. of this section,
31 and any other criteria the director considers to be appropriate.

32 (3) When designating an emerging drug threat or terminating an
33 existing emerging drug threat designation, the director shall publish,
34 on the office's Internet website, a written public notice explaining
35 the designation, or the termination of such designation, and shall
36 inform the Governor and the appropriate health committees that
37 such public notice has been posted.

38 d. Not later than 90 days after a public notice is posted,
39 pursuant to paragraph (3) of subsection c. of this section,
40 designating an emerging drug threat, the director, in consultation
41 with the Emerging Drug Threats Committee, shall publish on the
42 office's Internet website, and shall otherwise make publicly
43 available, an Emerging Drug Threat Response Plan to be used in
44 addressing and mitigating the threat. The director shall notify the
45 Governor and the appropriate health committees, in writing, of the
46 plan's availability.

47 e. An Emerging Drug Threat Response Plan developed under
48 subsection d. of this section shall include, at a minimum:

1 (1) a comprehensive strategic assessment of the emerging drug
2 threat, including the current availability of, and demand for, the
3 drug, and the effectiveness of existing evidence-based prevention,
4 treatment, recovery, and law enforcement programs and other
5 efforts to respond to the emerging drug threat;

6 (2) comprehensive, research-based, short-term and long-term
7 quantifiable goals for addressing the emerging drug threat,
8 including goals for reducing the supply of the drug and expanding
9 the availability and effectiveness of evidence-based substance use
10 disorder prevention, treatment, and recovery programs to reduce
11 demand for the drug;

12 (3) specific performance measures to be used in evaluating the
13 achievement of the short-term and long-term quantifiable goals
14 identified pursuant to paragraph (2) of this subsection;

15 (4) annual, and, to the extent practicable, quarterly objectives
16 and targets for each performance measure developed under
17 paragraph (3) of this subsection;

18 (5) the level of funding needed to implement the plan, including
19 whether funding is available to be reallocated or transferred to
20 support the plan's implantation, or whether additional
21 appropriations are necessary to implement the plan;

22 (6) the implementation strategy for the special media campaign
23 to be undertaken pursuant to subsection c. of section 19 of P.L. ,
24 c. (C.) (pending before the Legislature as this bill), including
25 goals, as described in paragraph (2) of this subsection, and
26 performance measures, objectives, and targets, as described under
27 subparagraphs (3) and (4) of this subsection; and

28 (7) any other information necessary to inform the public of the
29 status and progress of the State's response to the emerging drug
30 threat.

31 f. The director may designate an Emerging and Evolving Drug
32 Threats Coordinator to oversee the work of the Emerging Drug
33 Threats Committee, and to perform such other duties, in relation to
34 emerging drug threats, as may be determined by the director to be
35 appropriate.

36 g. The office shall provide professional and clerical staff to the
37 Emerging Drug Threats Committee as may be necessary for the
38 committee's purposes, and the committee shall also be entitled to
39 call upon the services of any State, county, or municipal
40 department, board, commission, or agency, as may be made
41 available to it for its purposes.

42
43 16. (New section) a. The director shall establish, within the
44 office, an Opioid Epidemic Activities Coordination Committee, to
45 be composed of representatives from program partner agencies,
46 local governments, and other entities, as deemed by the Director to
47 be appropriate. The Director shall appoint a chairperson from
48 among the committee's members. The committee shall meet at

1 least once per year, and at such additional times and places as shall
2 be designated by the chair or the Director.

3 b. The purpose of the Opioid Epidemic Activities Coordination
4 Committee shall be to promote and facilitate collaboration and
5 cooperation among program partner agencies, local governments,
6 and State and local law enforcement agencies, consistent with the
7 State strategy, with respect to the development and implementation
8 of comprehensive and innovative policies, programs, services, and
9 supports that are specifically designed to address the opioid
10 epidemic in New Jersey.

11 c. The Opioid Epidemic Activities Coordination Committee
12 shall have the duty to:

13 (1) within 180 days after the committee's organizational
14 meeting, develop and recommend to the director criteria, metrics, or
15 other indicators to be used by the director, the office, program
16 partner agencies, State and local policymakers, and other relevant
17 individuals and entities, in evaluating the progress that has been
18 made by program partner agencies, and by other appropriate
19 persons and entities, in addressing the State's opioid epidemic.
20 Recommendations made pursuant to this paragraph shall be based
21 on information, statistical data, and other evidence gathered by the
22 committee, and shall be revisited and revised by the committee, and
23 resubmitted to the director, as the committee deems to be
24 appropriate;

25 (2) in consultation and cooperation with program partner
26 agencies, local governments, and State and local law enforcement:
27 (a) identify counties and other areas of the State that are being
28 particularly harmed by the opioid epidemic, including those that
29 have excessively high rates of opioid overdoses or opioid-related
30 crime; (b) identify populations that are at risk of developing a
31 substance use disorder involving opioids; (c) identify societal and
32 other factors that have contributed to, facilitated the continuation of,
33 or increased the severity of, the State's opioid epidemic; and (d)
34 assess existing opioid-related treatment and recovery resource
35 capacity in the State, and evaluate the unmet need for new or
36 innovative opioid-specific treatment and recovery programs,
37 services, and supports;

38 (3) monitor the evolution of the opioid epidemic in New Jersey;
39 and identify trends in opioid use, prescription, and diversion;

40 (4) annually measure the effectiveness of opioid-related
41 substance use control activities taking place in the State, and the
42 success of such activities in mitigating the factors contributing to,
43 and the effects resulting from, the opioid epidemic in the State,
44 using the analysis of specific case examples and the standards and
45 metrics established by the director under subsection d. of this
46 section; and identify existing shortcomings and areas of inefficiency
47 in the provision of opioid-specific substance use disorder treatment
48 and recovery programs, services, and supports;

1 (5) promote and facilitate the establishment of collaborative
2 interagency and interjurisdictional agreements and coordinated
3 community response plans, including overdose response plans, and
4 the cross-agency adoption of uniform policies, protocols, rules, and
5 regulations, consistent with the State's comprehensive substance
6 use control strategy, to facilitate the creation of more efficient,
7 effective, and integrated opioid-specific treatment and recovery
8 service delivery systems, and the better organization, allocation,
9 and use of available assets and resources, as necessary to properly
10 address and respond to the unique issues facing persons who require
11 treatment for a substance use disorder involving opioid drugs,
12 particularly in those areas of the State that have been most
13 significantly affected by the opioid epidemic;

14 (6) provide members of the public with information, through the
15 office, on the status of the opioid epidemic in the State, available
16 opioid-specific treatment and recovery options, and the work of the
17 committee;

18 (7) disseminate and facilitate the sharing, among program
19 partner agencies, local governments, State and local law
20 enforcement, health and safety officials, and other persons and
21 entities determined by the director or the committee chair to be
22 appropriate, of pertinent information and data relating to: (a) opioid
23 seizures and supply and demand; (b) fatal and non-fatal opioid
24 overdoses; (c) the demand for, and availability of, evidence-based
25 opioid-specific substance use disorder treatment and recovery
26 services, programs, and supports, including the extent of unmet
27 treatment and recovery needs; and (d) other subject matters that the
28 director or the committee chair deems to be necessary and
29 appropriate; and

30 (8) annually submit a report of its activities to the director
31 pursuant to subsection g. of this section, and provide other advice to
32 the director in relation to the State strategy or the State's policies
33 and priorities related to the State's opioid epidemic, as the
34 committee determines to be appropriate.

35 d. The director shall promulgate, regularly revise and update,
36 as appropriate, and make publicly available, standards and metrics
37 to be used by the director, the office, all program partner agencies,
38 State and local policymakers, and other relevant individuals and
39 entities to measure the progress that has been made by the State in
40 addressing the causes of, and the harms associated with, the opioid
41 epidemic in the State, and by which the opioid epidemic may be
42 deemed to have been successfully contained. In developing or
43 revising such standards, the director shall consider the
44 recommendations of the Opioid Epidemic Activities Coordination
45 Committee, which have been submitted pursuant to paragraph (1) of
46 subsection c. of this section, and any other criteria the director
47 considers to be appropriate.

1 e. The office shall provide professional and clerical staff to the
2 Opioid Epidemic Activities Coordination Committee as may be
3 necessary for the committee's purposes, and the committee shall be
4 entitled to call upon the services of any State, county, or municipal
5 department, board, commission, or agency as may be made
6 available to it for its purposes.

7 f. In effectuating its purposes and duties under this section, the
8 Opioid Epidemic Activities Coordination Committee:

9 (1) shall consult with associations, organizations, and
10 individuals who are knowledgeable about: (a) the needs of persons
11 with an opioid-related substance use disorder; (b) the nature of, and
12 problems associated with, the State's current substance use disorder
13 prevention, treatment, and harm reduction systems and procedures,
14 particularly in relation to the treatment of a substance use disorder
15 involving opioids; and (c) the coordination and collaborative
16 provision of substance use disorder prevention, treatment, recovery,
17 and harm reduction services; and

18 (2) may appoint appropriate subcommittees to assist in carrying
19 out the committee's work, as well as regional or local policy
20 implementation task forces to ensure that the policies and programs
21 recommended by the committee are appropriately implemented at
22 the regional and local levels. The membership of any subcommittee
23 or regional or local policy implementation task force established
24 under this paragraph may include representatives from any
25 appropriate public or private department, agency, office, or advisory
26 committee, as well as private citizens who have relevant interest
27 and expertise in the areas of opioid-related substance use disorder
28 prevention, treatment, recovery, harm reduction, or research.

29 g. Commencing one year after its organizational meeting, and
30 annually thereafter, the Opioid Epidemic Activities Coordination
31 Committee shall prepare and submit to the Director a report of its
32 activities under this section. Each report submitted pursuant to this
33 subsection shall be posted on the Internet website of the office, and
34 on the Internet websites of each program partner represented on the
35 committee, and shall indicate:

36 (1) the metrics and other indicators approved by the director
37 under subsection d. of this section, which are being used by the
38 committee to measure the success of the State's opioid-related
39 substance use control activities;

40 (2) the findings made by the committee pursuant to paragraph
41 (4) of subsection c. of this section;

42 (3) any system inefficiencies, indicators of ineffective service
43 provision, or other problems with opioid-related service provision
44 that have been identified by the committee during the reporting
45 period;

46 (4) the activities undertaken and policies recommended or
47 adopted by the committee, during the reporting period, to: (a)
48 enhance collaboration and cooperation among relevant program

1 partner agencies, local governments and offices, and State and local
2 law enforcement, in association with the provision of opioid-related
3 substance use disorder prevention, treatment, recovery, and harm
4 reduction program, services, and supports; (b) increase the
5 coordination, integration, efficiency, or effectiveness of the State's
6 opioid-related substance use disorder treatment, recovery, and harm
7 reduction systems; or (c) otherwise address the systemic problems
8 identified by the committee; and

9 (5) any recommendations for action that can be undertaken by
10 the director, the Office of Coordinated Substance Use Control
11 Policy and Planning, the Governor, the Legislature, program partner
12 agencies, local governments, or State or local law enforcement to
13 further improve the cohesion, efficiency, and effectiveness of the
14 State's opioid-related substance use disorder prevention, treatment,
15 recovery, and harm reduction systems.

16 h. The director, and the heads of the program partner agencies
17 represented on the Opioid Epidemic Activities Coordination
18 Committee, shall each adopt rules and regulations, pursuant to the
19 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
20 seq.), as may be necessary to implement any new or revised
21 policies, programs, and procedures that have been approved or
22 recommended by the committee, pursuant to a report issued under
23 subsection g. of this section, or to otherwise effectuate the policy or
24 service goals identified by the committee, to the extent that such
25 policies, programs, procedures, and goals can be effectuated
26 through administrative action.

27
28 17. (New section) a. The director shall establish and maintain,
29 on the office's Internet website, a substance use control data
30 dashboard. To the extent practicable, data made available on the
31 dashboard shall be publicly available in a machine-readable,
32 sortable, and searchable format, and shall be searchable by year,
33 program partner agency, location, and type of substance use
34 disorder.

35 b. Data included on the dashboard shall be updated quarterly,
36 to the extent practicable, but not less frequently than annually, and
37 shall include the following information for the current calendar year
38 and for each of the three preceding calendar years:

39 (1) individualized data, as provided by subsection c. of this
40 section, on each substance that is identified by the director as
41 having a significant impact on the prevalence of substance use
42 disorders in the State;

43 (2) the number of fatal and non-fatal overdoses caused by each
44 substance identified in paragraph (1) of this subsection;

45 (3) the prevalence of substance use disorders in the State, by
46 county, region, and type of disorder;

47 (4) the total number of individuals who received substance use
48 disorder treatment, including medication-assisted treatment, and the

1 number and percentage of those individuals who received any such
2 treatment through publicly-financed programs;

3 (5) the number of individuals who are in a recovery program or
4 are receiving recovery support services following the completion of
5 treatment for a substance use disorder;

6 (6) the extent of the unmet need for substance use disorder
7 treatment, including medication-assisted treatment, and the extent
8 of the unmet need for recovery programs, services, housing, and
9 other supports, as evidenced by facility or program waiting lists or
10 other relevant data;

11 (7) data sufficient to show the prevalence and extent of the use,
12 diversion, and sale of prescription drugs for illicit purposes
13 throughout the State;

14 (8) a description of designated emerging drug threats and
15 terminated emerging drug threat designations;

16 (9) a hyperlink to the residential beds database maintained by
17 the division pursuant to section 28 of P.L. , c. (C.)
18 (pending before the Legislature as this bill); and

19 (10) any other quantifiable measures that the director deems to
20 be appropriate to detail progress toward the achievement of the
21 goals, objectives, and targets identified in the comprehensive
22 substance use control strategy.

23 c. For each substance identified, pursuant to paragraph (1) of
24 subsection b. of this section, as having a significant impact on the
25 prevalence of substance use disorder in the State, the dashboard
26 shall, to the extent practicable, contain the following information:

27 (1) data indicating the quantities of each such substance
28 available in the State, including: (a) the total amount of each such
29 substance that was seized by law enforcement; (b) the known and
30 estimated flows into and through the State from all sources; (c) the
31 total amount of known flows that could not be disrupted; and (d) the
32 average street price of the substance, including an indication of the
33 highest known street price during the preceding 10-year period;

34 (2) data indicating the frequency and effects of the use of each
35 such substance in the State, including: (a) the frequency of use of
36 each such substance in the workplace, and the estimated
37 productivity loss resulting from such use; (b) the frequency of use
38 of each substance by youth, and the educational and developmental
39 effects of such use; (c) the frequency of use of each such substance
40 by arrestees, prisoners, probationers, and parolees; and (d) the
41 nature and extent of criminal activity related to the use of each such
42 substance; and

43 (3) to the extent practicable, data indicating the number and
44 nature of prosecutions related to each such substance.

45

46 18. (New section) a. The Office of Coordinated Substance Use
47 Control Policy and Planning shall establish and operate, on a 24-
48 hour per day, seven-day per week basis, a centralized Substance

1 Use Control Services Information Hotline, which shall be available
2 to assist members of the public in navigating the State's substance
3 use disorder treatment and recovery systems, and in finding
4 appropriate care.

5 b. Hotline staff shall be trained and qualified to provide callers
6 with all relevant and requested information concerning the State's
7 substance use control operations and available treatment and
8 recovery options, including community housing, which are
9 available and appropriate for each caller's individual needs. To the
10 extent practicable, hotline staff shall work to connect callers
11 directly with appropriate service providers.

12 c. The office shall publicize the availability of the hotline as
13 part of the broader public awareness campaign undertaken pursuant
14 to section 19 of P.L. , c. (C.) (pending before the
15 Legislature as this bill). The office shall also publish, on its
16 Internet website, relevant fact sheets and notices highlighting the
17 availability of the hotline, and summarizing available treatment and
18 recovery options in the State.

19

20 19. (New section) a. The Office of Coordinated Substance Use
21 Control Policy and Planning, in coordination and consultation with
22 appropriate program partner agencies, shall engage in an ongoing
23 public awareness campaign related to substance use disorders and
24 available substance use disorder treatment and recovery services.

25 b. The purpose of the public awareness campaign shall be to:

26 (1) prevent and discourage the use of Schedule I controlled
27 dangerous substances, and the use of other substances for illicit
28 purposes;

29 (2) educate the public about the dangers and negative
30 consequences of illicit substance use, including the characteristics
31 and hazards of substance use disorders, and methods to safeguard
32 against the development of substance use disorders, including the
33 safe disposal of prescription drugs;

34 (3) support evidence-based prevention programs that target the
35 attitudes, perceptions, and beliefs that are associated with the
36 initiation or continuation of substance use, particularly among
37 members of at-risk populations;

38 (4) encourage individuals affected by substance use disorders to
39 seek treatment;

40 (5) publicize the availability of the Substance Use Control
41 Services Information Hotline, established pursuant to section 18 of
42 P.L. , c. (C.) (pending before the Legislature as this bill),
43 and otherwise inform the public about: (a) how to recognize the
44 signs and symptoms of substance use disorders; (b) the types of
45 evidence-based treatment programs, services, and supports that are
46 available throughout the State; (c) the types of recovery programs,
47 services, supports, and housing that are available throughout the

1 State; and (d) how to access available treatment and recovery
2 programs, services, supports, and housing;

3 (6) combat and reduce the stigma associated with addiction and
4 substance use disorders, including the stigma associated with the
5 use of medication-assisted treatment; and

6 (7) inform the public about the particular dangers associated
7 with any emerging drug threat designated pursuant to subsection c.
8 of section 15 of P.L. , c. (C.) (pending before the
9 Legislature as this bill).

10 c. In addition to any information provided on emerging drug
11 threats pursuant to subsection b. of this section, the office, in
12 consultation with the Emerging Drug Threats Committee and
13 Emerging and Evolving Drug Threats Coordinator, shall develop
14 special, targeted emergency media campaigns in response to each
15 designated emerging drug threat. Each such campaign shall be
16 focused on addressing and mitigating the specific factors that have
17 facilitated the emergence and evolution of the designated drug
18 threat, and shall be targeted to those areas of the State that are being
19 particularly harmed by, and those populations that are particularly
20 vulnerable to, the emerging drug threat.

21 d. The director, in consultation and cooperation with the office
22 of the Attorney General, State and local law enforcement agencies,
23 the courts, the Department of Corrections, and other appropriate
24 program partner agencies, shall establish and oversee an educational
25 program for law enforcement officers, prosecuting attorneys, court
26 personnel, judges of the Superior Court, probation and parole
27 officers, correctional personnel, other law enforcement personnel,
28 and State welfare and vocational rehabilitation personnel, that is
29 designed to train such individuals with respect to the causes,
30 effects, and treatment of intoxication and substance use disorders.

31

32 20. (New section) a. No substance use disorder treatment
33 facility shall operate in this State, except pursuant to a license or
34 certificate of approval issued by the Department of Health, or other
35 designated agency, under subsection b. of this section. The
36 Commissioner of Health, or other designated agency head, may
37 elect to issue different kinds of licenses or certifications, under this
38 section, for different kinds of facilities.

39 b. (1) The department shall issue a license under this section,
40 for a term of two years, to any person, partnership, corporation,
41 society, association, or other agency or entity of any kind, other
42 than a licensed general hospital or a department, agency, or
43 institution of government, upon application therefor, and upon a
44 determination that the applicant is responsible, is of good character,
45 is suitable to establish and maintain a facility, and is capable of
46 meeting the licensure standards and requirements established by the
47 department. A license issued under this paragraph may be renewed,

1 on a biennial basis, and shall be subject to suspension or revocation
2 by the department, at any time, for cause.

3 (2) Any agency, department, or institution of State or local
4 government that wishes to operate a substance use disorder
5 treatment facility shall not be subject to the licensure requirements
6 of paragraph (1) of this subsection, but shall instead be required to
7 obtain, from the department, a certificate of approval authorizing
8 the operation of such facility. A certificate of approval issued
9 pursuant to this paragraph shall be valid for a term of two years,
10 may be renewed on a biennial basis thereafter, and shall be subject
11 to suspension or revocation by the department, at any time, for
12 cause.

13 c. (1) An application for licensure under paragraph (1) of
14 subsection b. of this section shall be submitted in a form and
15 manner prescribed by the commissioner, and shall: (a) identify the
16 location of the facility; (b) provide the name and credentials of the
17 person who will act as operator the facility; (c) describe the services
18 that will be provided by the facility; (d) provide evidence of the
19 facility's ability to comply with the applicable licensure standards
20 and requirements established by the commissioner; and (e) provide
21 evidence of the good character of the applicant and the proposed
22 facility operator.

23 (2) Any change in the facts set forth in the licensure application
24 shall be reported to the commissioner within 10 days after the
25 occurrence thereof.

26 (3) Upon receipt of an application under this subsection, the
27 commissioner shall cause an investigation to be made of the
28 applicant, and, pursuant to subsection g. of this section, of the
29 facility in question, in order to determine whether the applicant is of
30 good moral character, and whether the facility complies with the
31 provisions of this section and the department's associated
32 regulations and standards for licensure.

33 d. The department shall perform an evaluation, prior to the
34 issuance of a license or certification under this section, of the need
35 for the proposed facility in the community, and the financial and
36 other qualifications of the applicant.

37 e. A license or certificate of approval issued under this section
38 shall be conspicuously displayed within the facility at all times, and
39 shall not be transferrable or assignable or applicable to any
40 premises or proprietor other than those specified in the license or
41 certification.

42 f. The commissioner shall adopt rules and regulations,
43 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
44 (C.52:14B-1 et seq.), establishing standards and requirements for
45 facility licensure and certification under this section. Except as
46 otherwise provided by subsection f. of this section, such standards
47 and requirements shall, at a minimum:

1 (1) provide standards and guidelines governing the proper
2 operation of facilities that are licensed or certified under this
3 section;

4 (2) identify the health and safety standards to be met by licensed
5 and certified facilities;

6 (3) identify the quality and type of the treatment to be afforded
7 to patients at each type of facility;

8 (4) require the facility to accurately represent the treatment to be
9 afforded to patients at the facility, and provide for the imposition of
10 penalties or sanctions for misrepresentations concerning facility
11 services;

12 (5) establish appropriate fees in association with the initial
13 issuance and renewal of licenses and certifications under this
14 section; and

15 (6) identify the procedures that will be used by the department
16 in relation to the granting and revocation of licenses and
17 certifications issued pursuant to this section.

18 g. Notwithstanding the provisions of subsection e. of this
19 section to the contrary, the standards and requirements adopted by
20 the department in relation to licensure of a private facility that
21 neither contracts with the State on a fee-for-service basis nor
22 accepts for treatment persons who are brought to the facility by law
23 enforcement pursuant to section 30 of P.L. , c. (C.)
24 (pending before the Legislature as this bill), shall concern only:

25 (1) the health and safety standards to be met by the facility;

26 (2) misrepresentations as to the treatment that is available to
27 patients at a facility;

28 (3) licensing fees; and

29 (4) procedures for submitting, reviewing, and approving license
30 applications.

31 h. (1) Prior to granting or renewing a license or certificate of
32 approval pursuant to this section, the department shall conduct an
33 initial on-site inspection of each proposed facility to determine the
34 facility's compliance with the provisions of this section and the
35 rules and regulations adopted pursuant thereto. The department
36 shall also provide for the periodic on-site visitation and inspection
37 of each licensed or certified facility, as may be necessary to ensure
38 that the facility and its operator remain in compliance with the
39 provisions of this section and the rules and regulations adopted
40 pursuant thereto.

41 (2) The department may examine the books and accounts of any
42 facility if it deems such examination to be necessary for the
43 purposes of this subsection.

44 (3) The department may file a complaint with any court having
45 jurisdiction, and the court may thereupon issue a warrant to any
46 officers or employees of the department, authorizing them to enter
47 and inspect, at reasonable times, and examine the books and
48 accounts of, any private facility that refuses to consent to any

1 inspection or examination authorized under this subsection, and
2 which the department has reason to believe is operating in violation
3 of the provisions of this section, or of the rules or regulations
4 adopted pursuant thereto. Any facility owner or operator who fails
5 to allow entry and inspection by department officials, in accordance
6 with a warrant issued under this paragraph, shall be subject, for a
7 first offense, to a fine of not more than \$100, and, for each
8 subsequent offense, to a fine of not more than \$1,000 or
9 imprisonment for not more than two years, or both.

10 i. The department may require any public facility, any private
11 facility contracting on a fee-for-service basis with the State, and any
12 private facility accepting for treatment those persons who are
13 brought to the facility by a law enforcement officer pursuant to
14 section 30 of P.L. , c. (C.) (pending before the Legislature
15 as this bill), to admit, on an inpatient or outpatient basis, as
16 appropriate, any person who requires treatment for a substance use
17 disorder. The department shall promulgate rules and regulations
18 governing the extent to which it may require private facilities to
19 admit persons to inpatient or outpatient treatment under this
20 paragraph; provided, however, that no licensed general hospital
21 shall be authorized to refuse the provision of treatment for
22 intoxication or substance use disorders.

23 j. Each facility shall file with the department, from time to
24 time, on request, such data, statistics, schedules, or information as
25 the department may reasonably require for the purposes of this
26 section. Any licensee or operator of a private facility who fails to
27 furnish any such data, statistics, schedules or information as
28 requested, or who files fraudulent returns thereof, shall be punished
29 by a fine of not more than \$500.

30 k. (1) The commissioner, after holding a hearing, may deny,
31 suspend, revoke, limit or restrict the applicability of, or refuse to
32 renew, any license or certificate of approval granted under this
33 section, upon a finding that the facility, or its operator, has violated,
34 or failed to comply with, the provisions of this section or any rules
35 or regulations adopted pursuant thereto. However, in the case of
36 private facilities that neither contract on a fee-for-service basis with
37 the State nor accept for treatment persons who are brought to the
38 facility by law enforcement pursuant to section 30 of P.L. , c.
39 (C.) (pending before the Legislature as this bill), the
40 department, after holding a hearing, may refuse to grant, suspend,
41 revoke, limit or restrict the applicability of, or refuse to renew, any
42 license for the following reasons only: (a) failure to meet the
43 requirements of rules and regulations concerning the health and
44 safety standards of such facilities; or (b) if there is a reasonable
45 basis for the department to conclude that there is a discrepancy
46 between representations made by a facility as to the treatment
47 services that are available to patients and the treatment services that
48 are actually rendered.

1 (2) The commissioner may temporarily suspend a license or
2 certificate of approval issued under this section in an emergency,
3 without holding a prior hearing as required by this subsection;
4 provided, however, that, upon the request of an aggrieved party, a
5 hearing shall be held as soon as possible after the license or
6 certificate of approval is suspended.

7 (3) Any party aggrieved by a final decision of the department
8 issued pursuant to this section may petition for judicial review
9 thereof.

10 (4) Notice of a pending hearing on the revocation, suspension,
11 or denial of a license or certificate issued under this section,
12 together with a specification of the charges supporting the
13 revocation, suspension, or denial, shall be sent to the holder of the
14 license or certificate by registered mail. The denial, suspension, or
15 revocation shall become effective 30 days after mailing, unless the
16 holder of the license or certificate, within such 30-day period,
17 satisfies the requirements established by the commissioner, or
18 provides notice to the commissioner of the holder's desire for a
19 hearing. Upon the receipt of a request for a hearing, the denial,
20 suspension, or revocation shall be held in abeyance until the hearing
21 has been concluded and a final decision rendered; provided,
22 however, that the holder of the license or certification may appeal a
23 denial, suspension, or revocation, to any court having jurisdiction.

24 (5) The commissioner shall arrange for prompt and fair hearings
25 under this subsection, and shall render written decisions stating the
26 conclusions and reasons for each such decision, on each matter
27 heard, and shall be authorized to issue orders of denial, suspension,
28 or revocation consistent with the circumstances of each case.

29 1. (1) Any person who establishes or operates a private facility
30 without first obtaining a license, as required by this section, or who
31 operates a private facility after revocation or suspension of the
32 facility's license, shall be liable, for the first offense, to a penalty of
33 \$25 for each day of operation in violation of this section, and, for
34 any subsequent offense, to a penalty of \$50 for each day of
35 operation in violation of this section. The penalties authorized by
36 this subsection shall be recovered in a summary proceeding
37 instituted by the Attorney General, at the request of the
38 commissioner, pursuant to the "Penalty Enforcement Law of 1999,"
39 P.L.1999, c.274 (C.2A:58-10 et seq.). Monetary penalties, when
40 recovered pursuant to this subsection, shall be payable to the
41 General Fund.

42 (2) The commissioner may, in the manner provided by law,
43 maintain an action, in the name of the State of New Jersey, for
44 injunctive relief against any person who continues to conduct,
45 manage, or operate a private facility without a license issued
46 pursuant to this section, or after such license has been suspended or
47 revoked.

1 m. The commissioner shall appoint and employ such
2 employees, advisers, and consultants, subject to the provisions of
3 Title 11A of the Revised Statutes, and do all other acts and things
4 necessary or convenient, to carry out the powers expressly granted
5 thereto, pursuant to P.L. , c. (C.) (pending before the
6 Legislature as this bill), and the responsibilities of the department,
7 as specified in the comprehensive substance use control strategy.

8
9 21. (New section) a. A substance use disorder treatment
10 program operating within a State correctional facility or county jail,
11 which meets or substantially meets the requirements necessary to
12 obtain a certificate of approval as a residential substance use
13 disorder treatment facility under section 20 of P.L. , c.
14 (C.) (pending before the Legislature as this bill), shall be
15 granted such certification. The operations of, and provision of
16 substance use disorder treatment services by, any such certified
17 program shall be regulated and overseen by the Department of
18 Human Services or other properly designated agency, pursuant to
19 sections 22 and 23 of P.L. , c. (C. and C.) (pending
20 before the Legislature as this bill), in accordance with a
21 memorandum of understanding executed with the Department of
22 Corrections.

23 b. Any substance use disorder treatment program, described
24 under subsection a. of this section, which does not meet or
25 substantially meet the requirements necessary to obtain a certificate
26 of approval as a residential treatment facility, shall be advised by
27 the Commissioner of Health or other designated agency head,
28 within 60 days of the determination, of any specific requirements
29 that the program fails to meet. If such treatment program addresses
30 all identified deficiencies, and can meet or substantially meet the
31 requirements for certification, the program may be granted a
32 certificate of approval pursuant to subsection a. of this section.

33
34 22. (New section) a. (1) The Department of Human Services
35 or other properly designated agency shall be responsible for
36 maintaining and overseeing the establishment and operation of a
37 comprehensive Statewide service system for the prevention of
38 substance use disorders, and the treatment of intoxicated persons
39 and persons with a substance use disorder, which service system
40 shall be consistent with, and reflect the goals and guiding principles
41 outlined in, the Statement of Executive Priorities and the State
42 strategy.

43 (2) The comprehensive substance use disorder prevention and
44 treatment system established pursuant to paragraph (1) of this
45 subsection: (a) shall be designed to promote, develop, establish,
46 coordinate, and provide unified and coordinated education,
47 prevention, diagnosis, treatment, aftercare, community referral, and
48 rehabilitation programs, services, and supports to mitigate and

1 reduce the occurrence of substance use disorders throughout the
2 State; (b) may encourage the regionalization of services; and (c)
3 shall provide for the regulation and oversight of the operations of,
4 and the provision of programs and services by, all treatment
5 facilities that are licensed or certified pursuant to section 20 or 21
6 of P.L. , c. (C. or C.) (pending before the Legislature
7 as this bill).

8 b. To the extent possible, all appropriate State and local
9 resources, including community mental health centers, shall be
10 utilized in, and coordinated with, the substance use disorder
11 prevention and treatment system established and operated under this
12 section.

13 c. Each facility administrator shall annually prepare and
14 submit, to the Commissioner of Human Services or other designated
15 agency head, a written report of its substance use control activities,
16 in a form and manner designated by the commissioner, and the
17 commissioner shall annually prepare and submit, to the Director of
18 the Office of Coordinated Substance Use Control Policy and
19 Planning, a consolidated report showing the substance use control
20 activities of all facilities, by county and region of the State.

21 d. Substance use disorder treatment services delivered pursuant
22 to this section may be administered on the premises of any
23 institution operated, in whole or in part, by the Department of
24 Corrections, so long as the institutional program has been certified
25 to operate by the Department of Health pursuant to section 21 of
26 P.L. , c. (C.) (pending before the Legislature as this bill).
27 Such treatment services shall be administered by the Department of
28 Human Services in the same way as they are administered in other
29 facilities licensed pursuant to section 20 of P.L. , c. (C.)
30 (pending before the Legislature as this bill), and shall, in all
31 respects, be therapeutic rather than penal or correctional in nature.

32 e. The department shall annually prepare and publish a list of
33 all substance use disorder treatment facilities operating in the State,
34 and shall:

35 (1) post the list on its Internet website;

36 (2) notify all law enforcement agencies and judges in the State
37 of the location and capacity of all such facilities operating in or near
38 their jurisdictions; and

39 (3) annually provide a copy of the list to the Director of the
40 Office of Coordinated Substance Use Control Policy and Planning
41 for consideration in the development of the State's comprehensive
42 substance use control strategy.

43
44 23. (New section) a. In effectuating the purposes of section 22
45 of P.L. , c. (C.) (pending before the Legislature as this
46 bill), the Commissioner of Human Services or other designated
47 agency head shall have the duty to:

- 1 (1) maintain, supervise, oversee, regulate, and control all
2 aspects of facility operations and program and service provision,
3 except as otherwise provided by section 20 of P.L. , c. (C.)
4 (pending before the Legislature as this bill);
- 5 (2) ensure that all treatment facilities in the State are providing
6 adequate programs and services, as appropriate, for intoxicated
7 persons and persons with a substance use disorder, and are staffed
8 with a sufficient number of qualified and trained personnel;
- 9 (3) serve in a consulting capacity to public and private agencies,
10 in relation to their engagement in substance use disorder prevention
11 and treatment activities;
- 12 (4) work to coordinate the provision of substance use disorder
13 prevention and treatment services through available public
14 assistance programs;
- 15 (5) direct and conduct basic, clinical, epidemiological, social
16 science, and statistical research on substance use and substance use
17 disorders, either alone, or in conjunction with other public or
18 private agencies, and develop pilot programs, including pilot clinic
19 programs, for the treatment of substance use disorders, within the
20 limits of appropriated funds;
- 21 (6) enhance public awareness of, disseminate information on,
22 and provide public education on, substance use and substance use
23 disorders, and the facilities, programs, services, and supports that
24 are available to assist, and provide appropriate treatment to,
25 intoxicated persons, persons with substance use disorders, and
26 persons with potential substance use disorders;
- 27 (7) organize and foster the implementation of professional
28 training and certification programs for health care practitioners,
29 mental health care practitioners, students in health care, teachers,
30 and other appropriate professional and para-professional workers
31 who are involved with intoxicated persons or persons with a
32 substance use disorder;
- 33 (8) develop and implement an ongoing data collection, analysis,
34 and distribution system, consistent with the State strategy, for the
35 collection, analysis, and distribution of statistics on: (a) the
36 incidence and prevalence of illicit substance use, substance use
37 disorders, and ancillary substance use-related problems in the State,
38 with special emphasis on youth and other at-risk populations, and
39 on the relationship that exists between illicit substance use and
40 automobile accidents, crime, delinquency, homelessness, and other
41 social problems; and (b) the availability and use of treatment
42 facilities, programs, services, and supports in each county and
43 region of the State. The data collection system established under
44 this paragraph shall, at a minimum, provide for the collection,
45 analysis, and distribution of studies, surveys, random samplings,
46 and assessments from a variety of health care practitioners and
47 facilities, mental health care practitioners and facilities, program
48 partner agencies, local governments, State and local law

1 enforcement agencies, and private and nonprofit organizations that
2 are concerned and connected with substance use control activities
3 taking place in the State, including, but not limited to, the New
4 Jersey Motor Vehicle Commission, the Administrative Office of the
5 Courts, the youth bureaus, substance use disorder treatment
6 facilities and program providers, hospitals and mental health
7 centers, schools, law enforcement agencies, and the Division of
8 Alcoholic Beverage Control in the Department of Law and Public
9 Safety; and

10 (9) not later than January 15 of each year, submit to the director,
11 to the Governor, and, pursuant to section 2 of P.L.1991, c.164
12 (C.52:14-19.1), to the Legislature, an annual report of the
13 operations of the Division of Mental Health and Addiction Services,
14 which shall include specific recommendations pertaining to matters
15 that fall within the scope of the division's jurisdiction.

16 b. The Commissioner of Human Services or other designated
17 agency head shall be authorized, empowered, and directed to:

18 (1) plan, construct, cause to be established, and maintain such
19 facilities as may be necessary or desirable for the conduct of the
20 substance use disorder prevention and treatment system developed
21 under section 22 of P.L. , c. (C.) (pending before the
22 Legislature as this bill);

23 (2) acquire any real property or interest therein, either by
24 purchase or lease, on such terms and conditions and in such manner
25 as may be deemed proper, or by exercising the power of eminent
26 domain in accordance with the provisions of Title 20 of the Revised
27 Statutes; and hold and dispose of such property or property interest,
28 as may be necessary and appropriate to effectuate the provisions of
29 section 22 of P.L. , c. (C.) (pending before the Legislature
30 as this bill);

31 (3) make and enter into all contracts and agreements necessary
32 or incidental to the performance of the commissioner's duties or the
33 execution of the functions of the Department of Human Services or
34 the division under P.L. , c. (C.) (pending before the
35 Legislature as this bill), including, but not limited to, contracts with
36 facilities, governmental entities, or public or private organizations,
37 as necessary to pay them for services actually rendered or furnished
38 to intoxicated individuals or individuals with a substance use
39 disorder, at rates to be established pursuant to law;

40 (4) solicit, contract for, accept, and use any gifts, grants, loans,
41 devises, or bequests of funds, facilities, property, services, or
42 assistance, in any form, from the federal government, or any
43 instrumentality thereof; from State or local government entities; or
44 from any private person or entity, and do all things necessary to
45 cooperate with the federal government or any of its agencies in
46 connection with the application for any federal grant or loan;
47 provided, however, that any money received under this subsection
48 shall be deposited with the State Treasurer to be kept in a separate

1 fund in the treasury for expenditure by the department or division,
2 as appropriate, in accordance with the conditions of the gift, grant,
3 loan, devise, or bequest, without specific appropriation;

4 (5) develop, encourage, and foster, in cooperation with
5 interested State and local agencies and private organizations and
6 individuals, and consistent with the State strategy, Statewide,
7 regional, and local plans and programs for the prevention, detection,
8 and treatment of substance use disorders, and provide technical
9 assistance and consultation services for these purposes;

10 (6) coordinate the efforts, and enlist the assistance, of all public
11 agencies and private organizations and individuals interested in the
12 prevention, detection, and treatment of substance use disorders,
13 consistent with the department's and division's responsibilities
14 under the Comprehensive Substance Use Disorder Strategy;

15 (7) cooperate with the Department of Corrections and other
16 appropriate agencies to establish and conduct programs for the
17 prevention and treatment of substance use disorders in incarcerated
18 individuals, and in parolees, probationers, and any other non-
19 incarcerated individuals who remain under criminal justice
20 supervision, which programs shall be therapeutic and non-punitive
21 in nature, and shall foster and provide for the coordination of a wide
22 range of diagnosis, counseling, and treatment services;

23 (8) work in consultation with schools, law enforcement, public
24 agencies, and private organizations and individuals, to establish
25 programs for the prevention and treatment of intoxication and
26 substance use disorders among juveniles and young adults;

27 (9) prepare, publish, and disseminate educational materials
28 concerning the prevention, nature, and effects of substance use
29 disorders, and describing the benefits of treatment, which materials
30 shall reflect the priorities identified in the Statement of Executive
31 Branch Substance Use Control Policy Priorities, and be consistent
32 with the State's comprehensive substance use control strategy;

33 (10) encourage the use of substance use disorder prevention,
34 detection, and treatment programs in government and industry; and

35 (11) appoint and employ such employees, advisers, and
36 consultants, subject to the provisions of Title 11 of the Revised
37 Statutes, and do all other acts and things necessary or convenient, to
38 carry out the powers expressly granted thereto, pursuant to P.L. ,
39 c. (C.) (pending before the Legislature as this bill), and the
40 responsibilities of the Department of Human Services and the
41 division, as specified in the comprehensive substance use control
42 strategy.

43 c. The commissioner shall adopt rules and regulations,
44 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
45 (C.52:14B-1 et seq.), as may be necessary to effectuate the purposes
46 of sections 21 and 22 of P.L. , c. , (C.) (pending before the
47 Legislature as this bill). Such rules and regulations shall include,
48 but need not be limited to, minimum standards and requirements for

1 the treatment of patients by licensed or certified substance use
2 disorder treatment facilities. As deemed by the commissioner to be
3 appropriate, the rules and regulations adopted pursuant to this
4 subsection may include different standards for each type of facility.

5
6 24. (New section) a. A facility that has obtained a license or
7 certificate of approval pursuant to section 20 or 21 of P.L. , c.
8 (C.) (pending before the Legislature as this bill) shall provide
9 appropriate treatment, under the comprehensive treatment system
10 established pursuant to section 22 of P.L. , c. (C.) (pending
11 before the Legislature as this bill), to:

12 (1) any intoxicated person or person with a substance use
13 disorder who voluntarily seeks treatment at the facility;

14 (2) any intoxicated person who is assisted to the facility by a
15 law enforcement officer or emergency medical responder pursuant
16 to section 30 of P.L. , c. (C.) (pending before the
17 Legislature as this bill); and

18 (3) any person who is committed to treatment in lieu of
19 prosecution pursuant to section 31 of P.L. , c. (C.)
20 (pending before the Legislature as this bill).

21 b. As soon as possible after a person is admitted to a facility,
22 the facility administrator shall cause such person to be examined by
23 a physician or other medically competent individual who is
24 operating under the supervision of a physician. If, upon
25 examination, a determination is made that the person is intoxicated
26 or has a substance use disorder, and adequate and appropriate
27 treatment is available at the facility, the person shall be admitted to
28 the facility.

29 c. (1) If any person is denied admission to a facility because
30 adequate and appropriate treatment is not available at the facility,
31 the facility administrator, with the assistance of the division, shall
32 refer the person to a facility at which adequate and appropriate
33 treatment is available.

34 (2) If an intoxicated person is denied admission to a facility, and
35 has no available funds, the administrator shall arrange for the
36 person to be assisted to the person's residence, or, if the person has
37 no residence, to a place where shelter will be provided.

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

46 e. The transportation of a person from one facility to another,
47 or from a facility to the person's residence, and the financing
48 thereof, shall be done in accordance with rules and regulations

1 adopted by the Department of Human Services or other designated
2 agency.

3 f. When a patient is discharged or otherwise released from
4 treatment at a residential or inpatient facility, the patient shall be
5 encouraged to consent to appropriate outpatient or residential
6 aftercare treatment.

7 g. Each person who receives treatment at a facility pursuant to
8 P.L. , c. (C.) (pending before the Legislature as this bill)
9 shall be subject to the supervisory powers of the facility
10 administrator, as exercised in accordance with rules and regulations
11 of the Department of Human Services or other designated agency.

12 h. Each facility administrator shall keep a record of the
13 treatment provided to each patient under this section. A written,
14 comprehensive, individualized treatment plan shall be prepared for
15 each patient receiving treatment, and shall be retained in the
16 patient's treatment record. Each patient record maintained under
17 this subsection shall be confidential, and shall be made available
18 only upon proper judicial order in connection with a pending
19 judicial proceeding or otherwise.

20 i. No patient may be detained at any facility, without the
21 person's consent, except in accordance with the provisions of
22 subsection d. of this section.

23

24 25. (New section) No treatment facility, halfway house or other
25 residential aftercare facility, or recovery residence operating in the
26 State shall be permitted to deny admission to any person on the
27 basis that the person is currently receiving medication-assisted
28 treatment for a substance use disorder from a licensed treatment
29 provider.

30

31 26. (New section) a. Whenever a person is admitted to a
32 treatment facility, the facility administrator shall provide notice of
33 admission to the person's spouse, parent, legal guardian, designated
34 next of kin, or other designated emergency contact, as soon
35 thereafter as possible, provided that the conditions specified in
36 subsection c. of this section are satisfied.

37 b. Whenever a person voluntarily withdraws, or is involuntarily
38 evicted, from a halfway house or other residential aftercare facility,
39 or from a recovery residence, the facility administrator or landlord
40 shall provide notice of the patient's discharge from care to the
41 person's spouse, parent, legal guardian, designated next of kin, or
42 other designated emergency contact, provided that the conditions
43 specified in subsection c. of this section are satisfied.

44 c. Notice may be provided under this section, provided that:

45 (1) such notice is provided in a manner that is consistent with
46 federal requirements under 42 CFR Part 2 and the federal health
47 privacy rule set forth at 45 CFR Parts 160 and 164; and

1 (2) the patient or resident, if an adult, has not withheld consent
2 for such notice or expressly requested that notification not be given.

3 d. If a person who is not incapacitated withholds consent for
4 notice under this section, or expressly requests that notification not
5 be given, the person's wishes shall be respected unless the person is
6 an unemancipated minor, in which case, the minor's parent, legal
7 guardian, designated next of kin, or other designated emergency
8 contact shall be notified, provided that such notification is not
9 inconsistent with, and would not violate, federal requirements under
10 42 CFR Part 2 and the federal health privacy rule set forth at 45
11 CFR Parts 160 and 164.

12
13 27. (New section) a. No person shall be denied any right or
14 privilege under the Constitution of the United States or of the State
15 of New Jersey, including the right to vote, on the basis that the
16 person has a substance use disorder or is receiving, or has received,
17 treatment at a facility pursuant to P.L. , c. (C.) (pending
18 before the Legislature as this bill).

19 b. A patient shall have the following rights while receiving
20 treatment at a facility:

21 (1) the right to have an examination under subsection b. of
22 section 24 of P.L. , c. (C.) (pending before the Legislature
23 as this bill) performed by a physician who has been selected and
24 retained by the patient;

25 (2) the right to engage in private consultation with the patient's
26 family members and attorney; and the right to send and receive
27 private communications by mail, telephone, email, or other means,
28 without censorship. No communications of the patient shall be
29 censored, read, or otherwise intercepted by facility staff without the
30 patient's consent;

31 (3) the right to receive visitors during reasonable visiting hours,
32 as established by the facility administrator; and

33 (4) the right to receive adequate and appropriate treatment.

34 c. All of the rights under this section shall be afforded to minor
35 children and adolescents, except as otherwise provided by the law
36 applicable to minors.

37
38 28. (New section) a. (1) The Division of Mental Health and
39 Addiction Services shall oversee the development and maintenance
40 of a residential beds database, which shall collect and track the
41 daily information received pursuant to paragraph (2) of this
42 subsection about the number of open beds that are available for
43 treatment in each residential substance use disorders treatment
44 facility that receives State or county funding.

45 (2) Each residential substance use disorders treatment facility
46 that receives State or county funding shall submit to the database
47 developed and maintained pursuant to paragraph (1) of this
48 subsection, not less than once a day, information indicating the

1 number of open beds that are available for treatment at the facility
2 on that day.

3 b. The information maintained in the database shall include, by
4 county:

5 (1) the address and telephone number of the residential
6 substance use disorders treatment facility;

7 (2) the type of services provided by the facility;

8 (3) the licensed bed capacity of the facility; and

9 (4) the number of open beds that are available for treatment at
10 the facility, based on the information received from the facility
11 pursuant to paragraph (2) of subsection a. of this section.

12 c. Information in the residential beds database, established and
13 maintained pursuant to this section, shall be:

14 (1) prominently displayed on the division's Internet website;

15 (2) made available to the public, upon request, through the
16 addictions telephone hotline and the Statewide 2-1-1 telephone
17 system;

18 (3) made available on the Substance Use Control Data
19 Dashboard, as provided by paragraph (9) of subsection b. of section
20 17 of P.L. , c. (C.) (pending before the Legislature as this
21 bill); and

22 (4) made available using any other means that the Assistant
23 Commissioner of the division, or the Director of the Office of
24 Coordinated Substance Use Control Policy and Planning, deems
25 appropriate.

26 d. The assistant commissioner shall be authorized to solicit,
27 contract for, accept, and use any gifts, grants, loans, devises, or
28 bequests of funds, facilities, property, services, or assistance, in any
29 form, from the federal government, or any instrumentality thereof;
30 from State or local government entities; or from any private person
31 or entity, and do all things necessary to cooperate with the federal
32 government or any of its agencies in connection with the
33 application for any federal grant or loan for the purposes of
34 developing and maintaining the database pursuant to this section;
35 provided, however, that any money received under this subsection
36 shall be deposited with the State Treasurer to be kept in a separate
37 fund in the treasury for expenditure by the division in accordance
38 with the conditions of the gift, grant, loan, devise, or bequest,
39 without specific appropriation.

40

41 29. (New section) a. The Division of Mental Health and
42 Addiction Services shall annually prepare, post on its Internet
43 website, and submit to the Commissioner of Human Services, or
44 other designated agency head, and to the director, a substance use
45 treatment provider performance report, as provided by this section.

46 b. Each performance report prepared under this section shall
47 show and compare the overall performance of each substance use

1 disorder treatment facility in the State with the Statewide average
2 performance of such facilities, based on:

3 (1) the national outcome measures, for each level of care, which
4 are identified in subsection c. of this section; and

5 (2) as appropriate, any other national outcome measures
6 identified by the federal Substance Abuse and Mental Health
7 Services Administration.

8 c. The following national outcome measures shall be used in
9 preparing a performance report pursuant to this section:

10 (1) the percentage of patients who are abstinent from alcohol on
11 the date of admission and discharge;

12 (2) the percentage of patients who are abstinent from drugs on
13 the date of admission and discharge;

14 (3) the percentage of patients who are employed on the date of
15 admission and discharge;

16 (4) the percentage of patients who are enrolled in school or a job
17 training program on the date of admission and discharge;

18 (5) the percentage of patients who are homeless on the date of
19 admission and discharge;

20 (6) the average length of treatment provided to patients; and

21 (7) any other information the assistant commissioner deems
22 appropriate.

23 d. The division shall make a hard copy of each substance use
24 treatment provider performance report available to the public, upon
25 request.

26

27 30. (New section) a. (1) Any person who is intoxicated in a
28 public place may be assisted by a law enforcement officer, or by an
29 emergency medical responder at the officer's request, to the
30 person's residence, or to an intoxication treatment center or other
31 treatment facility.

32 (2) Any person who is intoxicated in a public place, and who a
33 law enforcement officer has reason to believe is incapacitated, shall
34 be assisted by the law enforcement officer, or by an emergency
35 medical responder at the officer's request, to an intoxication
36 treatment center or other treatment facility.

37 (3) Any person who is arrested for a violation of a municipal
38 ordinance, or for a disorderly persons offense, and who is not also
39 arrested for a misdemeanor or felony, and who the arresting officer
40 has reasonable cause to believe is intoxicated, may be taken by the
41 officer directly to an intoxication treatment center or other
42 treatment facility.

43 (4) If a law enforcement officer believes that an intoxicated
44 person is in immediate need of medical assistance, the officer, or an
45 emergency medical responder at the officer's request, shall provide
46 emergency first aid to the intoxicated person, at the place where the
47 intoxicated person is located.

- 1 b. In order to determine whether a person is intoxicated for the
2 purposes of this section, a law enforcement officer may request that
3 the person submit to any reasonable test, including, but not limited
4 to, a test of the person's coordination, coherency of speech, and
5 breath.
- 6 c. A law enforcement officer, acting in accordance with the
7 provisions of this section, may use such force, other than that which
8 is likely to inflict physical injury, as is reasonably necessary to
9 carry out the officer's authorized responsibilities. If the officer
10 reasonably believes that the officer's safety, or the safety of other
11 persons present, so requires, the officer may conduct a search of the
12 intoxicated person and the intoxicated person's immediate
13 surroundings, but only to the extent necessary to discover and seize
14 any dangerous weapon, which may, on that occasion, be used
15 against the officer or other persons present.
- 16 d. All persons acting under the provisions of this section shall
17 be deemed to be acting in the conduct of their official duties, and
18 shall not be subject to criminal or civil liability for actions taken, in
19 good faith, in accordance with this section.
- 20 e. Any person who is brought to a facility pursuant to this
21 section shall receive treatment in accordance with section 24 of
22 P.L. , c. (C.) (pending before the Legislature as this bill).
- 23 f. If a person is brought to a facility by a law enforcement
24 officer pursuant to this section, and an examination conducted at the
25 facility determines that the person is intoxicated, the examining
26 physician or other medically competent individual shall certify this
27 determination, and a duplicate copy of the certification shall be
28 made available to the officer.
- 29 g. A person who is assisted to a facility under paragraph (1) or
30 (2) of subsection a. of this section shall not be deemed to have been
31 arrested, and no entry or other record shall be made to indicate that
32 the person has been arrested.
- 33 h. The State, and any county or municipality therein, shall be
34 authorized to establish service forces to assist law enforcement in
35 effectuating the requirements of this section. Such service forces
36 may, but need not, be a part of a law enforcement agency or police
37 department. Members of a service force shall be trained to carry
38 out the responsibilities of law enforcement, as set forth in this
39 section, and in section 31 of P.L. , c. (C.) (pending before
40 the Legislature as this bill), particularly with respect to the
41 administration of first aid to intoxicated persons who are in need of
42 medical assistance.
- 43 i. State and local law enforcement agencies and officers, in
44 cooperation with the division, shall provide temporary security at
45 facilities where arrestees are taken pursuant to paragraph (3) of
46 subsection a. of this section in cases where it is necessary that such
47 security be provided to secure the safety of the arrestee or other
48 persons present.

1 31. (New section) a. Whenever an arrestee is taken by a law
2 enforcement officer directly to a treatment facility, pursuant to
3 paragraph (3) of subsection a. of section 30 of P.L. , c. (C.)
4 (pending before the Legislature as this bill), the facility
5 administrator shall, prior to discharging such person from
6 treatment:

7 (1) inform the person that, if a physician determines that the
8 patient has a substance use disorder and would benefit from
9 treatment, a court, in its discretion, may order the person to be
10 committed to treatment in lieu of prosecution, as provided by this
11 section;

12 (2) offer to examine the person at the facility, prior to discharge,
13 in order to determine whether the person has a substance use
14 disorder and would benefit from treatment. If the person consents
15 to an examination under this paragraph, the facility shall provide for
16 a physician to examine the person within 48 hours after the time
17 such consent is given. Law enforcement shall maintain appropriate
18 security conditions at the facility, during such time, as may be
19 necessary; and

20 (3) notify law enforcement of the upcoming discharge, at which
21 point, an officer shall escort and transport the patient from the
22 facility.

23 b. (1) If a person taken to a facility pursuant to paragraph (3)
24 of subsection a. of section 30 of P.L. , c. (C.) (pending
25 before the Legislature as this bill) is a patient of a facility at the
26 time that court proceedings are commenced against the person for
27 the violation of the municipal ordinance, or for the disorderly
28 persons offense, and the person has not yet received a medical
29 examination to determine whether the person has a substance use
30 disorder and would benefit from treatment, as provided by
31 paragraph (2) of subsection a. of this section, the court shall inform
32 the person of: (a) the ability to request such a medical examination;
33 and (b) the consequences associated with a determination by a
34 physician, following such examination, that the person has a
35 substance use disorder and would benefit from treatment. If the
36 defendant wishes to request an examination, the request shall be
37 submitted to the court, in writing. Upon receipt of such request, the
38 court shall stay the current proceedings for the period during which
39 the request is under judicial review, and shall appoint a physician to
40 conduct the examination of the defendant at an appropriate time and
41 location designated thereby.

42 (2) In no event shall any request for examination under this
43 subsection, any statement made during the course of such
44 examination, or any finding of a physician made pursuant to the
45 provisions of this section, be admissible against the defendant in
46 any judicial proceeding.

47 c. (1) A physician who conducts an examination pursuant to
48 this section shall determine whether the defendant has a substance

1 use disorder and would benefit from treatment. The physician shall
2 report, to the court, the physician's findings, together with the facts
3 upon which the findings are based, and the reasons for the
4 physician's determinations. Such report shall be submitted as soon
5 as possible, but in no case more than three days, after the
6 completion of the examination.

7 (2) If the physician, following an examination, determines that
8 the defendant has a substance use disorder and would benefit from
9 treatment, the court shall inform the defendant of the defendant's
10 ability to request commitment to a facility for treatment under this
11 subsection, and the consequences of such commitment, including
12 the fact that the current proceeding will be stayed for the term of the
13 commitment. If the defendant requests commitment, the court shall
14 proceed as specified by subsection d. of this section.

15 d. (1) If the court finds that the defendant has a substance use
16 disorder and would benefit from treatment, and the defendant has
17 requested commitment pursuant to paragraph (2) of subsection c. of
18 this section, the court may elect to grant the request, and, in such
19 case, shall stay the current criminal proceeding, and shall commit
20 the defendant to an inpatient or outpatient treatment facility, as
21 deemed by the court to be appropriate, in order to enable the
22 defendant to receive adequate and appropriate treatment. If the
23 court determines that no appropriate treatment space is available,
24 and it is the defendant's first offense, the proceedings shall be
25 stayed until adequate and appropriate treatment is available at, and
26 is received by the defendant from, a facility. If the court determines
27 that no appropriate treatment space is available, and the current case
28 does not represent the defendant's first offense, the court may elect,
29 in its discretion, to stay the proceedings until adequate and
30 appropriate treatment is available at, and is received by the
31 defendant from, a facility.

32 (2) Any term of inpatient treatment ordered pursuant to this
33 subsection shall not exceed 30 days, and any term of outpatient
34 treatment ordered pursuant to this subsection shall not exceed 60
35 days. In no case shall the total combined period of commitment,
36 including commitment for both inpatient and outpatient treatment,
37 exceed 90 days.

38 (3) In determining whether to grant a defendant's request for
39 commitment, the court shall consider the report of the physician, the
40 nature of the offense with which the defendant is charged, the
41 defendant's prior criminal history, if any, and any other relevant
42 evidence.

43 e. The defendant shall consent, in writing, to the terms of any
44 commitment that is ordered pursuant to this section.

45 f. If the court does not order the defendant to be committed to
46 treatment in lieu of prosecution, as authorized by this section, any
47 stay of the proceedings imposed pursuant to this section shall be
48 vacated, and the court shall proceed with the case.

1 g. If a physician examining a defendant pursuant to this section
2 finds that the defendant does not have a substance use disorder or
3 would not benefit from treatment, the defendant, and the
4 defendant's counsel, shall be entitled to request a follow-up hearing
5 to enable the court to conduct a de novo evaluation to determine
6 whether the person has a substance use disorder and would benefit
7 from treatment. The court, upon receipt of a hearing request filed
8 pursuant to this subsection, or upon the court's own motion, may
9 appoint an independent physician to examine the defendant and
10 testify at the hearing. If the court determines, following a hearing
11 under this subsection, that the defendant has a substance use
12 disorder and would benefit from treatment, the procedures and
13 standards applicable under subsection d. of this section shall apply.

14 h. At any time during a term of commitment ordered by a court
15 pursuant to this section, the facility administrator may transfer the
16 defendant from an inpatient facility to an outpatient facility, if the
17 administrator finds that the patient is a proper subject for outpatient
18 treatment, and may transfer or retransfer the defendant from an
19 outpatient facility to an inpatient facility, if the administrator finds
20 that the patient is not suitable for outpatient treatment.

21 i. Any person committed pursuant to this section shall be
22 discharged from the facility to which the person has been admitted:

23 (1) at the termination of the period of commitment specified in
24 the court order; or

25 (2) at any other time, if the administrator determines that
26 treatment will no longer benefit the person.

27 j. When a defendant who has been committed to treatment is
28 discharged from the facility, either at the end of the ordered
29 commitment period, or when treatment is otherwise terminated, the
30 division shall submit a written report to the court indicating whether
31 the defendant has successfully completed treatment, and articulating
32 the basis for this conclusion. In determining whether a defendant
33 has successfully completed treatment, the division shall consider, at
34 a minimum, whether the defendant cooperated with the
35 administrator and complied with the terms and conditions imposed
36 on the defendant during the term of commitment. If the report
37 states that the defendant has successfully completed treatment, the
38 court shall dismiss the charges pending against the defendant. If the
39 report states that the defendant has not successfully completed
40 treatment, the court, based on the report and any other relevant
41 evidence, may take any action it deems to be appropriate, including
42 dismissing the charges or revoking the stay of the proceedings. In
43 the event that the court revokes the stay of proceedings, convicts a
44 defendant who has been committed in lieu of prosecution under this
45 section, and sentences the defendant to a term of incarceration, the
46 court, in such a case, shall reduce the term of incarceration by the
47 period of time during which the defendant was committed to
48 treatment under this section.

1 32. (New section) a. The division, in cooperation with State and
2 local law enforcement, and the New Jersey Motor Vehicle
3 Commission, shall conduct tests for alcohol and drugs in:

4 (1) the bodies of automobile drivers and pedestrians who die as
5 a result, and within four hours, of a traffic accident; and

6 (2) the bodies of automobile drivers who survive traffic
7 accidents that are fatal to others.

8 b. The division shall promulgate a written manual governing
9 the conduct of tests pursuant to this section, which manual shall
10 specify:

11 (1) the qualifications of personnel necessary to conduct such
12 tests;

13 (2) the methods and related details of specimen selection,
14 collection, preservation, and analysis; and

15 (3) the methods to be used in the tabulation and reporting of test
16 data.

17 c. If a test conducted pursuant to this section discloses the use
18 of alcohol, or of controlled dangerous substances or other habit-
19 producing drugs, the division shall, to the extent practicable, make a
20 determination as to whether a substance use disorder was a probable
21 factor contributing to the drinking or drug use of the tested
22 individual.

23 d. Test data collected, and determinations made, pursuant to
24 this section shall be tabulated, compiled, and published by the
25 division on at least a semi-annual basis.

26

27 33. (New section) a. Notwithstanding any other provision of
28 law to the contrary, no county, municipality, or other jurisdiction
29 within the State shall adopt an ordinance, resolution, by-law, or
30 regulation having the force of law, which establishes an offense or
31 violation for public intoxication, or imposes criminal or civil
32 penalties or sanctions of any kind on a person who is found to be
33 intoxicated in a public place, and any such existing ordinance,
34 resolution, by-law, or other regulation creating such an offense is
35 hereby repealed and obviated.

36 b. This section shall not apply to any ordinances, resolutions,
37 by-laws, or regulations that relate to the offense of intoxicated
38 driving, or other similar offenses that involve the operation of
39 motor vehicles, machinery, or other hazardous equipment while
40 under the influence of drugs or alcohol.

41

42 34. Section 3 of P.L.1982, c.81 (C.2A:4A-72) is amended to
43 read as follows:

44 3. a. Where court intake services recommends diverting the
45 juvenile, the reasons for the recommendation shall be submitted by
46 intake services and approved by the court before the case is deemed
47 diverted.

1 b. Where, in determining whether to recommend diversion,
2 court intake services has reason to believe that a parent or guardian
3 **【is a drug dependent person, as defined in section 2 of the "New**
4 **Jersey Controlled Dangerous Substances Act," P.L.1970, c. 226**
5 **(C.24:21-2) or an alcoholic as defined by P.L.1975, c. 305**
6 **(C.26:2B-8)】** has a substance use disorder, as defined by section 3
7 of P.L. , c. (C.) (pending before the Legislature as this bill,
8 the basis for 【this】 such determination shall be stated in its
9 recommendation to the court.

10 c. The county prosecutor shall receive a copy of each
11 complaint filed pursuant to section 11 of P.L.1982, c.77 (C.2A:4A-
12 30) promptly after the filing of the complaint.

13 d. Within **【5】** five days after receiving a complaint, the intake
14 services officer shall advise the presiding judge and the prosecuting
15 attorney of intake service's recommendation, as well as any other
16 recommendations or objections received as to the complaint. In
17 determining whether to divert, the court may hold a hearing to
18 consider the recommendations of, and any objections submitted by,
19 court intake services, in light of the factors provided in this section.
20 The court shall give notice of the hearing to the juvenile, **【his】** the
21 juvenile's parents or guardian, the prosecutor, the arresting police
22 officer, and the complainant or victim. Each party shall have the
23 right to be heard on the matter. If the court finds that not enough
24 information has been received to make a determination, a further
25 hearing may be ordered. The court may dismiss the complaint upon
26 a finding that the facts, as alleged, are not sufficient to establish
27 jurisdiction, or that probable cause has not been shown that the
28 juvenile committed a delinquent act.
29 (cf: P.L.1982, c.81, s.3)
30

31 35. Section 2 of P.L.1982, c.80 (C.2A:4A-77) is amended to
32 read as follows:

33 2. The purpose of the unit shall be to provide a continuous 24-
34 hour on call service designed to attend and stabilize juvenile-family
35 crises as defined pursuant to section 3 of P.L.1982, c.77 (C.2A:4A-
36 22). The juvenile-family crisis intervention unit shall respond
37 immediately to any referral, complaint, or information **【made】** filed
38 pursuant to section 5 or 6 of 【this act】 P.L.1982, c.80 (C.2A:4A-80
39 or C.2A:4A-81), except if, upon preliminary investigation, it
40 appears that a juvenile-family crisis within the meaning of 【this
41 act】 P.L.1982, c.80 (C.2A:4A-76 et seq.) does not exist, or that an
42 immediate referral to another agency would be more appropriate.

43 Upon the receipt of any referral pursuant to section 5 **【and】** or 6
44 of 【this act】 P.L.1982, c.80 (C.2A:4A-80 or C.2A:4A-81), the crisis
45 intervention unit shall request information through the use of a form
46 developed by the unit and approved by the Administrative Office of

1 the Courts concerning the juvenile-family crisis. The form shall
2 provide but shall not be limited to the following information:

3 a. The name, address, date of birth, and other appropriate
4 personal data of the juvenile and the juvenile's parents or guardian;

5 b. Facts concerning the conduct of the juvenile or family which
6 may contribute to the crisis, including evidence of **【**alcoholism as
7 defined in section 2 of P.L.1975, c.305 (C.26:2B-8), drug
8 dependency as defined in section 2 of the "New Jersey Controlled
9 Dangerous Substances Act," P.L.1970, c.226 (C.24:21-2)**】**
10 substance use disorder, as defined by section 3 of P.L. , c.
11 (C.) (pending before the Legislature as this bill), or evidence
12 that a juvenile is an "abused or neglected child" as defined in
13 section 1 of P.L.1974, c.119 (C.9:6-8.21).
14 (cf: P.L.1982, c.80, s.2)
15

16 36. Section 10 of P.L.1982, c.80 (C.2A:4A-85) is amended to
17 read as follows:

18 10. **【**Alcoholic, drug-dependent parent**】** Parent with substance
19 use disorder.

20 a. When a petition is filed, and court intake services, as a result
21 of any information supplied on the family situation by the crisis
22 intervention unit, **【**court intake services**】** has reason to believe that
23 the juvenile's parent or guardian **【**is an alcoholic, as defined by
24 P.L.1975, c.305 (C.26:2B-8), or a drug-dependent person, as
25 defined by section 2 of the "New Jersey Controlled Dangerous
26 Substances Act," P.L.1970, c.226 (C.24:21-2)**】** has a substance use
27 disorder, as defined by section 3 of P.L. , c. (C.) (pending
28 before the Legislature as this bill), intake services shall state the
29 basis for **【**this**】** such determination and provide recommendations to
30 the court.

31 b. When, as a result of any information supplied by the crisis
32 intervention unit, court intake services has reason to believe that a
33 juvenile is an "abused or neglected child," as defined in P.L.1974,
34 c.119 (C.9:6-8.21), they shall handle the case pursuant to the
35 procedure set forth in that law. The Division of Child Protection
36 and Permanency shall, upon disposition of any case originated
37 pursuant to this subsection, notify court intake services as to the
38 nature of the disposition.

39 c. (1) When, as a result of any information supplied with
40 regard to any juvenile by the crisis intervention unit or **【**from**】** by
41 any other source, court intake services has reason to believe that the
42 juvenile may have an auditory or vision problem, intake services
43 shall state the basis for this determination and provide
44 recommendations to the court. Before arriving at its determination,
45 intake services may request the court to order any appropriate
46 school medical records of the juvenile. On the basis of this
47 recommendation, or on its own motion, the court may order any

1 juvenile **【concerning whom】** who is the subject of a complaint **【is**
2 **filed】** to be examined by a physician, optometrist, audiologist, or
3 speech language pathologist.

4 (2) Any examination shall be made and the findings submitted
5 to the court within 30 days of the date the order is entered, but this
6 period may be extended by the court for good cause.

7 (3) Copies of any reports of findings submitted to the court shall
8 be available to counsel for all parties prior to an adjudication of
9 whether or not the juvenile is delinquent.

10 (cf: P.L.2012, c.16, s.2)

11

12 37. N.J.S.2C:35-15 is amended to read as follows:

13 2C:35-15. a. (1) In addition to any disposition authorized by this
14 title, the provisions of section 24 of P.L.1982, c.77 (C.2A:4A-43),
15 or any other statute indicating the dispositions that can be ordered
16 for an adjudication of delinquency, every person convicted of or
17 adjudicated delinquent for a violation of any offense defined in this
18 chapter or chapter 36 of this title shall be assessed for each such
19 offense a penalty fixed at:

20 (a) \$3,000.00 in the case of a crime of the first degree;

21 (b) \$2,000.00 in the case of a crime of the second degree;

22 (c) \$1,000.00 in the case of a crime of the third degree;

23 (d) \$750.00 in the case of a crime of the fourth degree;

24 (e) \$500.00 in the case of a disorderly persons or petty
25 disorderly persons offense.

26 (2) A person being sentenced for more than one offense set forth
27 in subsection a. of this section who is neither placed in supervisory
28 treatment pursuant to this section nor ordered to perform
29 reformatory service pursuant to subsection f. of this section may, in
30 the discretion of the court, be assessed a single penalty applicable to
31 the highest degree offense for which the person is convicted or
32 adjudicated delinquent, if the court finds that the defendant has
33 established the following:

34 (a) the imposition of multiple penalties would constitute a
35 serious hardship that outweighs the need to deter the defendant
36 from future criminal activity; and

37 (b) the imposition of a single penalty would foster the
38 defendant's rehabilitation.

39 Every person placed in supervisory treatment pursuant to the
40 provisions of N.J.S.2C:36A-1 or N.J.S.2C:43-12 for a violation of
41 any offense defined in this chapter or chapter 36 of this title shall be
42 assessed the penalty prescribed herein and applicable to the degree
43 of the offense charged, except that the court shall not impose more
44 than one such penalty regardless of the number of offenses charged.
45 If the person is charged with more than one offense, the court shall
46 impose as a condition of supervisory treatment the penalty
47 applicable to the highest degree offense for which the person is
48 charged.

1 All penalties provided for in this section shall be in addition to
2 and not in lieu of any fine authorized by law or required to be
3 imposed pursuant to the provisions of N.J.S.2C:35-12.

4 b. All penalties provided for in this section shall be collected as
5 provided for collection of fines and restitutions in section 3 of
6 P.L.1979, c.396 (C.2C:46-4), and shall be forwarded to the
7 Department of the Treasury as provided in subsection c. of this
8 section.

9 c. All moneys collected pursuant to this section shall be
10 forwarded to the Department of the Treasury to be deposited in a
11 nonlapsing revolving fund to be known as the "Drug Enforcement
12 and Demand Reduction Fund." Moneys in the fund shall be
13 appropriated by the Legislature, on an annual basis, for the purposes
14 of funding, in the following order of priority: (1) the Office of
15 Coordinated Substance Use Control Policy and Planning; (2) the
16 Local Substance Use Control Alliance **to Prevent Alcoholism and**
17 **Drug Abuse** and its administration by the Governor's Council on
18 **Alcoholism and Drug Abuse** Substance Use Control; **[(2)] (3)**
19 the **Alcoholism and Drug Abuse** Substance Use Prevention and
20 Treatment Program for the Deaf, Hard of Hearing, and Disabled,"
21 established pursuant to section 2 of P.L.1995, c.318 (C.26:2B-37);
22 **[(3)] (4)** the "Partnership for a Drug Free New Jersey," the State
23 affiliate of the "Partnership for a Drug Free America"; and **[(4)] (5)**
24 other **alcohol and drug abuse** substance use control programs.

25 Moneys appropriated for the purpose of funding the
26 **Alcoholism and Drug Abuse** Substance Use Prevention and
27 Treatment Program for the Deaf, Hard of Hearing, and Disabled"
28 shall not be used to supplant moneys that are available to the
29 Department of Health **and Senior Services** as of the effective date
30 of P.L.1995, c.318 (C.26:2B-36 et al.), and that would otherwise
31 have been made available to provide **alcoholism and drug abuse**
32 substance use disorder treatment services for the deaf, hard of
33 hearing, and disabled, nor shall the moneys be used for the
34 administrative costs of the program.

35 d. (Deleted by amendment, P.L.1991, c.329).

36 e. The court may suspend the collection of a penalty imposed
37 pursuant to this section; provided the person is ordered by the court
38 to participate in a drug or alcohol rehabilitation program approved
39 by the court; and further provided that the person agrees to pay for
40 all or some portion of the costs associated with the rehabilitation
41 program. In this case, the collection of a penalty imposed pursuant
42 to this section shall be suspended during the person's participation
43 in the approved, court-ordered rehabilitation program. Upon
44 successful completion of the program, as determined by the court
45 upon the recommendation of the treatment provider, the person may
46 apply to the court to reduce the penalty imposed pursuant to this
47 section by any amount actually paid by the person for his

1 participation in the program. The court shall not reduce the penalty
2 pursuant to this subsection, unless the person establishes to the
3 satisfaction of the court that **[he]** the person has successfully
4 completed the rehabilitation program. If the person's participation
5 is, for any reason, terminated before **[his]** the person's successful
6 completion of the rehabilitation program, collection of the entire
7 penalty imposed pursuant to this section shall be enforced. Nothing
8 in this section shall be deemed to affect or suspend any other
9 criminal sanctions imposed pursuant to this chapter or chapter 36 of
10 this title.

11 f. A person required to pay a penalty under this section may
12 propose to the court and the prosecutor a plan to perform
13 reformatory service in lieu of payment of up to one-half of the
14 penalty amount imposed under this section. The reformatory
15 service plan option shall not be available if the provisions of
16 paragraph (2) of subsection a. of this section apply, or if the person
17 is placed in supervisory treatment pursuant to the provisions of
18 N.J.S.2C:36A-1 or N.J.S.2C:43-12. For purposes of this section,
19 "reformatory service" shall include training, education, or work, in
20 which regular attendance and participation is required, supervised,
21 and recorded, and which would assist in the defendant's
22 rehabilitation and reintegration. "Reformatory service" shall
23 include, but not be limited to, substance **[abuse]** use disorder
24 treatment programs or services, other therapeutic treatment,
25 educational or vocational services, employment training or services,
26 family counseling, service to the community, and volunteer work.
27 For the purposes of this section, an application to participate in a
28 court-administered **[alcohol and drug rehabilitation]** substance use
29 disorder treatment program shall have the same effect as the
30 submission of a reformatory service plan to the court.

31 The court, in its discretion, shall determine whether to accept the
32 plan, after considering the position of the prosecutor, the plan's
33 appropriateness and practicality, the defendant's ability to pay and
34 the effect of the proposed service on the defendant's rehabilitation
35 and reintegration into society. The court shall determine the
36 amount of the credit that would be applied against the penalty upon
37 successful completion of the reformatory service, not to exceed one-
38 half of the amount assessed, except that the court may, in the case
39 of an extreme financial hardship, waive additional amounts of the
40 penalty owed by a person who has completed a court administered
41 **[alcohol and drug rehabilitation]** substance use disorder treatment
42 program, if necessary to aid the person's rehabilitation and
43 reintegration into society. The court shall not apply the credit
44 against the penalty unless the person establishes, to the satisfaction
45 of the court, that **[he]** the person has successfully completed the
46 reformatory service. If the person's participation is, for any reason,
47 terminated before **[his]** the person's successful completion of the

1 reformatory service, collection of the entire penalty imposed
2 pursuant to this section shall be enforced. Nothing in this
3 subsection shall be deemed to affect or suspend any other criminal
4 sanctions imposed pursuant to this chapter or chapter 36 of this
5 title.

6 Any reformatory service ordered pursuant to this section shall be
7 in addition to, and not in lieu of, any community service imposed
8 by the court or otherwise required by law. Nothing in this section
9 shall limit the court's authority to order a person to participate in
10 any activity, program, or treatment in addition to those proposed in
11 a reformatory service plan.

12 (cf: P.L.2008, c.15, s.2)

13
14 38. Section 1 of P.L.1968, c.230 (C.9:17A-4) is amended to read
15 as follows:

16 1. a. (1) The consent to the provision of medical or surgical
17 care or services or a forensic sexual assault examination by a
18 hospital or public clinic, or consent to the performance of medical
19 or surgical care or services or a forensic sexual assault examination
20 by a health care professional, when executed by a minor who is or
21 believes that he or she may have a sexually transmitted infection, or
22 who is at least 13 years of age and is or believes that he or she may
23 be infected with the human immunodeficiency virus or have
24 acquired immune deficiency syndrome, or by a minor who, in the
25 judgment of the treating health care professional, appears to have
26 been sexually assaulted, shall be valid and binding as if the minor
27 had achieved the age of majority. Any such consent shall not be
28 subject to later disaffirmance by reason of minority. In the case of
29 a minor who appears to have been sexually assaulted, the minor's
30 parents or guardian shall be notified immediately, unless the
31 treating healthcare professional believes that it is in the best
32 interests of the patient not to do so. Inability of the treating health
33 care professional, hospital, or clinic to locate or notify the parents
34 or guardian shall not preclude the provision of any emergency or
35 medical or surgical care to the minor or the performance of a
36 forensic sexual assault examination on the minor.

37 (2) As used in this subsection, "health care professional" means
38 a physician, physician assistant, nurse, or other health care
39 professional whose professional practice is regulated pursuant to
40 Title 45 of the Revised Statutes.

41 b. When a minor believes that he or she is adversely affected
42 by a substance use disorder [involving drugs or is a person with a
43 substance use disorder involving drugs], as defined in section [2 of
44 P.L.1970, c.226 (C.24:21-2)] 3 of P.L. , c. (C.) (pending
45 before the Legislature as this bill) [or is adversely affected by an
46 alcohol use disorder or is a person with an alcohol use disorder as
47 defined in section 2 of P.L.1975, c.305 (C.26:2B-8)], the minor's

1 consent to treatment under the supervision of a physician licensed
2 to practice medicine, or an individual licensed or certified to
3 provide treatment for **【an alcohol】** a substance use disorder, or in a
4 facility licensed by the State to provide for the treatment of **【an**
5 **alcohol】** a substance use disorder, shall be valid and binding as if
6 the minor had achieved the age of majority. Any such consent shall
7 not be subject to later disaffirmance by reason of minority.
8 Treatment for **【an alcohol use disorder or】** a substance use disorder
9 **【involving drugs】** that is consented to by a minor shall be
10 considered confidential information between the physician, the
11 treatment provider, or the treatment facility, as appropriate, and the
12 patient, and neither the minor nor the minor's physician, treatment
13 provider, or treatment facility, as appropriate, shall be required to
14 report such treatment when it is the result of voluntary consent,
15 except as may otherwise be required by law.

16 When a minor who is sixteen years of age or older believes that
17 he or she is in need of behavioral health care services for the
18 treatment of mental illness or emotional disorders, the minor's
19 consent to temporary outpatient treatment, excluding the use or
20 administration of medication, under the supervision of a physician
21 licensed to practice medicine, an advanced practice nurse, or an
22 individual licensed to provide professional counseling under Title
23 45 of the Revised Statutes, including, but not limited to, a
24 psychiatrist, licensed practicing psychologist, certified social
25 worker, licensed clinical social worker, licensed social worker,
26 licensed marriage and family therapist, certified psychoanalyst, or
27 licensed psychologist, or in an outpatient health care facility
28 licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), shall be
29 valid and binding as if the minor had achieved the age of majority.
30 Any such consent shall not be subject to later disaffirmance by
31 reason of minority. Treatment for behavioral health care services
32 for mental illness or emotional disorders that is consented to by a
33 minor shall be considered confidential information between the
34 physician, the individual licensed to provide professional
35 counseling, the advanced practice nurse, or the health care facility,
36 as appropriate, and the patient, and neither the minor nor the
37 minor's physician, professional counselor, nurse, or outpatient
38 health care facility, as appropriate, shall be required to report such
39 treatment when it is the result of voluntary consent.

40 The consent of no other person or persons, including but not
41 limited to, a spouse, parent, custodian, or guardian, shall be
42 necessary in order to authorize a minor to receive such hospital
43 services, facility, or clinical care or services, medical or surgical
44 care or services, or counseling services from a physician licensed to
45 practice medicine, an individual licensed or certified to provide
46 treatment for **【an alcohol】** a substance use disorder, an advanced
47 practice nurse, or an individual licensed to provide professional

1 counseling under Title 45 of the Revised Statutes, as appropriate,
2 except that behavioral health care services for the treatment of
3 mental illness or emotional disorders shall be limited to temporary
4 outpatient services only.

5 (cf: P.L.2017, c.131, s.7)

6
7 39. Section 3 of P.L.1952, c.157 (C.12:7-46) is amended to read
8 as follows:

9 3. a. No person shall operate a vessel on the waters of this
10 State while under the influence of intoxicating liquor, a narcotic,
11 hallucinogenic, or habit-producing drug, or with a blood alcohol
12 concentration of 0.08【%】 percent or more by weight of alcohol.
13 No person shall permit another who is under the influence of
14 intoxicating liquor, a narcotic, hallucinogenic or habit-producing
15 drug, or who has a blood alcohol concentration of 0.08【%】 percent
16 by weight of alcohol, to operate any vessel owned by the person or
17 in his custody or control.

18 As used in this section, "vessel" means a power vessel as defined
19 by section 2 of P.L.1995, c.401 (C.12:7-71) or a vessel which is 12
20 feet or greater in length.

21 A person who violates this section shall be subject to the
22 following:

23 (1) For a first offense:

24 (i) if the person's blood alcohol concentration is 0.08【%】
25 percent or higher but less than 0.10【%】 percent, or the person
26 operates a vessel while under the influence of intoxicating liquor, or
27 the person permits another person who is under the influence of
28 intoxicating liquor to operate a vessel owned by him or in his
29 custody or control or permits another person with a blood alcohol
30 concentration of 0.08【%】 percent or higher but less than 0.10【%】
31 percent to operate a vessel, to a fine of not less than \$250 nor more
32 than \$400; and to the revocation of the privilege to operate a vessel
33 on the waters of this State for a period of one year from the date of
34 conviction and to the forfeiting of the privilege to operate a motor
35 vehicle over the highways of this State for a period of three months;

36 (ii) if the person's blood alcohol concentration is 0.10【%】
37 percent or higher, or the person operates a vessel while under the
38 influence of a narcotic, hallucinogenic or habit-producing drug, or
39 the person permits another person who is under the influence of a
40 narcotic, hallucinogenic or habit-producing drug to operate a vessel
41 owned by him or in his custody or control, or permits another
42 person with a blood alcohol concentration of 0.10【%】 percent or
43 more to operate a vessel, to a fine of not less than \$300 nor more
44 than \$500; and to the revocation of the privilege to operate a vessel
45 on the waters of this State for a period of one year from the date of
46 conviction and to the forfeiting of the privilege to operate a motor

1 vehicle over the highways of this State for a period of not less than
2 seven months nor more than one year.

3 (2) For a second offense, to a fine of not less than \$500 nor
4 more than \$1,000; to the performance of community service for a
5 period of 30 days, in the form and on the terms as the court deems
6 appropriate under the circumstances; and to imprisonment for a
7 term of not less than 48 hours nor more than 90 days, which shall
8 not be suspended or served on probation; and to the revocation of
9 the privilege to operate a vessel on the waters of this State for a
10 period of two years after the date of conviction and to the forfeiting
11 of the privilege to operate a motor vehicle over the highways of this
12 State for a period of two years.

13 (3) For a third or subsequent offense, to a fine of \$1,000; to
14 imprisonment for a term of not less than 180 days, except that the
15 court may lower this term for each day not exceeding 90 days
16 during which the person performs community service, in the form
17 and on the terms as the court deems appropriate under the
18 circumstances; and to the revocation of the privilege to operate a
19 vessel on the waters of this State for a period of 10 years from the
20 date of conviction and to the forfeiting of the privilege to operate a
21 motor vehicle over the highways of this State for a period of 10
22 years.

23 Upon conviction of a violation of this section, the court shall
24 collect, forthwith, the New Jersey driver's license or licenses of the
25 person so convicted and forward such license or licenses to the
26 Chief Administrator of the New Jersey Motor Vehicle Commission.
27 In the event that a person convicted under this section is the holder
28 of any out-of-State motor vehicle driver's or vessel operator's
29 license, the court shall not collect the license but shall notify
30 forthwith the Chief Administrator of the New Jersey Motor Vehicle
31 Commission, who shall, in turn, notify appropriate officials in the
32 licensing jurisdiction. The court shall, however, revoke the
33 nonresident's driving privilege to operate a motor vehicle and the
34 nonresident's privilege to operate a vessel in this State.

35 b. A person who has been convicted of a previous violation of
36 this section need not be charged as a second or subsequent offender
37 in the complaint made against him in order to render him liable to
38 the punishment imposed by this section against a second or
39 subsequent offender. If a second offense occurs more than 10 years
40 after the first offense, the court shall treat a second conviction as a
41 first offense for sentencing purposes and, if a third offense occurs
42 more than 10 years after the second offense, the court shall treat a
43 third conviction as a second offense for sentencing purposes.

44 c. If a court imposes a term of imprisonment under this section,
45 the person may be sentenced to the county jail, to the workhouse of
46 the county where the offense was committed, or to an inpatient
47 **【rehabilitation】** substance use disorder treatment program approved
48 by the Chief Administrator of the New Jersey Motor Vehicle

1 Commission and the **【Director of the Division of Alcoholism and**
2 **Drug Abuse in the Department of Health and Senior Services】**
3 Assistant Commissioner of the Division of Mental Health and
4 Addiction Services in the Department of Human Services.

5 d. In the case of any person who at the time of the imposition
6 of sentence is less than 17 years of age, the period of the suspension
7 of driving privileges authorized herein, including a suspension of
8 the privilege of operating a motorized bicycle, shall commence on
9 the day the sentence is imposed and shall run for a period as fixed
10 by the court of not less than three months after the day the person
11 reaches the age of 17 years. If the driving or vessel operating
12 privilege of any person is under revocation, suspension, or
13 postponement for a violation of any provision of this title or Title
14 39 of the Revised Statutes at the time of any conviction of any
15 offense defined in this section, the revocation, suspension, or
16 postponement period imposed herein shall commence as of the date
17 of termination of the existing revocation, suspension, or
18 postponement. A second offense shall result in the suspension or
19 postponement of the person's privilege to operate a motor vehicle
20 for six months. A third or subsequent offense shall result in the
21 suspension or postponement of the person's privilege to operate a
22 motor vehicle for two years. The court before whom any person is
23 convicted of or adjudicated delinquent for a violation shall collect,
24 forthwith, the New Jersey driver's license or licenses of the person
25 and forward such license or licenses to the Chief Administrator of
26 the New Jersey Motor Vehicle Commission along with a report
27 indicating the first and last day of the suspension or postponement
28 period imposed by the court pursuant to this section. If the court is,
29 for any reason, unable to collect the license or licenses of the
30 person, the court shall cause a report of the conviction or
31 adjudication of delinquency to be filed with the chief administrator.
32 That report shall include the complete name, address, date of birth,
33 eye color, and sex of the person and shall indicate the first and last
34 day of the suspension or postponement period imposed by the court
35 pursuant to this section. The court shall inform the person orally
36 and in writing that if the person is convicted of personally operating
37 a motor vehicle or a vessel during the period of license suspension
38 or postponement imposed pursuant to this section, the person shall,
39 upon conviction, be subject to the penalties set forth in R.S.39:3-40
40 or section 14 of P.L.1995, c.401 (C.12:7-83), whichever is
41 appropriate. A person shall be required to acknowledge receipt of
42 the written notice in writing. Failure to receive a written notice or
43 failure to acknowledge in writing the receipt of a written notice
44 shall not be a defense to a subsequent charge of a violation of
45 R.S.39:3-40 or section 14 of P.L.1995, c.401 (C.12:7-83). If the
46 person is the holder of a driver's or vessel operator's license from
47 another jurisdiction, the court shall not collect the license but shall
48 notify, forthwith, the chief administrator, who shall notify the

1 appropriate officials in the licensing jurisdiction. The court shall,
2 however, in accordance with the provisions of this section, revoke
3 the person's non-resident driving or vessel operating privilege,
4 whichever is appropriate, in this State.

5 e. In addition to any other requirements provided by law, a
6 person convicted under this section shall satisfy the screening,
7 evaluation, referral program, and fee requirements of the Division
8 of **Alcoholism's** Mental Health and Addiction Services'
9 Intoxicated Driving **Programs Unit** Program. A fee of \$80 shall
10 be payable to the Alcohol Education, Rehabilitation and
11 Enforcement Fund established under section 3 of P.L.1983, c.531
12 (C.26:2B-32), by the convicted person in order to defray the costs
13 of the screening, evaluation and referral by the Intoxicated Driving
14 **Programs Unit** Program. Failure to satisfy this requirement shall
15 result in the immediate forfeiture of the privilege to operate a vessel
16 on the waters of this State or the continuation of revocation until the
17 requirements are satisfied.

18 f. In addition to any other requirements provided by law, a
19 person convicted under this section shall be required after
20 conviction to complete a boat safety course from the list approved
21 by the Superintendent of State Police pursuant to section 1 of
22 P.L.1987, c.453 (C.12:7-60), which shall be completed prior to the
23 restoration of the privilege to operate a vessel which may have been
24 revoked or suspended for a violation of the provisions of this
25 section. Failure to satisfy this requirement shall result in the
26 immediate revocation of the privilege to operate a vessel on the
27 waters of this State, or the continuation of revocation until the
28 requirements of this subsection are satisfied.

29 (cf: P.L.2004, c.80, s.1)

30
31 40. Section 9 of P.L.1986, c.39 (C.12:7-57) is amended to read
32 as follows:

33 9. a. A court shall revoke the privilege of a person to operate a
34 power vessel or a vessel which is 12 feet or greater in length, if
35 after being arrested for a violation of section 3 of P.L.1952, c.157
36 (C.12:7-46), the person refuses to submit to the chemical test
37 provided for in section 7 of P.L.1986, c.39 (C.12:7-55) when
38 requested to do so. The revocation shall be for one year unless the
39 refusal was in connection with a second offense under section 3 of
40 P.L.1952, c.157 (C.12:7-46), in which case the revocation period
41 shall be for two years. If the refusal was in connection with a third
42 or subsequent offense under section 3 of P.L.1952, c.157 (C.12:7-
43 46), the revocation shall be for 10 years. The court also shall
44 revoke the privilege of a person to operate a motor vehicle over the
45 highways of this State for a period of: not less than seven months
46 or more than one year for a first offense; two years for a second
47 offense; and 10 years for a third or subsequent offense. The court
48 shall also fine a person convicted under this section: not less than

1 \$300 nor more than \$500 for a first offense; not less than \$500 or
2 more than \$1,000 for a second offense; and \$1,000 for a third or
3 subsequent offense.

4 b. The court shall determine, by a preponderance of the
5 evidence, whether the arresting officer had probable cause to
6 believe that the person had been operating or was in actual physical
7 control of the vessel while under the influence of intoxicating
8 liquor, or a narcotic, hallucinogenic or habit-producing drug,
9 whether the person was placed under arrest, and whether the person
10 refused to submit to the test upon request of the officer. If these
11 elements of the violation are not established, no conviction shall
12 issue.

13 c. In addition to any other requirements provided by law, a
14 person whose privilege to operate a vessel is revoked for refusing to
15 submit to a chemical test shall satisfy the screening, evaluation,
16 referral and program requirements of the Bureau of Alcohol
17 Countermeasures in the Division of **Alcoholism** Mental Health
18 and Addiction Services in the Department of **Health and Senior**
19 Human Services. A fee of \$40 shall be payable to the Alcohol
20 Education, Rehabilitation and Enforcement Fund established under
21 section 3 of P.L.1983, c.531 (C.26:2B-32), by the convicted person
22 in order to defray the costs of the screening, evaluation and referral
23 by the Bureau of Alcohol Countermeasures and the cost of an
24 education or rehabilitation program. Failure to satisfy this
25 requirement shall result in the immediate revocation of the privilege
26 to operate a vessel on the waters of this State or the continuation of
27 revocation until the requirements are satisfied. The revocation for a
28 first offense may be concurrent with or consecutive to a revocation
29 imposed for a conviction under the provisions of section 3 of
30 P.L.1952, c.157 (C.12:7-46) arising out of the same incident; the
31 revocation for a second or subsequent offense shall be consecutive
32 to a revocation imposed for a conviction under the provisions of
33 section 3 of P.L.1952, c.157 (C.12:7-46).

34 d. In addition to any other requirements provided by law, a
35 person convicted under this section shall be required after
36 conviction to complete a boat safety course from the list approved
37 by the Superintendent of State Police pursuant to section 1 of
38 P.L.1987, c.453 (C.12:7-60), which shall be completed prior to the
39 restoration of the privilege to operate a vessel which may have been
40 revoked or suspended for a violation of the provisions of this
41 section. Failure to satisfy this requirement shall result in the
42 immediate revocation of the privilege to operate a vessel on the
43 waters of this State, or the continuation of revocation until the
44 requirements of this subsection are satisfied.

45 (cf: P.L.2004, c.80, s.4)

46
47 41. Section 2 of P.L.2001, c.48 (C.26:2B-9.2) is amended to
48 read as follows:

1 2. a. There is created within the Department of **Health and**
2 **Senior** Human Services a special nonlapsing revolving fund to be
3 known as the "**Alcohol** Substance Use Disorder Treatment
4 Programs Fund." The fund shall consist of such monies as are
5 deposited pursuant to section 12 of P.L.1994, c.57 (C.34:1B-21.12),
6 any other monies as may be appropriated to the fund by the
7 Legislature or otherwise provided to the fund, and interest or other
8 income derived from the investment of monies in the fund.

9 b. Except as provided in subsection c. of this section, monies in
10 the fund shall be used exclusively for making grants, approved by
11 the Director of the Division of Mental Health and Addiction
12 Services in the Department of **Health and Senior** Human
13 Services, to programs that provide substance use disorder treatment
14 **for alcoholism, alcohol abuse and other conditions related to the**
15 **excessive consumption of alcoholic beverages among** to persons
16 convicted of violating the State's **drunk** intoxicated driving laws,
17 and others.

18 c. An amount not to exceed \$150,000 in Fiscal Year 2002 and
19 five percent of the total annual revenue allocated to the fund in each
20 fiscal year thereafter may be expended from the fund to defray
21 actual expenses incurred by the department in the administration of
22 the fund, subject to approval by the **Director of the Division of**
23 **Budget and Accounting** Office of Management and Budget.

24 (cf: P.L.2001, c.48, s.2)

25
26 42. Section 3 of P.L.2001, c.48 (C.26:2B-9.3) is amended to
27 read as follows:

28 3. The **Director** Assistant Commissioner of the Division of
29 Mental Health and Addiction Services in the Department of **Health**
30 **and Senior** Human Services shall promulgate rules and
31 regulations, pursuant to the **provisions of the** "Administrative
32 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as may be
33 necessary to effectuate the provisions of **this act** P.L.2001, c.48
34 (C.26:2B-9.2 et al.). The rules and regulations shall include, but
35 need not be limited to, the following:

36 a. Criteria for grantee eligibility;

37 b. The form and manner in which application for grants from
38 the fund shall be made; and

39 c. The treatment services and treatment recipients for which
40 grant funds may be expended.

41 (cf: P.L.2001, c.48, s.3)

42
43 43. Section 4 of P.L.1983, c.531 (C.26:2B-33) is amended to
44 read as follows:

45 4. a. The governing body of each county **,** in conjunction with
46 the county agency or individual designated by the county with the

1 responsibility for planning services and programs for the care or
2 rehabilitation of persons with alcohol use disorder and persons with
3 a substance use disorder involving drugs,] shall submit to the
4 Director of the Office of Coordinated Substance Use Control Policy
5 and Planning, the Deputy Commissioner for the Division of Mental
6 Health and Addiction Services, and the Governor's Council on
7 【Alcoholism and Drug Abuse】 Substance Use Control, an annual
8 comprehensive plan for the provision of community services within
9 the county to meet the needs of persons with 【alcohol use disorder
10 and persons with】 a substance use disorder 【involving drugs】. The
11 plan shall be developed in consultation with the county agency or
12 individual who is designated by the county as having responsibility
13 for the planning of community services and programs for the care or
14 rehabilitation of persons with substance use disorders.

15 b. The annual comprehensive plan developed under this section
16 shall address the needs of urban areas with a population of 100,000
17 or over, and shall demonstrate linkage with existing resources
18 【which】 that are available to serve persons with 【alcohol use
19 disorder and persons with】 a substance use disorder and their
20 families. 【Special attention in the plan shall be given to alcohol use
21 disorder and】 The plan may provide for appropriate programs and
22 services to be made available by the county, by a State agency with
23 which the county has an agreement, by private organizations,
24 including volunteer groups, or by some specified combination of
25 these entities.

26 c. The comprehensive community services plan developed
27 under this section shall specifically address the following issues:

28 (1) substance use 【disorder and】 disorders in youth, women,
29 persons with disabilities, and other at-risk populations;

30 (2) intoxicated drivers and drivers with substance use disorder;
31 【women and alcohol use disorder and substance use disorder;
32 persons with disabilities and alcohol use disorder and substance use
33 disorder; alcohol use disorder】

34 (3) intoxication and substance use 【disorder on the job】
35 disorders in the workplace; 【alcohol use disorder and】

36 (4) the relationship between substance use 【disorder】 disorders
37 and crime;

38 (5) the dissemination and availability of public information on
39 substance use, substance use disorders, and available treatment
40 options; and

41 (6) the availability of local educational programs, as defined in
42 subsection 【c.】 f. of this section.

43 d. Each county shall identify, within its annual comprehensive
44 plan, the Intoxicated Driver Resource Center 【which】 that shall
45 service its population, as is required under subsection (f) of
46 R.S.39:4-50. The plan may involve the provision of programs and

1 services by the county, by an agreement with a State agency, by
2 private organizations, including volunteer groups, or by some
3 specified combination of the above.

4 e. If the State in any year fails to deposit the amount of tax
5 receipts as is required under section 3 of P.L.1983, c.531 (C.26:2B-
6 32), a county may reduce or eliminate, or both, the operation of
7 existing programs currently being funded from the proceeds
8 deposited in the Alcohol Education, Rehabilitation and Enforcement
9 Fund.

10 **[c.] f.** Programs established with the funding for education
11 from the fund shall include all courses in the public schools
12 required pursuant to P.L.1987, c.389 (C.18A:40A-1 et seq.),
13 programs for students that are included in the annual comprehensive
14 plan for each county, and in-service training programs for teachers
15 and administrative support staff, including nurses, guidance
16 counselors, child study team members, and librarians. All moneys
17 dedicated to education from the fund shall be allocated through the
18 designated county **[alcohol use disorder and substance use**
19 **disorder]** agency or individual having responsibility for the
20 planning of community services and programs for the care or
21 rehabilitation of persons with substance use disorders, and all
22 programs shall be consistent with the annual comprehensive county
23 plan submitted **[to the Deputy Commissioner for the Division of**
24 **Mental Health and Addiction Services and the Governor's Council**
25 **on Alcoholism and Drug Abuse]** pursuant to subsection a. of this
26 section. Moneys dedicated to education from the fund shall be first
27 allocated in an amount not to exceed 20 percent of the annual
28 education allotment for the in-service training programs, which
29 shall be conducted in each county through the office of the **[county**
30 **alcohol use disorder and substance use disorder coordinator]**
31 agency or individual having responsibility for the planning of
32 community services and programs for the care or rehabilitation of
33 persons with substance use disorders, in consultation with the
34 county superintendent of schools, local boards of education, local
35 councils on **[alcohol use disorder and]** substance use disorder, and
36 institutions of higher learning, including the Rutgers University
37 Center of Alcohol Studies. The remaining money in the education
38 allotment shall be assigned to offset the costs of programs such as
39 those which assist employees, provide intervention for staff
40 members, assist and provide intervention for students, and focus on
41 research and education concerning youth and **[alcohol use disorder**
42 **and]** substance use disorder. These funds shall not replace any
43 funds being currently spent on education and training by the county.

44 **[d.] g.** The governing body of each county, in conjunction with
45 the **[county]** agency **[,]** or individual**[,]** designated by the county
46 **[with]** as having responsibility for the planning of community
47 services and programs for the care or rehabilitation of persons with

1 **alcohol use disorder and persons with** substance use **disorder**
 2 disorders, shall establish a Local Advisory Committee on **Alcohol**
 3 **Use Disorder and** Substance Use **Disorder** Control to assist the
 4 governing body in the development of the annual comprehensive
 5 plan under this section. The advisory committee shall consist of
 6 **no** not less than 10, nor more than 16, members **and shall be**
 7 appointed by the governing body. At least two of the members
 8 shall be persons who are recovering from a substance use disorder
 9 involving alcohol **use disorder**, and at least two of the members
 10 shall be persons who are recovering from a substance use disorder
 11 involving drugs. The committee shall also include the county
 12 prosecutor, or **his** the prosecutor's designee~~[,]~~; representatives
 13 from a wide range of public and private organizations involved in
 14 the treatment of **alcohol use disorders and** substance use disorder-
 15 related problems; and other individuals with interest or experience
 16 in issues concerning **alcohol** substance use **disorder** and
 17 substance use **disorder** disorders. Each advisory committee
 18 appointed pursuant to this subsection shall, to the maximum extent
 19 feasible, represent the various socioeconomic, racial, and ethnic
 20 groups of the county in which it serves.

21 Within 60 days of the effective date of P.L.1989, c.51
 22 (C.26:2BB-1 et al.), the Local Advisory Committee on **Alcohol**
 23 **Use Disorder and** Substance Use **Disorder** Control shall
 24 organize and elect a chairman from among its members.

25 **e. The** h. (1) Each comprehensive community services plan
 26 developed by a county shall be submitted to the Director of the
 27 Office of Coordinated Substance Use Control Policy and Planning
 28 for approval, and to the Deputy Assistant Commissioner for the
 29 Division of Mental Health and Addiction Services for review. The
 30 director, in consultation with the assistant commissioner, shall
 31 review **the** each county plan, pursuant to a procedure developed
 32 by the **deputy commissioner** director in consultation with the
 33 assistant commissioner.

34 (2) In determining whether to approve an annual comprehensive
 35 plan submitted under this act section, the deputy commissioner
 36 director shall consider whether: (a) the plan is consistent with the
 37 policies outlined in the Statement of Executive Branch Substance
 38 Use Control Policy Priorities published pursuant to subsection a. of
 39 section 6 of P.L. , c. (C.) (pending before the Legislature
 40 as this bill); (b) the plan is designed to meet the goals and,
 41 objectives of the "Alcoholism Treatment and Rehabilitation Act,"
 42 P.L.1975, c.305 (C.26:2B-7 et seq.) and the "Narcotic and Drug
 43 Abuse Control Act of 1969," P.L.1969, c.152 (C.26:2G-1 et seq.)
 44 and targets established in the State's comprehensive substance use
 45 control strategy; and whether (c) the implementation of the plan
 46 is feasible.

1 (3) Each county plan submitted **to the deputy commissioner**
 2 pursuant to this section shall be presumed to be valid and consistent
 3 with the Statement of Executive Priorities and the State strategy;
 4 provided **it** that the plan is in substantial compliance with the
 5 provisions of this **act** section. **Where the department fails to**
 6 **approve a county plan, the** If the director determines, in
 7 consultation with the assistant commissioner, that the plan is
 8 inconsistent with the Statement of Executive Priorities, or is
 9 insufficient to attain the goals, objectives, and targets established in
 10 the State strategy, the director shall reject the plan and provide the
 11 county with recommendations for changes that would make the plan
 12 adequate. A county may request a court hearing **on that** with
 13 regard to any determination by the director that the plan is
 14 inconsistent with the Statement of Executive Priorities or the State
 15 strategy.

16 (4) A copy of any comprehensive plan approved by the director
 17 pursuant to this subsection shall be provided to the Division of
 18 Mental Health and Addiction Services and the Governor's Council
 19 on Substance Use Control.

20 (cf: P.L.2017, c.131, s.81)

21

22 44. Section 1 of P.L.1995, c.318 (C.26:2B-36) is amended to
 23 read as follows:

24 1. a. The Legislature finds and declares that:

25 (1) there is growing evidence that people with deafness, hearing
 26 loss, or other disabilities are at greater risk of being involved with
 27 alcohol or **other** drugs **of abuse** than the general population;
 28 **the**

29 (2) persons who are deaf **and** or hard of hearing have a
 30 communication disability, which prevents them from receiving and
 31 communicating information that would enable them to make more
 32 informed decisions about their own use, abuse of, or addiction to,
 33 alcohol and **other** drugs; **and**

34 (3) the combined impact of physical impairment, attitudinal and
 35 architectural barriers, societal discrimination, and the psychological
 36 stresses that accompany disability may create a special vulnerability
 37 **for** to substance **abuse** use disorders in people with
 38 disabilities.

39 The Legislature further finds and declares that: **;** and

40 (4) few rehabilitation centers and professionals working with
 41 **the** deaf, hard of hearing, and other disabled persons are
 42 adequately prepared or trained to identify, recognize, or deal with
 43 the signs of substance **abuse; and New Jersey needs** use disorder.

44 b. The Legislature therefore concludes that there is a need for
 45 the State to encourage and facilitate the development of specialized
 46 services for **people with disabilities** deaf, hard of hearing, and

1 disabled persons who **【**abuse, misuse and are addicted to alcohol
2 and other drugs**】** have a substance use disorder.

3 (cf: P.L.1995, c.318, s.1)

4
5 45. Section 2 of P.L. 1995, c.318 (C.26:2B-37) is amended to
6 read as follows:

7 2. a. The Commissioner of Health shall establish **【**an “Alcohol
8 and Drug Abuse**】** a “Substance Use Prevention and Treatment
9 Program for the Deaf, Hard of Hearing, and Disabled.” **【**.**】**

10 b. Pursuant to Reorganization Plan No. 002-2004, the
11 Commissioner of Human Services shall continue to operate the
12 program established pursuant to subsection a. of this section
13 through the Division of Mental Health and Addiction Services in
14 the Department of Human Services, in consultation with the
15 Governor's Council on **【**Alcoholism and Drug Abuse**】** Substance
16 Use Control.

17 c. Commencing on the date of enactment of P.L. , c.
18 (C.) (pending before the Legislature as this bill), the
19 Department of Human Services or another properly designated
20 agency, through the Division of Mental Health and Addiction
21 Services, shall be the agency that is responsible for operating and
22 overseeing the program established pursuant to subsection a. of this
23 section. As used in P.L.2013, c.253 (C.26:2B-36 et seq.), “properly
24 designated agency” means the same as that term is defined by
25 section 3 of P.L. , c. (C.) (pending before the Legislature
26 as this bill).

27 (cf: P.L.2013, c.253, s.4)

28
29 46. Section 3 of P.L.1995, c.318 (C.26:2B-38) is amended to
30 read as follows:

31 3. The program operated pursuant to P.L.1995, c.318 (C.26:2B-
32 36 et seq.) shall **【**include, but not be limited to**】** , at a minimum, be
33 designed to: **【**providing**】** enhance public awareness of **【**, and
34 developing**】** substance use disorders affecting persons who are deaf,
35 hard of hearing, or otherwise disabled; develop advocacy efforts for
36 **【**the**】** persons who are deaf **【**, persons with**】** hard of hearing
37 **【**impairments, and other persons with disabilities**】**, or otherwise
38 disabled, and who are in need of treatment **【**services**】** for **【**alcohol
39 use disorder and**】** a substance use disorder**【**.**】**; and **【**developing**】**
40 develop appropriate treatment modalities and specialized training
41 programs for **【**this population**】** these populations. The
42 **【**commissioner**】** Department of Human Services, or other properly
43 designated agency, shall incorporate the services of community-
44 based agencies, as may be necessary to develop and implement
45 **【**this**】** the program.

46 (cf: P.L.2017, c.131, s.82)

1 47. Section 1 of P.L.1989, c.51 (C.26:2BB-1) is amended to read
2 as follows:

3 1. a. The Legislature finds and declares that: ~~alcoholism and~~
4 ~~drug abuse are~~ the occurrence of substance use disorders is a major
5 health ~~problems~~ problem facing the residents of this State;
6 ~~aspects of these problems extend into many areas under various~~
7 ~~State departments; placement in, but not of, the State Department of~~
8 ~~the Treasury is the most appropriate and logical location for~~
9 ~~focusing a coordinated planning and review effort to ameliorate~~
10 ~~these problems and for establishing~~ and it is reasonable and
11 necessary to establish a Governor's Council on ~~Alcoholism and~~
12 ~~Drug Abuse as an independent coordinating, planning, research and~~
13 ~~review body regarding all aspects of alcoholism and drug abuse;~~
14 ~~and a merger of the Division of Alcoholism and the Division of~~
15 ~~Narcotic and Drug Abuse Control within the State Department of~~
16 ~~Health will~~ Substance Use Control, which will work in
17 coordination with the Office of Coordinated Substance Use Control
18 Policy and Planning to enhance the effectiveness of the State's role
19 in formulating comprehensive and integrated ~~public~~ substance
20 use control policy, ~~and~~ providing effective in ensuring the
21 effectiveness of substance use control prevention, treatment,
22 ~~prevention~~ recovery, and public awareness efforts ~~against~~
23 ~~alcoholism and drug abuse~~ occurring throughout the State.

24 b. The Legislature further finds and declares that~~:~~ as,
25 because the cooperation and active participation of all communities
26 in the State is necessary to achieve long-term success under the
27 ~~goal of reducing alcoholism and drug abuse there should be~~
28 ~~established~~ Coordinated Statewide Substance Use Control
29 Program, it is reasonable and necessary to establish, within the
30 Governor's Council on ~~Alcoholism and Drug Abuse~~ Substance
31 Use Control, an a Local Substance Use Control Alliance to
32 Prevent Alcoholism and Drug Abuse, which shall work, in
33 consultation with the Office of Coordinated Substance Use Control
34 Policy and Planning, to:

35 (1) unite the local communities of this State in a coordinated
36 and comprehensive effort to implement the Coordinated Statewide
37 Substance Use Control Program and attain the goals, objectives, and
38 targets outlined in the State's comprehensive substance use control
39 strategy; and ~~that~~

40 (2) mobilize the full resources of ~~this State including~~
41 ~~counties, municipalities, and residents of the State~~ must be
42 mobilized, in a persistent and sustained manner, in order to
43 achieve a local response that is capable of meaningfully addressing
44 not only the symptoms, but the root causes, of this pervasive
45 problem.

46 (cf: P.L.1989, c.51, s.1)

1 48. Section 2 of P.L.1989, c.51 (C.26:2BB-2) is amended to read
2 as follows:

3 2. There is created a 26-member council, in, but not of, the
4 Department of the Treasury, which shall be designated as the
5 Governor's Council on **【Alcoholism and Drug Abuse】** Substance
6 Use Control. For the purposes of complying with the provisions of
7 Article V, Section IV, paragraph 1 of the New Jersey Constitution,
8 the Governor's Council on **【Alcoholism and Drug Abuse】**
9 Substance Use Control is allocated to the Department of the
10 Treasury, but, notwithstanding the allocation, the **【office】** council
11 shall be independent of any supervision or control by the
12 department, or by any board or officer thereof.

13 The council shall consist of 12 ex officio members and 14 public
14 members.

15 a. The ex officio members of the council shall be: the Attorney
16 General, the Commissioners of Labor and Workforce Development,
17 Education, Human Services, Health, Children and Families,
18 Community Affairs, Personnel and Corrections, the chair of the
19 executive board of the New Jersey Presidents' Council, the
20 Administrative Director of the Administrative Office of the Courts,
21 and the Adjutant General. An ex officio member may designate an
22 officer or employee of the department or office which he heads to
23 serve as his alternate and exercise his functions and duties as a
24 member of the Governor's Council on **【Alcoholism and Drug**
25 **Abuse】** Substance Use Control.

26 b. The 14 public members shall be residents of the State **【who**
27 **are selected for their】** who have knowledge, competence,
28 experience, or interest in connection with **【alcohol or】** substance
29 use **【disorder. They】** disorders involving drugs or alcohol, and
30 shall be appointed as follows: two shall be appointed by the
31 President of the Senate, two shall be appointed by the Speaker of
32 the General Assembly, and 10 shall be appointed by the Governor,
33 with the advice and consent of the Senate. At least two of the
34 public members appointed by the Governor shall be persons who
35 have been rehabilitated from **【alcohol】** a substance use disorder
36 involving alcohol, and at least two of the public members appointed
37 by the Governor shall be persons who have been rehabilitated from
38 a substance use **【disorders】** disorder involving drugs.

39 c. The term of office of each public member shall be three
40 years; except that of the first members appointed, four shall be
41 appointed for a term of one year, five shall be appointed for a term
42 of two years, and five shall be appointed for a term of three years.
43 Each member shall serve until **【his】** the member's successor has
44 been appointed and qualified, and vacancies in the membership
45 shall be filled, for the remainder of the unexpired term, in the same
46 manner **【as】** provided for the original appointments **【for the**

1 remainder of the unexpired term]. A public member [is] shall be
2 eligible for reappointment to the council.

3 d. The [chairman] chair of the council shall be appointed by
4 the Governor, from among the public members of the council, and
5 shall serve at the pleasure of the Governor during the Governor's
6 term of office, and until the appointment and qualification of the
7 [chairman's] chair's successor. The members of the council shall
8 elect a vice-[chairman] chair from among the [members of the
9 council] membership. The Governor may remove any public
10 member for cause, upon notice and opportunity to be heard.

11 e. The council shall meet at least monthly, and at such other
12 times as may be designated by the [chairman] chair. Fourteen
13 members of the council shall constitute a quorum. The council may
14 establish any advisory committees it deems advisable and feasible.

15 f. The [chairman] chair shall be the request officer for the
16 council within the meaning of such term as defined in section 6 of
17 article 3 of P.L.1944, c.112 (C.52:27B-15).

18 g. The public members of the council shall receive no
19 compensation for their services, but shall be reimbursed for their
20 expenses incurred in the discharge of their duties, within the limits
21 of funds appropriated or otherwise made available for this purpose.
22 (cf: P.L.2017, c.131, s.99)
23

24 49. Section 3 of P.L.1989, c.51 (C.26:2BB-3) is amended to read
25 as follows:

26 3. a. The Governor's Council on [Alcoholism and Drug
27 Abuse] Substance Use Control shall be administered by an
28 executive director who shall be appointed by the Governor, with the
29 advice and consent of the Senate, and shall serve at the pleasure of
30 the Governor during the Governor's term of office, and until the
31 appointment and qualification of the executive director's successor.

32 b. The executive director shall be a person qualified by training
33 and experience to perform the duties of the council.

34 c. The executive director shall have the authority to employ a
35 deputy executive director, who shall be in the unclassified service
36 of the Civil Service, and such staff as are necessary to accomplish
37 the work of the council, within the limits of available
38 appropriations. The executive director may delegate to subordinate
39 officers or employees of the council any of [his] the powers
40 [which he] the executive director deems desirable [to], which
41 powers shall be exercised under [his] the executive director's
42 supervision and control. All employees of the council, except the
43 executive director and the deputy executive director, shall be in the
44 career service of the Civil Service.

45 d. The executive director shall attend all meetings of the

1 Governor's Council on **Alcoholism and Drug Abuse** Substance
2 Use Control.

3 (cf: P.L.1989, c.51, s.3)

5 50. Section 4 of P.L.1989, c.51 (C.26:2BB-4) is amended to read
6 as follows:

7 4. The Governor's Council on **Alcoholism and Drug Abuse**
8 Substance Use Control is authorized and empowered to:

9 a. Review **and coordinate all State departments' efforts in**
10 **regard to the planning and**, analyze, and provide recommendations
11 to the Office of Coordinated Substance Use Control Policy and
12 Planning on:

13 (1) the provision of substance use disorder prevention,
14 treatment, **prevention** recovery, research, evaluation, and
15 education services **for,** by program partner agencies under the
16 Coordinated Substance Use Control Program; and

17 (2) the status of public awareness **of, alcoholism and drug**
18 abuse on matters of substance use control;

19 b. **Prepare by July 1 of each year, the State government**
20 **component of** Provide assistance and recommendations to the
21 Office of Coordinated Substance Use Control Policy and Planning
22 with respect to the development of the Comprehensive Statewide
23 **Alcoholism and Drug Abuse Master Plan for the treatment,**
24 **prevention, research, evaluation, education and public awareness of**
25 **alcoholism and drug abuse in this State, which plan shall include an**
26 **emphasis on prevention, community awareness, and family and**
27 **youth services** Substance Use Control Strategy, particularly with
28 respect to those aspects of the strategy that pertain to State-level
29 activities being undertaken by program partner agencies;

30 c. **Review** Support the Office of Coordinated Substance Use
31 Control Policy and Planning in its review of each County Annual
32 Alliance Plan under paragraph (21) of subsection a. of section 5 of
33 P.L. , c. (C.) (pending before the Legislature as this bill),
34 **and **the** in the office's development of recommendations **of the****
35 **Division of Alcoholism and Drug Abuse in the Department of**
36 **Health**, under paragraph (20) of subsection a. of section 5 of
37 P.L. , c. (C.) (pending before the Legislature as this bill),
38 for the awarding **the** of Alliance grants **and, by October 1 of**
39 each year, return the plan to the Local Advisory Committee on
40 Alcoholism and Drug Abuse with the council's proposed
41 recommendations for awarding Alliance grants;

42 d. Submit to the **Governor and the Legislature by December 1**
43 **of each year the Comprehensive Statewide Alcoholism and Drug**
44 **Abuse Master Plan which shall include recommended** Office of
45 Coordinated Substance Use Control Policy and Planning, on an
46 annual basis, and in accordance with the regular budget cycle,

1 written recommendations as to the appropriate allocations of State
2 and federal funds that should be made to **【State departments】**
3 program partner agencies, local governments **【and local agencies】**.
4 State and local law enforcement agencies, and service providers **【of**
5 all State and federal funds for】, in the upcoming fiscal year, in
6 order to enable or facilitate, consistent with the Comprehensive
7 Statewide Substance Use Control Strategy:

8 (1) the commencement, continuation, or expansion of substance
9 use disorder prevention, treatment, **【prevention】** recovery, research,
10 evaluation, and education **【and】** programs, services, and supports;

11 (2) the enhancement of public awareness **【of alcoholism and**
12 drug abuse in accordance with the regular budget cycle,】 on all
13 issues related to illicit substance use, substance use disorders, and
14 available substance use disorder treatment and recovery programs,
15 services, supports, and housing; and **【shall incorporate and unify**
16 **all】**

17 (3) the coordination, consolidation, or more effective or
18 efficient implementation of State, county, **【local】** municipal, and
19 private **【alcohol and drug abuse】** substance use control initiatives;

20 e. **【Distribute】** Submit to the Office of Coordinated Substance
21 Use Control Policy and Planning, on an annual basis, written
22 recommendations for the distribution of grants **【,** upon the
23 recommendation of the executive director of the council, by August
24 1 of each year】 to counties and municipalities **【for alcohol and drug**
25 **abuse】** as necessary to support and sustain local substance use
26 control programs established **【under】** in cooperation with the Local
27 Substance Use Control Alliance **【to Prevent Alcoholism and Drug**
28 **Abuse】**, pursuant to section 7 of P.L.1989, c.51 (C.26:2BB-7);

29 f. Evaluate the existing funding mechanisms **【for alcoholism**
30 **and drug abuse services】** that are used to finance substance use
31 control activities in the State, and **【recommend】** provide
32 recommendations to the **【Governor and the Legislature】** Office of
33 Coordinated Substance Use Control Policy and Planning regarding
34 any changes **【which】** in funding that may improve the coordination
35 of services to citizens in this State;

36 g. Encourage the development or expansion of substance use
37 control-related employee assistance programs in the workplace for
38 employees in both government and the private sector;

39 h. Evaluate the need for, and feasibility of, including other
40 addictions, such as smoking and gambling, within the scope and
41 responsibility of the council;

42 i. Collect from any State, county, **【local】** or municipal
43 governmental entity, or from any other appropriate source, data,
44 reports, statistics, or other materials **【which】** that are necessary to
45 carry out the council's functions; and

1 j. Pursuant to the "Administrative Procedure Act," P.L.1968,
2 c.410 (C.52:14B-1 et seq.), adopt rules and regulations necessary to
3 carry out the purposes of **[this act]** P.L.1989, c.51 (C.26:2BB-1 et
4 seq.).

5 The council shall not accept or receive moneys from any source,
6 other than moneys deposited in, and appropriated from, the "Drug
7 Enforcement and Demand Reduction Fund" established pursuant to
8 N.J.S.2C:35-15, and any other moneys appropriated by law for
9 operating expenses of the council or appropriated pursuant to
10 section 19 of P.L.1989, c.51.

11 (cf: P.L.1989, c.51, s.4)

12
13 51. Section 7 of P.L.1989, c.51 (C.26:2BB-7) is amended to read
14 as follows:

15 7. a. There is created **[an]** a Local Substance Use Control
16 Alliance [to Prevent Alcoholism and Drug Abuse], hereinafter
17 referred to as the "Alliance," in the Governor's Council on
18 **[Alcoholism and Drug Abuse]** Substance Use Control. The
19 purpose of the Alliance is to create a network, comprised of all the
20 local communities in New Jersey, which is dedicated to **[a]**
21 implementing comprehensive and coordinated **[effort against**
22 **alcoholism and drug abuse]** efforts, at both the county and
23 municipal levels, to prevent substance use disorders. The Alliance
24 shall be a mechanism both for implementing policies, consistent
25 with the Executive Statement of Substance Use Control Priorities
26 and the Comprehensive Statewide Substance Use Control Strategy,
27 to reduce [alcoholism and drug abuse] the occurrence of substance
28 use disorders at the municipal level, and for providing funds,
29 including moneys from mandatory penalties on drug offenders, to
30 member communities, consistent with the recommendations of the
31 Office of Coordinated Substance Use Control Policy and Planning,
32 to support appropriate county and municipal-based [alcohol and
33 drug abuse] substance use disorder education and public awareness
34 activities.

35 b. The Office of Coordinated Substance Use Control Policy
36 and Planning, in consultation and cooperation with the Governor's
37 Council on **[Alcoholism and Drug Abuse]** Substance Use Control,
38 shall adopt rules and regulations, consistent with the State's
39 comprehensive substance use control strategy, for the operation of,
40 and participation in, [and the operation of,] the Alliance, and for
41 the awarding of grants to municipalities and counties from funds
42 appropriated for such purposes pursuant to P.L.1989, c.51
43 (C.26:2BB-1 et al.)**[,]** and section 5 of P.L.1993, c.216 (C.54:43-
44 1.3), and from funds derived from the "Drug Enforcement and
45 Demand Reduction Fund," established pursuant to N.J.S.2C:35-15,
46 for the purpose of developing:

1 (1) Organized and coordinated efforts involving schools, law
2 enforcement, business groups, and other community organizations
3 for the purpose of reducing **【alcoholism and drug abuse】** illicit
4 substance use and the occurrence of substance use disorders;

5 (2) In cooperation with local school districts, comprehensive
6 and effective **【alcoholism and drug abuse】** substance use disorder
7 education programs in grades kindergarten through 12;

8 (3) In cooperation with local school districts, procedures for the
9 intervention, treatment, and discipline of students **【abusing】**
10 engaging in the illicit use of alcohol or drugs;

11 (4) Comprehensive **【alcoholism and drug abuse】** substance use
12 disorder education, support, and outreach efforts for parents in the
13 community; and

14 (5) Comprehensive **【alcoholism and drug abuse】** substance use
15 disorder community awareness programs.

16 c. Funds disbursed under this section shall not supplant local
17 funds that would have otherwise been made available for
18 **【alcoholism and drug abuse】** substance use control initiatives.
19 Communities shall provide matching funds when and to the extent
20 required by the regulations adopted pursuant to this section.

21 d. The county agency or individual designated by the
22 governing body of each county, pursuant to subsection a. of section
23 4 of P.L.1983, c.531 (C.26:2B-33), **【is】** shall be authorized to
24 receive **【from the Governor's Council on Alcoholism and Drug**
25 **Abuse】** moneys made available pursuant to this section. The
26 designated county agency or individual shall establish a separate
27 fund for the receipt and disbursement of these moneys.

28 (cf: P.L.1993, c.216, s.4)

29

30 52. Section 8 of P.L.1989, c.51 (C.26:2BB-8) is amended to read
31 as follows:

32 8. a. Each Local Advisory Committee on **【Alcoholism and**
33 **Drug Abuse】** Substance Use Control, established pursuant to
34 section 4 of P.L.1983, c.531 (C.26:2B-33), shall establish a County
35 Alliance Steering Subcommittee, in conjunction with regulations
36 adopted by the Governor's Council on **【Alcoholism and Drug**
37 **Abuse】** Substance Use Control. The members of the subcommittee
38 shall include, but not be limited to, private citizens and
39 representatives of the:

40 (1) Local Advisory Committee on **【Alcoholism and Drug**
41 **Abuse】** Substance Use Control;

42 (2) County Human Services Advisory Council;

43 (3) County Superintendent of Schools;

44 (4) Existing county council on **【alcoholism】** substance use
45 disorders, if any;

46 (5) County Prosecutor's office;

- 1 (6) Family part of the Chancery Division of the Superior Court;
2 (7) Youth Services Commission;
3 (8) County School Board Association;
4 (9) County health agency;
5 (10) County mental health agency;
6 (11) Local businesses;
7 (12) County affiliate of the New Jersey Education Association;
8 and
9 (13) Other service providers.
- 10 b. The functions of the County Alliance Steering Subcommittee
11 shall include:
- 12 (1) Development and submission of a County Annual Alliance
13 Plan for the expenditure of funds derived from the "Drug
14 Enforcement and Demand Reduction Fund," established pursuant to
15 N.J.S.2C:35-15;
- 16 (2) Development of programs and fiscal guidelines, consistent
17 with **the** directives of the Governor's Council on Alcoholism and Drug
18 Abuse **the rules and regulations adopted under subsection b. of**
19 section 7 of P.L.1989, c.51 (C.26:2BB-7), for the awarding of funds
20 to counties and municipalities for **drug and alcohol** Alliance
21 activities;
- 22 (3) Identification of a network of community leadership for the
23 expansion, replication, and development of successful community
24 model programs throughout the county; and
- 25 (4) Coordination of projects among and within municipalities to
26 assure cost effectiveness and avoid fragmentation and duplication.
- 27 c. **The** County Alliance Steering Subcommittee shall ensure
28 that the funds dedicated to education pursuant to section 2 of
29 P.L.1983, c.531 (C.54:32C-3.1) do not duplicate the Alliance
30 effort. **(Deleted by amendment, P.L. , c.) (pending before the**
31 Legislature as this bill)
- 32 d. The Local Advisory Committee on **Alcoholism and Drug**
33 Abuse **Substance Use Control** shall review and approve the County
34 Annual Alliance Plan and submit this plan by July 1 of each year to
35 the Director of the Office of Coordinated Substance Use Control
36 Policy and Planning, to the Division of **Alcoholism and Drug**
37 Abuse **Mental Health and Addiction Services** in the Department of
38 **Health** Human Services, and to the Governor's Council on
39 **Alcoholism and Drug Abuse** Substance Use Control.
- 40 e. After the County Annual Alliance Plan is returned by the
41 **Governor's Council on Alcoholism and Drug Abuse** Office of
42 Coordinated Substance Use Control Policy and Planning to the
43 Local Advisory Committee on **Alcoholism and Drug Abuse**
44 Substance Use Control with the **council's** office's proposed
45 recommendations for awarding the Alliance grants, **pursuant to**
46 subsection c. of section 4 of this amendatory and supplementary

1 act] as provided by paragraph (21) of subsection a. of section 5 of
2 P.L. , c. (C.) (pending before the Legislature as this bill),
3 the committee, in conjunction with the council, may revise its plan
4 in accordance with the [council's] proposed recommendations.

5 The revised plan shall be completed in such time that it can be
6 included in the council's recommendations to the [Governor and the
7 Legislature that are due on December 1 of each year] Office of
8 Coordinated Substance Use Control Policy and Planning, which are
9 submitted in accordance with subsection d. of section 4 of
10 P.L.1989, c.51 (C.26:2BB-4).

11 (cf: P.L.1989, c.51, s.8)

12
13 53. Section 9 of P.L.1989, c.51 (C.26:2BB-9) is amended to read
14 as follows:

15 9. The governing body of each municipality may appoint a
16 Municipal Alliance Committee, or join with one or more
17 municipalities to appoint a Municipal Alliance Committee.
18 Membership on the Municipal Alliance Committee may include the
19 chief of police; the president of the school board; the superintendent
20 of schools; a student assistance coordinator; a representative of the
21 parent-teacher association; a representative of the local bargaining
22 unit for teachers; a representative of the Chamber of Commerce; a
23 municipal court judge; representatives of local civic associations;
24 representatives of local religious groups; and private citizens.

25 The Municipal Alliance Committee, in consultation with the
26 Local Advisory Committee on [Alcoholism and Drug Abuse]
27 Substance Use Control, shall identify [alcoholism and drug]
28 substance use disorder prevention, education, and community
29 needs. The committee also shall implement the Alliance programs
30 formulated pursuant to section 8 of P.L.1989, c.51 (C.26:2BB-8).
31 The governing body of a municipality may match any funds it
32 receives from the Alliance.

33 (cf: P.L.1989, c.51, s.9)

34
35 54. Section 3 of P.L.2017, c.294 (C.26:2H-5.1g) is amended to
36 read as follows:

37 3. a. Pursuant to the "Administrative Procedure Act,"
38 P.L.1968, c.410 (C.52:14B-1 et seq.), the Commissioner of Health
39 shall adopt regulations necessary to develop an integrated licensing
40 system in which facilities licensed or certified under the authority
41 of P.L.1971, c.136 (C.26:2H-1 et seq.); P.L.1957, c.146 (C.30:9A-1
42 et seq.); [P.L.1975, c.305 (C.26:2B-7 et seq.)] section 20 of P.L. ,
43 c. (C.) (pending before the Legislature as this bill); or
44 sections 5 and 6 of P.L.1989, c.51 (C.26:2BB-5 and C.26:2BB-6) [;
45 P.L.1969, c.152 (C.26:2G-1 et seq.); or Reorganization Plan No.
46 001-2017] may provide primary care, mental health care, or

1 substance use disorder treatment services, or a combination of such
2 services, under a single license.

3 b. The regulations shall:

4 (1) identify services authorized to be provided as primary care,
5 mental health care, or substance use disorder treatment pursuant to
6 an integrated health care facility license;

7 (2) require a single integrated health care facility license for a
8 facility, which license shall specify the scope of primary care,
9 mental health care, and substance use disorder treatment services
10 that the facility is authorized to provide under the integrated health
11 care facility license;

12 (3) permit a facility to hold a designation as an ambulatory care
13 facility, community mental health program, substance use disorder
14 treatment facility, or other type of facility recognized under State or
15 federal law under the integrated health care facility license without
16 requiring a separate license;

17 (4) identify staffing requirements consistent with staff members'
18 scope of professional practice and credentials;

19 (5) establish standards for information sharing among providers
20 and among core and non-core team members;

21 (6) establish requirements for collection of data on identified
22 outcome measures;

23 (7) permit sharing of clinical space, administrative staff,
24 medical records storage, and other facility resources among
25 different categories of services, unless a separation is necessary to
26 protect the health and safety of patients or the public or to comply
27 with federal or State health privacy laws and regulations; and

28 (8) establish application requirements, compliance inspections,
29 investigations, and enforcement actions, including but not limited to
30 fees and penalties.

31 c. In developing the regulations, the commissioner shall:

32 (1) consult with the Division of Medical Assistance and Health
33 Services in the Department of Human Services to develop policies
34 that minimize barriers to participation and reimbursement in the
35 Medicaid and NJ FamilyCare programs faced by licensed facilities
36 for all qualifying services; and

37 (2) promote policies that:

38 (a) support an effective and efficient administration of a full
39 range of integrated, comprehensive health care;

40 (b) support providers' identification of risk factors for mental
41 illness and substance use disorders, which may include physical
42 health diagnoses;

43 (c) support an increased awareness of prevention and treatment;

44 (d) reduce the stigma associated with receiving behavioral
45 health treatment;

46 (e) will lead to improved access to mental health care and
47 substance use disorder treatment services for all persons;

1 (f) will lead to improved general health and wellness, including
2 physical health, mental health, and substance use disorders, and
3 prevent chronic disease; and

4 (g) will leverage partnerships with local health authorities,
5 employers, faith-based organizations, and others involved in
6 promoting community health.

7 (cf: P.L.2017, c.294, s.3)

8
9 55. Section 1 of P.L.1982, c.149 (C.26:2H-11.1) is amended to
10 read as follows:

11 1. In the case of an application for a certificate of need or
12 initial licensure, as applicable, for a **【narcotic and drug abuse】**
13 substance use disorder treatment center to be located within 500
14 feet from any building in this State used for the instruction of
15 children between the ages of five and 18 years, the applicant shall
16 notify the governing body of the municipality within which the
17 applicant proposes to locate the treatment **【center】** facility of the
18 applicant's intention to apply for the certificate of need or licensure,
19 and of the proposed location of the center. Documentation of the
20 notice shall be filed with the certificate of need or license
21 application. The Commissioner of Health is hereby authorized to
22 adopt reasonable rules and regulations, in accordance with the
23 provisions of the "Administrative Procedure Act," P.L.1968, c.410
24 (C.52:14B-1 et seq.), to effectuate the purposes of this **【act】**
25 section. For the purposes of this **【act**, the definition of "narcotic
26 and drug abuse treatment center" shall be identical to the definition
27 in subsection (a) of section 2 of P.L.1970, c.334 (C.26:2G-22)**】**
28 section, "substance use disorder treatment facility" means the same
29 as that term is defined by section 3 of P.L. , c. (C.)
30 (pending before the Legislature as this bill). This **【act】** section
31 shall not apply to any **【narcotic and drug abuse】** substance use
32 disorder treatment **【center】** facility for which an application was
33 filed prior to the effective date of **【this act】** P.L.1982, c.149.

34 (cf: P.L.2012, c.17, s.177)

35
36 56. Section 4 of P.L.1996, c.29 (C.26:2H-18.58a) is amended to
37 read as follows:

38 4. The Commissioner of Health shall transfer to the Division of
39 **【Alcoholism, Drug Abuse】** Mental Health and Addiction Services
40 in the Department of **【Health】** Human Services from the Health
41 Care Subsidy Fund, \$10 million in Fiscal Year 1997, and \$20
42 million in Fiscal Year 1998 and each fiscal year thereafter, or such
43 sums as are made available pursuant to section 5 of P.L.1996, c.29
44 (C.52:18A-2a), whichever amount is less, according to a schedule to
45 be determined by the Commissioner of Health, in order to fund
46 community-based **【drug abuse】** substance use disorder treatment

1 programs in the following order of priority: residential, inpatient,
2 intensive day, and outpatient treatment.

3 (cf: P.L.1996, c.29, s.4)

4
5 57. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read
6 as follows:

7 6. a. Subject to the requirements of Title XIX of the federal
8 Social Security Act, and the limitations imposed by **[this act]**
9 P.L.1968, c.413 (C.30:4D-1 et seq.), and by the rules and
10 regulations promulgated pursuant thereto, the department shall
11 provide medical assistance to qualified applicants, including
12 authorized services within each of the following classifications:

13 (1) Inpatient hospital services;

14 (2) Outpatient hospital services;

15 (3) Other laboratory and X-ray services;

16 (4) (a) Skilled nursing or intermediate care facility services;

17 (b) Early and periodic screening and diagnosis of individuals
18 who are eligible under the program and are under age 21, to
19 ascertain their physical or mental health status and the health care,
20 treatment, and other measures to correct or ameliorate defects and
21 chronic conditions discovered thereby, as may be provided in
22 regulations of the Secretary of the federal Department of Health and
23 Human Services and approved by the commissioner;

24 (5) Physician's services furnished in the office, the patient's
25 home, a hospital, a skilled nursing, or intermediate care facility or
26 elsewhere.

27 As used in this subsection, "laboratory and X-ray services"
28 includes HIV drug resistance testing, including, but not limited to,
29 genotype assays that have been cleared or approved by the federal
30 Food and Drug Administration, laboratory developed genotype
31 assays, phenotype assays, and other assays using phenotype
32 prediction with genotype comparison, for persons diagnosed with
33 HIV infection or AIDS.

34 b. Subject to the limitations imposed by federal law, by **[this**
35 **act]** P.L.1968, c.413 (C.30:4D-1 et seq.), and by the rules and
36 regulations promulgated pursuant thereto, the medical assistance
37 program may be expanded to include authorized services within
38 each of the following classifications:

39 (1) Medical care not included in subsection a.(5) above, or any
40 other type of remedial care recognized under State law, furnished
41 by licensed practitioners within the scope of their practice, as
42 defined by State law;

43 (2) Home health care services;

44 (3) Clinic services;

45 (4) Dental services;

46 (5) Physical therapy and related services;

- 1 (6) Prescribed drugs, dentures, and prosthetic devices; and
2 eyeglasses prescribed by a physician skilled in diseases of the eye
3 or by an optometrist, whichever the individual may select;
- 4 (7) Optometric services;
- 5 (8) Podiatric services;
- 6 (9) Chiropractic services;
- 7 (10) Psychological services;
- 8 (11) Inpatient psychiatric hospital services for individuals under
9 21 years of age, or under age 22 if they are receiving such services
10 immediately before attaining age 21;
- 11 (12) Other diagnostic, screening, preventive, and rehabilitative
12 services, and other remedial care;
- 13 (13) Inpatient hospital services, nursing facility services, and
14 intermediate care facility services for individuals 65 years of age or
15 over in an institution for mental diseases;
- 16 (14) Intermediate care facility services;
- 17 (15) Transportation services;
- 18 (16) Services in connection with the inpatient or outpatient
19 treatment or care of substance use disorder, when the treatment is
20 prescribed by a physician and provided in a licensed hospital, or in
21 a [narcotic and] substance use disorder treatment [center
22 approved] facility that is licensed or certified by the Department of
23 Health pursuant to [P.L.1970, c.334 (C.26:2G-21 et seq.)] section
24 20 or 21 of P.L. , c. (C. or C.) (pending before the
25 Legislature as this bill), and whose staff includes a medical director,
26 and limited to those services eligible for federal financial
27 participation under Title XIX of the federal Social Security Act;
- 28 (17) Any other medical care and any other type of remedial care
29 recognized under State law, specified by the Secretary of the federal
30 Department of Health and Human Services, and approved by the
31 commissioner;
- 32 (18) Comprehensive maternity care, which may include: the
33 basic number of prenatal and postpartum visits recommended by the
34 American College of Obstetrics and Gynecology; additional
35 prenatal and postpartum visits that are medically necessary;
36 necessary laboratory, nutritional assessment and counseling, health
37 education, personal counseling, managed care, outreach, and
38 follow-up services; treatment of conditions which may complicate
39 pregnancy; doula care; and physician or certified nurse-midwife
40 delivery services. For the purposes of this paragraph, "doula"
41 means a trained professional who provides continuous physical,
42 emotional, and informational support to a mother before, during,
43 and shortly after childbirth, to help her to achieve the healthiest,
44 most satisfying experience possible;
- 45 (19) Comprehensive pediatric care, which may include:
46 ambulatory, preventive, and primary care health services. The
47 preventive services shall include, at a minimum, the basic number

1 of preventive visits recommended by the American Academy of
2 Pediatrics;

3 (20) Services provided by a hospice which is participating in the
4 Medicare program established pursuant to Title XVIII of the Social
5 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice
6 services shall be provided subject to approval of the Secretary of
7 the federal Department of Health and Human Services for federal
8 reimbursement;

9 (21) Mammograms, subject to approval of the Secretary of the
10 federal Department of Health and Human Services for federal
11 reimbursement, including one baseline mammogram for women
12 who are at least 35 but less than 40 years of age; one mammogram
13 examination every two years or more frequently, if recommended
14 by a physician, for women who are at least 40 but less than 50 years
15 of age; and one mammogram examination every year for women
16 age 50 and over;

17 (22) Upon referral by a physician, advanced practice nurse, or
18 physician assistant of a person who has been diagnosed with
19 diabetes, gestational diabetes, or pre-diabetes, in accordance with
20 standards adopted by the American Diabetes Association:

21 (a) Expenses for diabetes self-management education or training
22 to ensure that a person with diabetes, gestational diabetes, or pre-
23 diabetes can optimize metabolic control, prevent and manage
24 complications, and maximize quality of life. Diabetes self-
25 management education shall be provided by an in-State provider
26 who is:

27 (i) a licensed, registered, or certified health care professional
28 who is certified by the National Certification Board of Diabetes
29 Educators as a Certified Diabetes Educator, or certified by the
30 American Association of Diabetes Educators with a Board
31 Certified-Advanced Diabetes Management credential, including, but
32 not limited to: a physician, an advanced practice or registered nurse,
33 a physician assistant, a pharmacist, a chiropractor, a dietitian
34 registered by a nationally recognized professional association of
35 dietitians, or a nutritionist holding a certified nutritionist specialist
36 (CNS) credential from the Board for Certification of Nutrition
37 Specialists; or

38 (ii) an entity meeting the National Standards for Diabetes Self-
39 Management Education and Support, as evidenced by a recognition
40 by the American Diabetes Association or accreditation by the
41 American Association of Diabetes Educators;

42 (b) Expenses for medical nutrition therapy as an effective
43 component of the person's overall treatment plan upon a: diagnosis
44 of diabetes, gestational diabetes, or pre-diabetes; change in the
45 beneficiary's medical condition, treatment, or diagnosis; or
46 determination of a physician, advanced practice nurse, or physician
47 assistant that reeducation or refresher education is necessary.
48 Medical nutrition therapy shall be provided by an in-State provider

1 who is a dietitian registered by a nationally-recognized professional
2 association of dietitians, or a nutritionist holding a certified
3 nutritionist specialist (CNS) credential from the Board for
4 Certification of Nutrition Specialists, who is familiar with the
5 components of diabetes medical nutrition therapy;

6 (c) For a person diagnosed with pre-diabetes, items and services
7 furnished under an in-State diabetes prevention program that meets
8 the standards of the National Diabetes Prevention Program, as
9 established by the federal Centers for Disease Control and
10 Prevention; and

11 (d) Expenses for any medically appropriate and necessary
12 supplies and equipment recommended or prescribed by a physician,
13 advanced practice nurse, or physician assistant for the management
14 and treatment of diabetes, gestational diabetes, or pre-diabetes,
15 including, but not limited to: equipment and supplies for self-
16 management of blood glucose; insulin pens; insulin pumps and
17 related supplies; and other insulin delivery devices.

18 c. Payments for the foregoing services, goods, and supplies
19 furnished pursuant to **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.)
20 shall be made to the extent authorized by **[this act]** P.L.1968, c.413
21 (C.30:4D-1 et seq.), the rules and regulations promulgated pursuant
22 thereto and, where applicable, subject to the agreement of insurance
23 provided for under **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.).
24 The payments shall constitute payment in full to the provider on
25 behalf of the recipient. Every provider making a claim for payment
26 pursuant to **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.) shall
27 certify, in writing, on the claim submitted, that no additional
28 amount will be charged to the recipient, the recipient's family, the
29 recipient's representative, or others on the recipient's behalf, for the
30 services, goods, and supplies furnished pursuant to **[this act]**
31 P.L.1968, c.413 (C.30:4D-1 et seq.).

32 No provider whose claim for payment pursuant to **[this act]**
33 P.L.1968, c.413 (C.30:4D-1 et seq.) has been denied because the
34 services, goods, or supplies were determined to be medically
35 unnecessary shall seek reimbursement from the recipient, **[his]** the
36 recipient's family, **[his]** the recipient's representative, or others on
37 **[his]** the recipient's behalf for such services, goods, and supplies
38 provided pursuant to **[this act]** P.L.1968, c.413 (C.30:4D-1 et seq.);
39 provided, however, that a provider may seek reimbursement from a
40 recipient for services, goods, or supplies not authorized by **[this**
41 **act]** P.L.1968, c.413 (C.30:4D-1 et seq.), if the recipient elected to
42 receive the services, goods or supplies with the knowledge that they
43 were not authorized.

44 d. Any individual eligible for medical assistance (including
45 drugs) may obtain such assistance from any person qualified to
46 perform the service or services required (including an organization
47 which provides such services, or arranges for their availability on a

1 prepayment basis), who undertakes to provide the individual such
2 services.

3 No copayment or other form of cost-sharing shall be imposed on
4 any individual eligible for medical assistance, except as mandated
5 by federal law as a condition of federal financial participation.

6 e. Anything in **【this act】** P.L.1968, c.413 (C.30:4D-1 et seq.)
7 to the contrary notwithstanding, no payments for medical assistance
8 shall be made under **【this act】** P.L.1968, c.413 (C.30:4D-1 et seq.)
9 with respect to care or services for any individual who:

10 (1) Is an inmate of a public institution (except as a patient in a
11 medical institution); provided, however, that an individual who is
12 otherwise eligible may continue to receive services for the month in
13 which he becomes an inmate, should the commissioner determine to
14 expand the scope of Medicaid eligibility to include such an
15 individual, subject to the limitations imposed by federal law and
16 regulations, or

17 (2) Has not attained 65 years of age and who is a patient in an
18 institution for mental diseases, or

19 (3) Is over 21 years of age and **【who】** is receiving inpatient
20 psychiatric hospital services in a psychiatric facility; provided,
21 however, that an individual who was receiving such services
22 immediately prior to attaining age 21 may continue to receive such
23 services until the individual reaches age 22. Nothing in this
24 subsection shall prohibit the commissioner from extending medical
25 assistance to all eligible persons receiving inpatient psychiatric
26 services; provided that there is federal financial participation
27 available.

28 f. (1) A third party as defined in section 3 of P.L.1968, c.413
29 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
30 this or another state when determining the person's eligibility for
31 enrollment or the provision of benefits by that third party.

32 (2) In addition, any provision in a contract of insurance, health
33 benefits plan, or other health care coverage document, will, trust,
34 agreement, court order, or other instrument which reduces or
35 excludes coverage or payment for health care-related goods and
36 services to or for an individual because of that individual's actual or
37 potential eligibility for or receipt of Medicaid benefits shall be null
38 and void, and no payments shall be made under **【this act】** P.L.1968,
39 c.413 (C.30:4D-1 et seq.) as a result of any such provision.

40 (3) Notwithstanding any provision of law to the contrary, the
41 provisions of paragraph (2) of this subsection shall not apply to a
42 trust agreement that is established pursuant to 42 U.S.C.
43 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
44 provided by government entities to a person who is disabled as
45 defined in section 1614(a)(3) of the federal Social Security Act (42
46 U.S.C. s.1382c (a)(3)).

47 g. The following services shall be provided to eligible
48 medically needy individuals as follows:

1 (1) Pregnant women shall be provided prenatal care and delivery
2 services and postpartum care, including the services cited in
3 subsection a.(1), (3), and (5) of this section and subsection b.(1)-
4 (10), (12), (15), and (17) of this section, and nursing facility
5 services cited in subsection b.(13) of this section.

6 (2) Dependent children shall be provided with services cited in
7 subsections a.(3) and (5) of this section and subsection b.(1), (2),
8 (3), (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and
9 nursing facility services cited in subsection b.(13) of this section.

10 (3) Individuals who are 65 years of age or older shall be
11 provided with services cited in subsection a.(3) and (5) of this
12 section and subsection b.(1)-(5), (6) excluding prescribed drugs, (7),
13 (8), (10), (12), (15), and (17) of this section, and nursing facility
14 services cited in subsection b.(13) of this section.

15 (4) Individuals who are blind or disabled shall be provided with
16 services cited in subsection a.(3) and (5) of this section and
17 subsection b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),
18 (12), (15), and (17) of this section, and nursing facility services
19 cited in subsection b.(13) of this section.

20 (5) (a) Inpatient hospital services, subsection a.(1) of this
21 section, shall only be provided to eligible medically needy
22 individuals, other than pregnant women, if the federal Department
23 of Health and Human Services discontinues the State's waiver to
24 establish inpatient hospital reimbursement rates for the Medicare
25 and Medicaid programs under the authority of section 601(c)(3) of
26 the Social Security Act Amendments of 1983, Pub.L.98-21 (42
27 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
28 extended to other eligible medically needy individuals if the federal
29 Department of Health and Human Services directs that these
30 services be included.

31 (b) Outpatient hospital services, subsection a.(2) of this section,
32 shall only be provided to eligible medically needy individuals if the
33 federal Department of Health and Human Services discontinues the
34 State's waiver to establish outpatient hospital reimbursement rates
35 for the Medicare and Medicaid programs under the authority of
36 section 601(c)(3) of the Social Security Amendments of 1983,
37 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital
38 services may be extended to all or to certain medically needy
39 individuals if the federal Department of Health and Human Services
40 directs that these services be included. However, the use of
41 outpatient hospital services shall be limited to clinic services and to
42 emergency room services for injuries and significant acute medical
43 conditions.

44 (c) The division shall monitor the use of inpatient and outpatient
45 hospital services by medically needy persons.

46 h. In the case of a qualified disabled and working individual
47 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the
48 only medical assistance provided under **【this act】** P.L.1968, c.413

1 (C.30:4D-1 et seq.) shall be the payment of premiums for Medicare
2 part A under 42 U.S.C. ss.1395i-2 and 1395r.

3 i. In the case of a specified low-income Medicare beneficiary
4 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical
5 assistance provided under **[this act]** P.L.1968, c.413 (C.30:4D-1 et
6 seq.) shall be the payment of premiums for Medicare part B under
7 42 U.S.C. s.1395r as provided for in 42 U.S.C. s.1396d(p)(3)(A)(ii).

8 j. In the case of a qualified individual pursuant to 42 U.S.C.
9 s.1396a(aa), the only medical assistance provided under **[this act]**
10 P.L.1968, c.413 (C.30:4D-1 et seq.) shall be payment for authorized
11 services provided during the period in which the individual requires
12 treatment for breast or cervical cancer, in accordance with criteria
13 established by the commissioner.

14 k. In the case of a qualified individual pursuant to 42 U.S.C.
15 s.1396a(ii), the only medical assistance provided under **[this act]**
16 P.L.1968, c.413 (C.30:4D-1 et seq.) shall be payment for family
17 planning services and supplies as described at 42 U.S.C.
18 s.1396d(a)(4)(C), including medical diagnosis and treatment
19 services that are provided pursuant to a family planning service in a
20 family planning setting.

21 (cf: P.L.2019, c.85, s.1)

22

23 58. Section 3 of P.L.1995, c.321 (C.30:9A-20) is amended to
24 read as follows:

25 3. Nothing in **[this act]** P.L.1995, c.321 (C.30:9A-18 et seq.)
26 shall be construed to:

27 a. limit the authority of the Department of Health **[and Senior**
28 **Services]** with respect to:

29 (1) the licensure of a health care facility pursuant to P.L.1971,
30 c.136 (C.26:2H-1 et seq.), regardless of whether the facility
31 operates a separate psychiatric unit or service~~[,]~~; or **[limit the**
32 **authority of the Department of Human Services with respect to]**

33 (2) the licensure or certification of **[an alcohol]** a substance use
34 disorder treatment facility, pursuant to **[P.L.1975, c.305 (C.26:2B-7**
35 **et seq.), or the issuance of a certificate of approval to a narcotic and**
36 **drug abuse treatment center pursuant to P.L.1970, c.334 (C.26:2G-**
37 **21 et seq.)]** section 20 or 21 of P.L. , c. (C. or C.)
38 (pending before the Legislature as this bill);

39 b. require the licensure of any facility **[or center]** referenced in
40 subsection a. of this section by the Department of Human Services;
41 or

42 c. require licensure of a mental health agency which does not
43 provide a mental health program that is subject to regulations
44 adopted by the commissioner or the Commissioner of Children and
45 Families, as applicable.

46 (cf: P.L.2006, c.47, s.173)

1 59. Section 7 of P.L.1994, c.57 (C.34:1B-21.7) is amended to
2 read as follows:

3 7. There is created within the authority a special nonlapsing
4 fund, to be known as the "Market Transition Facility Revenue
5 Fund." The Facility Revenue Fund shall consist of:

6 a. Such moneys as may be transferred to the Facility Revenue
7 Fund by the State Treasurer, upon appropriation by the Legislature,
8 pursuant to section 14 of P.L.1994, c.57 (C.34:1B-21.14);

9 b. Such moneys as may be appropriated to the Facility Revenue
10 Fund by the Legislature from surcharges levied pursuant to the
11 provisions of subsection b. of section 6 of P.L.1983, c.65
12 (C.17:29A-35), except that any such moneys in excess of the
13 amounts required to be used by the authority pursuant to any bond
14 resolutions authorizing the issuance of Market Transition Facility
15 bonds and notes, the authority's agreement with the State Treasurer
16 authorized by section 13 of P.L.1994, c.57 (C.34:1B-21.13) and any
17 bond resolutions authorizing the issuance of Motor Vehicle
18 Commission bonds and notes shall be at least annually remitted;

19 (1) in each fiscal year commencing prior to July 1, 2006, to the
20 General Fund, provided that the first \$7,500,000 of such moneys so
21 transferred in each such fiscal year shall be remitted to the
22 "**Alcohol** Substance Use Disorder Treatment Programs Fund"
23 created in section 2 of P.L.2001, c.48 (C.26:2B-9.2); and

24 (2) in each fiscal year commencing on or after July 1, 2006, to
25 the Motor Vehicle Surcharges Revenue Fund established pursuant
26 to section 6 of the "Motor Vehicle Surcharges Securitization Act of
27 2004," P.L.2004, c.70 (C.34:1B-21.28), to be applied as set forth
28 therein, until such time as all bonds, notes and other obligations
29 issued or entered into pursuant to section 4 of P.L.2004, c.70
30 (C.34:1B-21.26) and the costs thereof are discharged and no longer
31 outstanding;

32 c. Interest or other income derived from the investment of
33 moneys in the Facility Revenue Fund; and

34 d. Any other moneys as may be deposited from time to time,
35 except that such moneys shall not be appropriated from the General
36 Fund.

37 Moneys in the Facility Revenue Fund shall be managed and
38 invested by the Division of Investment in the Department of the
39 Treasury.

40 (cf: P.L.2004, c.70, s.8)

41

42 60. Section 6 of P.L.2004, c.70 (C.34:1B-21.28) is amended to
43 read as follows:

44 6. a. There is created within the authority a special nonlapsing
45 fund, to be known as the "Motor Vehicle Surcharges Revenue
46 Fund." The Motor Vehicle Surcharges Revenue Fund shall consist
47 of:

1 (1) such moneys as may be appropriated to the Motor Vehicle
2 Surcharges Revenue Fund by the Legislature and paid to the
3 authority by the State Treasurer from Dedicated Motor Vehicle
4 Surcharges Revenues;

5 (2) interest or other income derived from the investment of
6 moneys in the Motor Vehicle Surcharges Revenue Fund; and

7 (3) any other moneys as may be deposited from time to time,
8 except that such moneys shall not be appropriated from the General
9 Fund.

10 b. In each State fiscal year during which the authority has
11 outstanding bonds or refunding bonds which have been issued
12 pursuant to **[this act]** P.L.2004, c.70 (C.34:1B-21.23 et al.), moneys
13 in the Motor Vehicle Surcharges Revenue Fund may be used by the
14 authority, in accordance with the provisions of any bond resolutions
15 authorizing the issuance of bonds or refunding bonds pursuant to
16 **[this act]** P.L.2004, c.70 (C.34:1B-21.23 et al.), and any contract
17 between the authority and the State Treasurer authorized and
18 entered into pursuant to section 7 of **[this act]** P.L.2004, c.70
19 (C.34:1B-21.23 et al.), to pay debt service payable on the
20 authority's then outstanding bonds or refunding bonds issued
21 pursuant to **[this act]** P.L.2004, c.70 (C.34:1B-21.23 et al.), and
22 any amounts due in connection with any agreements entered into
23 pursuant to subsection c. of section 4 of **[this act]** P.L.2004, c.70
24 (C.34:1B-21.23 et al.), which are due in such fiscal year, to
25 replenish any reserve or other fund established for such bonds or
26 refunding bonds issued in accordance with subsection a. of section
27 4 of **[this act]** P.L.2004, c.70 (C.34:1B-21.23 et al.), and to pay any
28 and all other additional amounts as shall be authorized by **[this act]**
29 P.L.2004, c.70 (C.34:1B-21.23 et al.) and required to be paid by the
30 authority during such fiscal year, provided however, that the
31 payment of all such amounts to the authority by the State Treasurer
32 shall be subject to and dependent upon appropriations being made
33 from time to time by the Legislature of the amounts thereof for the
34 purposes of **[this act]** P.L.2004, c.70 (C.34:1B-21.23 et al.).
35 Notwithstanding any other provision of any law, rule, regulation, or
36 order to the contrary, the authority shall be paid only such amounts
37 as shall be required by the provisions of any contract between the
38 authority and the State Treasurer authorized and entered into
39 pursuant to section 7 of **[this act]** P.L.2004, c.70 (C.34:1B-21.23 et
40 al.), and the incurrence of any obligation of the State under any
41 such contract, including any payments to be made thereunder, shall
42 be subject to and dependent upon appropriations being made from
43 time to time by the Legislature for the purposes of **[this act]**
44 P.L.2004, c.70 (C.34:1B-21.23 et al.).

45 c. In each fiscal year beginning on or after July 1, 2006, all
46 amounts on deposit in the Motor Vehicle Surcharges Revenue Fund
47 in excess of the amount necessary to pay any amounts required to

1 be paid by the authority pursuant to any bond resolutions
2 authorizing the issuance of bonds or refunding bonds pursuant to
3 **【this act】** P.L.2004, c.70 (C.34:1B-21.23 et al.), or pursuant to any
4 contract between the authority and the State Treasurer authorized or
5 entered into pursuant to section 7 of **【this act】** P.L.2004, c.70
6 (C.34:1B-21.23 et al.) and payable during such fiscal year shall be
7 transferred to the General Fund, provided that the first \$7,500,000
8 of such moneys so transferred in each fiscal year shall be remitted
9 to the "**【Alcohol】** Substance Use Disorder Treatment Programs
10 Fund" created in section 2 of P.L.2001, c.48 (C.26:2B-9.2).
11 (cf: P.L.2004, c.70, s.6)
12

13 61. Section 1 of P.L.1984, c.4 (C.39:4-50.8) is amended to read
14 as follows:

15 1. Upon a conviction of a violation of R.S.39:4-50 or section 2
16 of P.L.1981, c.512 (C.39:4-50.4a), the court shall collect from the
17 defendant a surcharge of **【\$100.00】** \$100, in addition to, and
18 independently of, any fine imposed on that defendant. The court
19 shall forward the surcharge to the Director of the Division of Motor
20 Vehicles, who shall deposit **【\$95.00】** \$95 of the surcharge into **【a**
21 **"Drunk】** an "Intoxicated Driving Enforcement Fund" (hereinafter
22 referred to as the "fund"). This fund shall be used to establish a
23 Statewide **【drunk】** intoxicated driving enforcement program, to be
24 supervised by the director. The remaining **【\$5.00】** \$5 of each
25 surcharge shall be deposited by the director into a separate fund for
26 administrative expenses.

27 A municipality shall be entitled to periodic grants from the
28 **【"Drunk】** Intoxicated Driving Enforcement Fund," in amounts
29 representing **【its】** the municipality's proportionate contribution to
30 the fund.

31 A municipality shall be deemed to have contributed, to the fund,
32 the portion of the surcharge allocated to the fund **【, collected】**
33 pursuant to this section, if the violation of R.S.39:4-50 or section 2
34 of P.L.1981, c.512 (C.39:4-50.4a) occurred within the municipality,
35 and the arrest resulting in conviction was made by the member of a
36 municipal police force. **【The grants】** Grants from the fund shall be
37 used by the municipality to increase enforcement of R.S.39:4-50 by
38 subsidizing additional law enforcement patrols, and through other
39 measures approved by the director.

40 The Division of State Police, and county and interstate law
41 enforcement agencies **【and county law enforcement agencies】**, shall
42 be entitled to periodic grants from the fund, in amounts representing
43 their proportionate **【contribution】** contributions to the fund. The
44 Division of State Police, or a county or interstate law enforcement
45 agency, shall be deemed to have contributed to the fund the
46 portion of the surcharge allocated to the fund **【collected】** pursuant

1 to this section if the arrest resulting in a conviction was made by a
2 member of the Division of State Police or the county or interstate
3 law enforcement agency, as applicable. **【The grants】** Grants from
4 the fund shall be used by the Division of State Police, or by a
5 county or interstate law enforcement agency, to increase
6 enforcement of R.S.39:4-50 **【by】** through the subsidizing of
7 additional law enforcement patrols, and through other measures
8 approved by the director.

9 The surcharge described herein shall not be considered a fine,
10 penalty, or forfeiture to be distributed pursuant to R.S.39:5-41.

11 The director shall promulgate rules and regulations, pursuant to
12 the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1
13 et seq.), in order to effectuate the purposes of this section.
14 (cf: P.L.1994, c.184, s.3)

15
16 62. Section 2 of P.L.1974, c.120 (C.40:9B-4) is amended to read
17 as follows:

18 2. The governing body of any county or municipality may
19 annually appropriate funds to any **【approved,】** privately operated,
20 nonprofit **【narcotic and】** substance use disorder treatment **【center**
21 **certified by the Commissioner of Health】** facility, licensed pursuant
22 to **【P.L.1970, c.334 (C.26:2G-21 et seq.)】** section 20 of P.L. , c.
23 (C.) (pending before the Legislature as this bill), for the
24 purpose of helping to defray expenses incurred in the provision
25 **【of】** by such facilities of programs and services to prevent and
26 control substance use **【disorder】** disorders, and to provide for the
27 diagnosis, treatment, rehabilitation, and aftercare **【to】** of persons
28 with substance use disorders who are residents of **【any】** the county
29 or municipality making such appropriations.
30 (cf: P.L.2017, c.131, s.167)

31
32 63. Section 5 of P.L.1997, c.14 (C.44:10-48) is amended to read
33 as follows:

34 5. a. Only those persons who are United States citizens or
35 eligible aliens shall be eligible for benefits under the Work First
36 New Jersey program. Single adults or couples without dependent
37 children who are legal aliens who meet federal requirements and
38 have applied for citizenship, shall not receive benefits for more than
39 six months unless (1) they attain citizenship, or (2) they have passed
40 the English language and civics components for citizenship, and are
41 awaiting final determination of citizenship by the federal
42 Immigration and Naturalization Service.

43 b. The following persons shall not be eligible for assistance and
44 shall not be considered to be members of an assistance unit:

45 (1) non-needy caretakers, except that the eligibility of a
46 dependent child shall not be affected by the income or resources of
47 a non-needy caretaker;

1 (2) Supplemental Security Income recipients, except for the
2 purposes of receiving emergency assistance benefits pursuant to
3 section 8 of P.L.1997, c.14 (C.44:10-51);

4 (3) illegal aliens;

5 (4) other aliens who are not eligible aliens;

6 (5) a person absent from the home who is incarcerated in a
7 federal, State, county or local corrective facility or under the
8 custody of correctional authorities, except as provided by regulation
9 of the commissioner;

10 (6) a person who: is fleeing to avoid prosecution, custody or
11 confinement after conviction, under the laws of the jurisdiction
12 from which the person has fled, for a crime or an attempt to commit
13 a crime which is a felony or a high misdemeanor under the laws of
14 the jurisdiction from which the person has fled; or is violating a
15 condition of probation or parole imposed under federal or state law;

16 (7) a person convicted on or after August 22, 1996 under federal
17 or state law of any offense which is classified as a felony or crime,
18 as appropriate, under the laws of the jurisdiction involved and
19 which has as an element the possession, use, or distribution of a
20 controlled substance as defined in section 102(6) of the federal
21 "Controlled Substances Act" (21 U.S.C. s.802 (6)), who would
22 otherwise be eligible for general public assistance pursuant to
23 P.L.1947, c.156 (C.44:8-107 et seq.); except that such a person who
24 is convicted of any such offense which has as an element the
25 possession or use only of such a controlled substance may be
26 eligible for Work First New Jersey general public assistance
27 benefits, if the person enrolls in, or has completed, a licensed or
28 certified residential or outpatient **[drug]** substance use disorder
29 treatment program. An otherwise eligible individual who has a
30 **[past drug]** prior conviction for a drug-related offense shall be
31 eligible for general public assistance, without enrolling in or
32 completing a **[drug]** substance use disorder treatment program, if
33 either: (1) an appropriate treatment program is not available; or (2)
34 the person is excused from enrolling in a treatment program for
35 good cause pursuant to regulation.

36 Eligibility for benefits for a person entering a licensed **[drug]** or
37 certified substance use disorder treatment program **[which does]**
38 that is not **[operate]** operating in a State correctional facility or
39 county jail shall commence upon the person's enrollment in the
40 **[drug]** substance use disorder treatment program, and shall
41 continue during the person's active participation in, and upon
42 completion of, the **[drug]** substance use disorder treatment
43 program, except that, during the person's active participation in a
44 **[drug]** substance use disorder treatment program, and during the
45 first 60 days **[after]** following completion of **[a drug]** the treatment
46 program, the commissioner shall provide for testing of the person to
47 determine if the person is free of any controlled substance. If the

1 person is determined to not be free of any controlled substance
2 during the 60-day period following the completion of treatment, the
3 person's eligibility for benefits pursuant to this paragraph shall be
4 terminated; except that this provision shall not apply to the use of
5 prescription drugs by a person who is actively participating in a
6 **【drug】** substance use disorder treatment program, **【as】** when such
7 drugs are prescribed by the 【drug】 treatment 【program】 provider.
8 The commissioner shall adopt regulations to carry out the
9 provisions of this paragraph, which shall include the criteria for
10 determining active participation in, and completion of, a **【drug】**
11 substance use disorder treatment program.

12 Eligibility for benefits for a person who completes a **【licensed】**
13 residential **【drug】** substance use disorder treatment program
14 **【which】** that operates in a State correctional facility or county jail,
15 in accordance with section **【1 of P.L.2014, c.1 (C.26:2B-40)】** 21 of
16 P.L. , c. (C.) (pending before the Legislature as this bill),
17 shall commence upon the person's release from incarceration.

18 Cash benefits, less a personal needs allowance, for a person
19 receiving general public assistance benefits under the Work First
20 New Jersey program who is enrolled in and actively participating in
21 a licensed **【drug】** or certified substance use disorder treatment
22 program shall be issued directly to the **【drug】** substance use
23 disorder treatment provider to offset the cost of treatment. Upon
24 completion of the **【drug】** substance use disorder treatment program,
25 the cash benefits shall be then issued to the person. In the case of a
26 delay in issuing cash benefits to a person receiving Work First New
27 Jersey general public assistance benefits who has completed the
28 **【drug】** substance use disorder treatment program, the **【drug】**
29 treatment provider shall transmit to the person, those funds received
30 on behalf of that person, after **【completion of】** the person completes
31 the **【drug】** substance use disorder treatment program;

32 (8) a person found to have fraudulently misrepresented **【his】** the
33 person's residence in order to obtain means-tested, public benefits
34 in two or more states or jurisdictions, who shall be ineligible for
35 benefits for a period of 10 years from the date of conviction in a
36 federal or state court; or

37 (9) a person who intentionally makes a false or misleading
38 statement or misrepresents, conceals, or withholds facts for the
39 purpose of receiving benefits, who shall be ineligible for benefits
40 for a period of six months for the first violation, 12 months for the
41 second violation, and permanently for the third violation.

42 c. A person who makes a false statement with the intent to
43 qualify for benefits, and who, by reason thereof, receives benefits
44 for which the person is not eligible **【is】**, shall be guilty of a crime
45 of the fourth degree.

1 d. Pursuant to the authorization provided to the states under 21
2 U.S.C. s.862a(d)(1), this State elects to exempt from the application
3 of 21 U.S.C. s.862a(a):

4 (1) needy persons and their dependent children domiciled in
5 New Jersey for the purposes of receiving benefits under the Work
6 First New Jersey program and food assistance under the federal
7 "Food and Nutrition Act of 2008," Pub.L.110-234 (7 U.S.C. s.2011
8 et seq.); and

9 (2) single persons and married couples without dependent
10 children domiciled in New Jersey for the purposes of receiving food
11 assistance under Pub.L.110-234.

12 (cf: P.L.2016, c.69, s.1)

13
14 64. The following sections of law are hereby repealed:

15 P.L.1969, c.152 (C.26:2G-1 et seq.);

16 P.L.1970, c.334 (C.26:2G-21 et seq.);

17 Sections 1 and 2 of P.L.2015, c.293 (C.26:2G-25.1 and C.26:2G-
18 25.2);

19 P.L.1971, c.128 (C.26:2G-31 et seq.);

20 P.L.1975, c.305 (C.26:2B-7 et seq.);

21 Section 2 of P.L.1984, c.243 (C.26:2B-9.1);

22 P.L.2014, c.1 (C.26:2B-40);

23 Sections 5, 6, 17, and 18 of P.L.1989, c.51 (C.26:2BB-5,
24 C.26:2BB-6, C.26:2BB-13, and C.26:2BB-14); and

25 P.L.2015, c.9 (C.26:2G-38).

26
27 65. This act shall take effect immediately.

30 STATEMENT

31
32 This bill would consolidate and update the State's substance use
33 disorder treatment laws, and establish the Office of Coordinated
34 Substance Use Control Policy and Planning in, but not of, the
35 Department of Human Services. The office would be allocated
36 within the Department of Human Services, but, notwithstanding this
37 allocation, would be independent of any supervision or control by
38 the department, or by any officer or employee thereof. The
39 Governor would be required to appoint, with the advice and consent
40 of the Senate, an Executive Director to manage the operations of the
41 office, and a Deputy Director, who will serve in the director's
42 absence.

43 The purpose of the Office of Coordinated Substance Use Control
44 Policy and Planning would be to provide a centralized office for the
45 coordination and oversight of all substance use control activities
46 taking place in the State across all program partner agencies (i.e.,
47 all agencies involved in substance use control), including the
48 Departments of Human Services, Health, Community Affairs, Law

1 and Public Safety, Corrections, Education, and Environment, or
2 their successor agencies, as well as across all local governments and
3 State or local law enforcement agencies.

4 The director would be responsible for publishing on the office's
5 Internet website, and submitting to the appropriate legislative health
6 and budget committees, not later than April 1 of any year in which
7 there is a gubernatorial inauguration, a Statement of Executive
8 Priorities for the Coordinated Statewide Substance Use Control
9 Program overseen by the office, which statement is to reflect the
10 Governor's goals and priorities in relation to the issue of substance
11 use control in the State, and is to present the guiding principles that
12 are to be used in effectuating the Coordinated Statewide Substance
13 Use Control Program. The director would further be responsible for
14 publishing, on the office's Internet website, and submitting to the
15 appropriate legislative health and budget committees, by February 1
16 of any year following the year in which there is a gubernatorial
17 inauguration, a comprehensive substance use control strategy that is
18 designed to implement the policy priorities of the executive branch,
19 as identified in the Statement of Executive Priorities published
20 during the year of inauguration.

21 The comprehensive substance use control strategy is to be
22 revised and updated, as appropriate, at the following times:

- 23 1) whenever a new Governor is inaugurated, in accordance with
24 the timeframes identified above;
- 25 2) on at least a biennial basis following the strategy's initial
26 publication in a gubernatorial term; and
- 27 3) at any other time, upon a determination by the Governor, in
28 consultation with the director, that the current strategy is
29 insufficient or ineffective.

30 The director, through the office, would also have the duty to:

- 31 1) consult with, advise, and assist program partner agencies,
32 local governments, State and local law enforcement agencies, and
33 other appropriate persons and entities in implementing and
34 achieving the goals, objectives, and targets of the comprehensive
35 substance use control strategy;
- 36 2) coordinate and oversee program partner compliance with,
37 and adherence to, the comprehensive substance use control strategy;
38 ensure that each program partner agency is working in accordance
39 with the agency's stated responsibilities under the strategy, and in a
40 manner that reflects, and is consistent with, the overarching
41 policies, goals, and priorities of the Coordinated Statewide
42 Substance Use Control Program; and make recommendations to
43 program partners with respect to the implementation of appropriate
44 substance use control programs and services and the use of funds
45 appropriated for substance use control purposes, as provided by the
46 bill;
- 47 3) provide budget recommendations to the heads of each
48 program partner agency, by July 1 of each year, which budget

1 recommendations are to apply to the next budget year and each of
2 the four subsequent fiscal years, and are to include requests for
3 specific funding initiatives that are consistent with the priorities
4 identified in the Comprehensive Statewide Substance Use Control
5 Strategy;

6 4) monitor and evaluate the effectiveness of substance use
7 control activities undertaken, and programs implemented, by
8 program partner agencies in furtherance of the State's
9 comprehensive substance use control strategy, through the
10 development and application of specific performance measures and
11 targets, the use of program and performance audits and evaluations,
12 and the monitoring of spending by program partner agencies;

13 5) facilitate the use of collaborative efforts to identify
14 duplication, overlap, or gaps in funding that is made available for
15 substance use control purposes, and to ensure the most efficient and
16 effective allocation of funding for substance use control purposes;

17 6) facilitate the broad-scale sharing of information on substance
18 use control efforts and activities, and the standardization of data
19 compilation and reporting requirements among program partner
20 agencies, law enforcement agencies, and local government units, in
21 order to support the Coordinated Statewide Substance Use Control
22 Program and achieve the goals, objectives, and targets identified in
23 the State's comprehensive substance use control strategy;

24 7) consult with, and assist, local governments and State and
25 local law enforcement agencies with respect to their interactions
26 with program partner agencies;

27 8) develop standards, policies, and procedures to support
28 program partner agencies and other entities that enter into contracts
29 with treatment facilities, in order to ensure that treatment facilities
30 are in compliance with all terms of the contracts, and to further
31 ensure that contracts are being properly closed out, and claims
32 promptly and properly processed;

33 9) provide recommendations to the Governor and Legislature,
34 as determined by the director to be appropriate, regarding changes
35 in the organization, management, and budgets of program partner
36 agencies, and changes in the allocation of personnel to and within
37 those program partner agencies, as necessary to implement the
38 Statewide strategy and effectuate the policies, goals, objectives, and
39 priorities of the Coordinated Statewide Substance Use Control
40 Program;

41 10) in consultation and cooperation with the Office of the
42 Attorney General, the Department of Law and Public Safety, and
43 other appropriate program partner agencies, biennially review
44 existing State and local laws and regulations governing intoxicated
45 driving, the manufacture, sale, and consumption of alcoholic
46 beverages, and the administration, prescription, use, and diversion
47 and misuse of prescription drugs, in order to determine, in part,
48 whether such laws are consistent with the purposes of the bill, the

1 priorities of the Coordinated Statewide Substance Use Control
2 Program, and the goals, objectives, and targets of the State's
3 comprehensive substance use control strategy;

4 11) notify any program partner agency if its policies are not in
5 compliance with the agency's stated responsibilities under the
6 comprehensive substance use control strategy;

7 12) serve as a spokesperson for the executive branch on all
8 matters related to substance use control, and appear and testify
9 before appropriate legislative committees on all issues related to the
10 Coordinated Statewide Substance Use Control Program, the
11 implementation of the State's comprehensive substance use control
12 strategy, and the substance use control policies of the executive
13 branch;

14 13) ensure that current research and information on matters
15 related to substance use and substance use control is effectively
16 disseminated by program partner agencies to local governments,
17 nonprofit organizations, and other nongovernmental entities that are
18 involved in substance use control activities, as well as to members
19 of the public;

20 14) coordinate with individuals and entities in the private sector
21 to promote private research into substance use and substance use
22 control methodologies, including, but not limited to, research
23 regarding the development of new approaches to substance use
24 disorder treatment, and the development of new addiction treatment
25 medications;

26 15) designate, terminate the designation of, and respond to,
27 emerging drug threats, as provided by the bill;

28 16) work with the State Attorney General and the Commissioner
29 and Department of Law and Public Safety to identify, and obtain
30 statistical information about, counties and regions of the State: a)
31 that have high levels of substance use, substance use disorders, and
32 substance use-related crime; b) where substance use is having a
33 particularly harmful impact; c) that are acting as distribution or
34 manufacturing centers for Schedule I controlled dangerous
35 substances, or for other drugs that are used for illicit purposes; d)
36 where law enforcement resources are stressed because of substance
37 use-related issues; e) where State and local resources have been
38 committed to respond to a substance use-related problem, thereby
39 indicating a determination to respond aggressively to the problem;
40 and f) where a significant increase in resources is necessary to
41 respond adequately to substance use-related problems occurring in
42 the county or region; and encourage and facilitate the sharing of
43 information and resources among State and local law enforcement
44 agencies in relation to substance use control activities that are
45 undertaken, and substance-use related arrests that are effectuated,
46 thereby;

47 17) within the limits of appropriated funds, administer
48 appropriate grant programs, in furtherance of the State's

1 comprehensive substance use control strategy, including programs
2 that award grants to appropriate nonprofit organizations engaged in
3 community-based substance use control activities, and programs
4 that award grants to appropriate nonprofit organizations that
5 conduct research into the effectiveness, efficiency, or expansion of
6 substance use control activities being undertaken in the State; and
7 provide information to the public about the nature of all substance
8 use control grants issued under such programs, and about the
9 performance and effectiveness of each grant program established
10 hereunder; and

11 18) issue annual reports to the Governor and the Legislature.

12 The bill would also transfer some authority from the existing
13 Governor's Council on Alcohol and Drug Abuse (renamed, under
14 the bill, as the Governor's Council on Substance Use Control), and
15 the Alliance to Prevent Alcoholism and Drug Abuse (renamed,
16 under the bill, as the Local Substance Use Control Alliance). In
17 particular, the bill would provide for the office to work in
18 consultation with the Division of Mental Health and Addiction
19 Services in the Department of Human Services, and with the
20 Governor's Council on Substance Use Control, to establish
21 recommendations for grant awards made by the Local Substance
22 Use Control Alliance. The bill would also provide for County
23 Annual Alliance Plans to be submitted to, and reviewed by, the
24 office, as opposed to the Governor's Council. The Governor's
25 Council's powers are further revised under the bill to ensure that the
26 council will provide a supportive and advisory role to the office,
27 rather than acting independently in matters of substance use control.

28 The bill would authorize the director to:

29 1) select, appoint, employ, and fix the compensation of such
30 officers and employees of the office as may be necessary to carry
31 out the duties of the director and functions of the office;

32 2) establish and consult with advisory councils, working
33 groups, or research committees, and hire or appoint appropriate
34 policy or service coordinators, as the director deems necessary to
35 effectuate the priorities of the Coordinated Statewide Substance Use
36 Control Program, and achieve the goals, objectives, and targets
37 identified in the comprehensive substance use control strategy;

38 3) request the head of any program partner agency to place
39 department or agency staff who are engaged in substance use
40 control activities on temporary detail to another program partner
41 agency, as necessary to ensure the most efficient and effective
42 implementation of the comprehensive substance use control
43 strategy;

44 4) transfer funds that were made available to one program
45 partner agency under the Coordinated Substance Use Control
46 Program to another account within such agency, or to another
47 program partner agency, for the purposes of furthering the State's
48 comprehensive substance use control strategy; and

1 5) issue fund control notices to control the use of funds by
2 program partner agencies, as necessary to ensure program partner
3 compliance with the State's comprehensive substance use control
4 strategy.

5 The comprehensive substance use control strategy is to set forth
6 a comprehensive cross-agency plan to reduce illicit substance use,
7 the occurrence of substance use disorders, and the ancillary
8 problems associated with substance use disorders throughout the
9 State, and is to facilitate interagency and interjurisdictional
10 collaboration, and the best use of each agency's resources and
11 subject-matter expertise, on all matters related to substance use
12 control.

13 The comprehensive substance use control strategy is to include,
14 among other things, a mission statement detailing the major
15 functions of the office in effectuating the priorities of the
16 Coordinated Statewide Substance Use Control Program, and in
17 implementing the State's comprehensive substance use control
18 strategy; comprehensive short- and long-term quantifiable goals for
19 reducing the incidence of substance use disorders, and the
20 deleterious effects associated with substance use disorders, in New
21 Jersey; and a description of how each such goal will be achieved.
22 The strategy is also to include a comprehensive performance
23 evaluation plan to be used by the office in evaluating the progress
24 made by program partner agencies with respect to the achievement
25 of each goal established under the strategy. The strategy will also
26 include a five-year fiscal projection, and budget priorities, for the
27 Coordinated Statewide Substance Use Control Program; a systemic
28 data collection plan; a strategic overdose response plan, which is
29 developed in consultation with the Opioid Epidemic Activities
30 Coordination Committee being established under the bill; and a
31 strategic plan to expand treatment and recovery options for
32 individuals with substance use disorders in the State.

33 When formulating the comprehensive substance use control
34 strategy, the director will be required to consult with, seek input
35 from, and, to the maximum extent possible, obtain support for the
36 strategy, and a commitment to undertake actions in accordance with
37 the strategy, from the heads of each program partner agency, local
38 government units, and other relevant individuals and entities.

39 Under the bill's provisions, the head of each program partner
40 agency will be required to: 1) cooperate with the director and the
41 office in all matters related to the program partner's implementation
42 of the Coordinated Statewide Substance Use Control Program and
43 the comprehensive substance use control strategy; 2) provide the
44 director with statistics, studies, reports, and other data or
45 information that has been prepared or collected by the program
46 partner agency in accordance with the agency's responsibilities
47 under the comprehensive substance use control strategy; 3) annually
48 prepare, and submit to the director, a written report evaluating the

1 progress that has been made by the program partner agency, over
2 the prior fiscal year, with respect to each of the goals, objectives,
3 and targets described in the comprehensive substance use control
4 strategy, using the agency-specific performance measures that have
5 been developed by the director; 4) annually prepare, and submit to
6 the director, a detailed written accounting of all funds expended by
7 the agency for substance use control activities during the prior
8 fiscal year, including an indication as to how those expenditures
9 were consistent with the comprehensive substance use control
10 strategy and the budget recommendations made by the director; 5)
11 annually submit to the director a copy of the agency's substance use
12 control budget request for the upcoming fiscal year, so that the
13 director may certify that the budget request is consistent with the
14 priorities established under the Coordinated Statewide Substance
15 Use Control Program, and is sufficient to achieve the goals,
16 objectives, and targets outlined in the State strategy; and 6) as
17 deemed appropriate by the program partner agency, periodically
18 prepare, and submit to the director, written recommendations,
19 suggestions, or comments in relation to the implementation of
20 changes to the State's comprehensive substance use control strategy
21 or the State's laws and regulations related to substance use control
22 or intoxicated driving. Each program partner agency would further
23 be required to notify, and receive approval from, the director, prior
24 to implementing any substance use control-related policy change.

25 The bill would require the director to establish, within the Office
26 of Coordinated Substance Use Control Policy and Planning, an
27 Emerging Drug Threats Committee and an Opioid Epidemic
28 Activities Coordination Committee. The Emerging Drug Threats
29 Committee would assist the director in designating, and terminating
30 the designation of, emerging drug threats in the State, and in the
31 development of Emerging Drug Threat Response Plans to address
32 and mitigate identified threats. The Opioid Epidemic Activities
33 Coordination Committee would promote and facilitate collaboration
34 and cooperation among program partner agencies, local
35 governments, and State and local law enforcement agencies, with
36 respect to the development and implementation of comprehensive
37 and innovative policies, programs, services, and supports that are
38 specifically intended and designed to help control and mitigate the
39 State's opioid epidemic.

40 The bill would further require the director and office to: 1)
41 operate, on a 24-hour per day, seven-day per week basis, and
42 actively publicize the availability of, a centralized Substance Use
43 Control Services Information Hotline that will assist members of
44 the public in navigating the State's substance use disorder treatment
45 and recovery systems; 2) engage in an ongoing public awareness
46 campaign to deter illicit substance use and increase public
47 awareness of the issues associated with illicit substance use and
48 substance use disorders, and the available treatment and recovery

1 facilities, programs, services, and supports that exist throughout the
2 State; 3) engage in special, targeted media campaigns in response to
3 the designation of any emerging drug threats in the State; 4) work
4 with appropriate law enforcement partners to develop substance use
5 disorder educational programs for law enforcement officers,
6 prosecuting attorneys, court personnel, judges of the Superior
7 Court, probation and parole officers, correctional personnel, other
8 law enforcement personnel, and State welfare and vocational
9 rehabilitation personnel; and 5) establish and maintain, on the
10 office's Internet website, a Substance Use Control Data Dashboard,
11 which will provide searchable data on substance use, substance use
12 disorders, substance use disorder treatment, open residential bed
13 space, as reported through the residential beds database maintained
14 by the Division of Mental Health and Addiction Services, and
15 emerging drug threats.

16 The bill, in addition to establishing a centralized Office of
17 Coordinated Substance Use Control Policy and Planning, and
18 articulating the duties and responsibilities of the director and the
19 office, would consolidate and clarify the existing laws pertaining to
20 substance use disorder treatment, as necessary to make those laws
21 comport with the new comprehensive substance use control system
22 being established under the bill. To that end, the bill would repeal
23 the bulk of existing statutory provisions in Chapters 2B and 2G of
24 Title 26 of the Revised Statutes (which pertain, respectively, to
25 treatment for alcoholism and drug abuse), and it would combine,
26 reconstitute, and consolidate those provisions as new sections of
27 law, within the provisions of the bill, in order to eliminate
28 redundancy and add clarity to this area of law, and in order to
29 ensure that these provisions fully comport and are consistent with
30 the new cooperative and comprehensive system being established
31 under the bill.

32 In reorganizing the existing statutes, and in order to comport
33 with the provisions of Reorganization Plan 001-2018 (Murphy), the
34 bill provides for the Department of Health to oversee the licensure
35 or certification and inspection of all substance use disorder
36 treatment facilities; and it provides for the Division of Mental
37 Health and Addiction Services in the Department of Human
38 Services to perform all other regulatory tasks related to the
39 operation and staffing of, and provision of treatment programs and
40 services by, licensed and certified facilities. However, because
41 previous Governors have, over the years, executed numerous
42 reorganization plans shifting the authority over substance use
43 disorder treatment facilities, programs, and services, the bill would
44 further clarify that the Department of Health and the Department of
45 Human Services will have the authority specified in the bill, except
46 in cases where another agency is designated by the Governor,
47 pursuant to a reorganization plan, as the agency having such
48 authority. This approach to drafting will avoid a situation, which

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- 1 has occurred in the past, where the statutes do not accurately reflect
- 2 which department actually has the authority to perform the tasks
- 3 specified thereunder.