

ASSEMBLY, No. 2124

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman P. CHRISTOPHER TULLY

District 38 (Bergen and Passaic)

Assemblywoman LISA SWAIN

District 38 (Bergen and Passaic)

Assemblywoman YVONNE LOPEZ

District 19 (Middlesex)

Co-Sponsored by:

Assemblyman Karabinchak

SYNOPSIS

Establishes Office of Alcohol and Drug Use Disorders Policy to oversee, direct, and coordinate resources, funding, and data tracking concerning treatment of substance use disorders.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning treatment resources for alcohol and drug use
2 disorders, supplementing Title 26 of the Revised Statutes, and
3 amending various parts of the statutory law.
4

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

7
8 1. (New section) a. There is established in the Executive
9 Branch of State Government the Office of Alcohol and Drug Use
10 Disorders Policy. For the purpose of complying with Article V,
11 Section IV, paragraph 1 of the New Jersey Constitution, the office
12 is allocated within the Department of the Treasury; but,
13 notwithstanding that allocation, the office shall be independent of
14 any supervision or control by the department or by any board,
15 officer, or employee thereof, and shall report directly to the
16 Governor. The Office of Alcohol and Drug Use Disorders Policy
17 shall serve strategic planning, advisory, coordination,
18 communication, and development functions in its mission to
19 coordinate Statewide efforts and drive improvements in the
20 prevention of, and provision of treatment for, alcohol use disorders
21 and drug use disorders in New Jersey.

22 b. The Office of Alcohol and Drug Use Disorders Policy shall
23 have the duty, power, and responsibility to:

24 (1) review and coordinate all State departments' efforts with
25 regard to the planning and provision of treatment, prevention,
26 research, evaluation, and education services for, and public
27 awareness of, alcohol use disorders and drug use disorders, which
28 may include developing and implementing new programs and
29 initiatives and modifying existing programs and initiatives to ensure
30 the effective and efficient use of available funding and resources;

31 (2) submit to the Governor and to the Legislature, no later than
32 July 1 of each year, a Comprehensive Statewide Alcohol Use
33 Disorders and Drug Use Disorders Master Plan for the treatment,
34 prevention, research, evaluation, education, and public awareness of
35 alcohol use disorders and drug use disorders in this State, which
36 plan shall:

37 (a) incorporate and unify all State, county, local, and private
38 alcohol use disorders and drug use disorders initiatives;

39 (b) include an emphasis on prevention, community awareness,
40 and family and youth services; and

41 (c) make recommendations concerning the allocation of State
42 and federal funds to State departments, local governments and local
43 agencies, and service providers for the purpose of providing or
44 supporting treatment, prevention, research, evaluation, education,

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 and public awareness of alcohol use disorders and drug use
2 disorders, in accordance with the regular budget cycle;
- 3 (3) review each County Annual Alliance Plan and, in
4 consultation with the Division of Mental Health and Addiction
5 Services in the Department of Human Services and the Governor's
6 Council on Alcoholism and Drug Abuse, by October 1 of each year,
7 return the plan to the Local Advisory Committee on Alcohol and
8 Drug Use Disorders with the office's proposed recommendations
9 for awarding Alliance grants;
- 10 (4) distribute grants, upon the recommendation of the executive
11 director of the office, by August 1 of each year to counties and
12 municipalities for alcohol use disorders and drug use disorders
13 programs;
- 14 (5) evaluate the existing funding mechanisms for alcohol use
15 disorders and drug use disorders services and recommend to the
16 Governor and the Legislature any changes which may improve the
17 coordination of services to citizens in this State;
- 18 (6) encourage the development or expansion of employee
19 assistance programs for employees in both government and the
20 private sector;
- 21 (7) collect from any State, county, local governmental entity, or
22 any other appropriate source data, reports, statistics, or other
23 materials that are necessary to carry out the functions of the office;
24 and
- 25 (8) pursuant to the "Administrative Procedure Act," P.L.1968,
26 c.410 (C.52:14B-1 et seq.), adopt rules and regulations necessary to
27 carry out the purposes of P.L. , c. (C.) (pending before the
28 Legislature as this bill).
- 29 c. The Office of Alcohol and Drug Use Disorders Policy is
30 authorized to call upon any department, office, division, agency, or
31 independent authority of State government to provide such
32 information, resources, or other assistance as the executive director
33 of the office deems necessary to discharge the duties and functions
34 of the office and to fulfill the responsibilities of the office under
35 P.L. , c. (C.) (pending before the Legislature as this bill).
36 Each department, office, division, agency, or independent authority
37 of this State shall cooperate with the Office of Alcohol and Drug
38 Use Disorders Policy and furnish the office with the assistance
39 necessary to accomplish the purposes of P.L. , c. (C.)
40 (pending before the Legislature as this bill).
- 41 d. The Office of Alcohol and Drug Use Disorders Policy shall
42 convene a meeting, on at least an annual basis and at such
43 additional intervals as the executive director of the office deems
44 necessary, to be attended by the Attorney General, the
45 Commissioner of Health, the Commissioner of Human Services, the
46 Commissioner of Education, the Commissioner of Corrections, the
47 Commissioner of Children and Families, the Commissioner of
48 Community Affairs, the Commissioner of Banking and Insurance,

1 the Assistant Commissioner for the Division of Mental Health and
2 Addiction Services in the Department of Human Services, the
3 Director of the Division of Medical Assistance and Health Services
4 in the Department of Human Services, the Assistant Commissioner
5 for the Children's System of Care in the Department of Children
6 and Families, and any other State, county, or local agencies,
7 officers, or entities as the executive director of the Office of
8 Alcohol and Drug Use Disorders Policy determines necessary to
9 plan, develop, and coordinate State and local efforts to improve the
10 prevention of, and the provision of treatment for, alcohol use
11 disorders and drug use disorders in New Jersey.

12

13 2. (New section) a. The Office of Alcohol and Drug Use
14 Disorders Policy shall be administered by an executive director,
15 who shall be appointed by the Governor with the advice and
16 consent of the Senate.

17 b. The executive director shall be a person qualified by
18 education, training, and experience to perform the duties of the
19 office.

20 c. The executive director shall serve at the pleasure of the
21 Governor during the Governor's term of office and until the
22 appointment and qualification of the executive director's successor.

23 d. The executive director shall have the power to employ staff
24 within the limits of funds appropriated or made available for that
25 purpose, and shall have broad authority to coordinate
26 communication between, and request and receive information from,
27 any department, division, or agency of the State in furtherance of
28 the mission of the office.

29 e. The executive director shall devote full time to the duties
30 and responsibilities of the office, and shall receive a salary as shall
31 be provided by law.

32

33 3. (New section) a. The Office of Alcohol and Drug Use
34 Disorders Policy shall develop and maintain a centralized Alcohol
35 and Drug Use Disorders Treatment Resource Database for the
36 purpose of tracking Statewide and local treatment information,
37 facilitating referrals to treatment resources, evaluating the
38 performance of treatment providers, determining the appropriate
39 allocation of available funding and resources, and developing best
40 practices standards, as provided in this section.

41 b. The office shall require treatment providers to report the
42 following data to the centralized database, which the office shall
43 use to evaluate the overall and individual effectiveness of treatment
44 providers throughout the State and develop best practices
45 recommendations and performance benchmarks pursuant to
46 subsection f. of this section:

47 (1) wait times for patients, from the time the patient first
48 requests treatment to the time the patient initiates treatment, and the

- 1 reasons for any delays between an initial request for treatment and
2 the initiation of treatment;
 - 3 (2) the levels and duration of treatment provided to patients,
4 including the time patients spend in each level, phase, or program
5 included in a course of treatment;
 - 6 (3) the number of patients referred to other treatment providers
7 and the reasons for those referrals, including whether referrals were
8 made based on available capacity, the level of treatment available
9 from a given provider, or other reasons;
 - 10 (4) the number of patients who complete their course of
11 treatment;
 - 12 (5) the number of patients who do not complete their course of
13 treatment, and the reason why each patient did not complete
14 treatment, if known;
 - 15 (6) relapse and long-term recovery rates for patients after
16 leaving treatment, which may incorporate voluntary patient
17 reporting; and
 - 18 (7) any other data or metrics the office deems necessary and
19 appropriate.
- 20 c. (1) The office shall require treatment providers to regularly
21 update the centralized database with current information concerning
22 the provider's available treatment services and resources. The
23 information reported by treatment providers shall include the
24 provider's current number of open treatment spots, the level of
25 treatment available in each spot, the number of patients currently
26 awaiting treatment through the provider, and the number of
27 treatment spots that the provider reasonably anticipates will become
28 available within the next 24 hours, including the anticipated level of
29 treatment available in each spot. Each provider shall update this
30 information at least once every 12 hours, and at more frequent
31 intervals if the office determines that more frequent or real-time
32 reporting is feasible and appropriate.
- 33 (2) The office shall provide access to the information included
34 in the centralized database pursuant to paragraph (1) of this
35 subsection to all treatment providers and to any agencies, offices, or
36 other entities that serve as a contact point for patients seeking
37 treatment for an alcohol use disorder or a drug use disorder, for the
38 purpose of referring patients to available and appropriate treatment.
- 39 d. The office shall collaborate with the Office of the Attorney
40 General and the Department of Health to include in the centralized
41 database data concerning the number, location, and types of
42 interventions performed throughout the State to treat drug
43 overdoses, and in particular overdoses involving opioid drugs, in
44 order to identify patterns in overdose incidents, coordinate outreach
45 efforts in the affected communities, and determine and direct the
46 Statewide allocation of funding and resources for the treatment of
47 drug use disorders.

1 e. The office shall utilize the data reported to the centralized
2 database to determine appropriate allocations of funding and
3 resources available to the various State, county, and local
4 departments, divisions, offices, agencies, and treatment providers to
5 determine the most effective use of those funds and resources. The
6 office's findings and recommendations shall be included in the
7 Comprehensive Statewide Alcohol Use Disorders and Drug Use
8 Disorders Master Plan submitted to the Governor and to the
9 Legislature pursuant to paragraph (2) of subsection b. of section 1
10 of P.L. , c. (C.) (pending before the Legislature as this bill).

11 f. The office shall utilize the data reported to the centralized
12 database to develop best practices guidelines and performance
13 benchmarks for treatment providers. The office, in its discretion,
14 may establish a program to provide financial or other incentives to
15 treatment providers who achieve certain performance benchmarks
16 in such areas as the office determines appropriate to drive
17 improvements in the provision of treatment for alcohol use
18 disorders and drug use disorders, including, but not limited to,
19 achieving specified goals with regard to patient wait times, patient
20 retention rates, patient progression through a course of treatment,
21 the number and rate of patients who complete treatment, and other
22 specific patient outcomes. The office shall periodically review and
23 revise any incentive program established pursuant to this section to
24 maintain the integrity of the incentive program, to ensure the
25 incentive program is achieving improvements in patient care, to
26 review and revise the benchmarks as needed to better achieve the
27 intended outcomes and goals, and to revise or eliminate any aspects
28 of an incentive program that may result in adverse unintended
29 consequences in the provision of treatment to patients.

30 g. The office shall utilize the data reported to the centralized
31 database and consult with treatment providers and appropriate State,
32 county, and local agencies to identify barriers that reduce the ability
33 of patients to access appropriate services and resources for the
34 treatment of alcohol use disorders and drug use disorders. The
35 office shall develop appropriate responses to address or remove
36 barriers to access, which may include: programs to provide
37 transportation assistance, child care assistance, or home visits;
38 working with health benefits carriers to secure coverage for all
39 appropriate treatment modalities and services related to treatment;
40 and working with treatment providers to promote flexible
41 scheduling and expanded hours, and to encourage and support
42 providers in becoming authorized to prescribe and administer
43 medication-assisted treatment.

44 h. For the purposes of establishing and maintaining a
45 centralized database pursuant to this section, the office may utilize,
46 modify, or adapt any existing systems that provide functions related
47 to, or that would supplement, the functions and purpose of the
48 centralized database, including, but not limited to, the database

1 established pursuant to P.L.2015, c.293 (C.26:2G-25.1 et seq.), the
2 data dashboard report developed pursuant to P.L.2017,
3 c.155 (C.30:4-177.66 et seq.), and nonidentifying prescription
4 monitoring information furnished to the office by the Director of
5 the Division of Consumer Affairs in the Department of Law and
6 Public Safety pursuant to subsection m. of section 26 of P.L.2007,
7 c.244 (C.45:1-46). The office shall be authorized to contract with
8 an independent third party to establish and maintain the centralized
9 database pursuant to this section.

10 i. To the extent that the centralized database includes any
11 personal identifying information or any confidential health
12 information concerning any patient, such information shall not be
13 disclosed to any entity except as may be required pursuant to State
14 or federal law. The office shall seek to avoid requiring any
15 personal identifying information or confidential health information
16 to be reported to, or included in, the centralized database, except as
17 may be necessary and consistent with the purposes of P.L. ,
18 c. (C.) (pending before the Legislature as this bill).

19 j. The office shall make available to the public through its
20 Internet website current data concerning the provision of treatment
21 for alcohol use disorders and drug use disorders in the State,
22 including: patient wait times; treatment program completion rates;
23 reasons for non-completion of treatment; the level and nature of
24 treatment modalities provided and the average duration of each
25 phase of treatment; long-term recovery rates; remission and
26 overdose rates; the number of patient referrals made by treatment
27 providers to another provider, and the reasons for those referrals;
28 and any other information the office deems appropriate.

29
30 4. (New section) a. The Office of Alcohol and Drug Use
31 Disorders Policy shall develop standards, policies, and procedures
32 to support the various departments, divisions, agencies, offices, and
33 other entities that enter into contracts with treatment providers in
34 order to ensure compliance with the terms of the contract and any
35 applicable State or federal laws, regulations, and requirements,
36 including, but not limited to:

37 (1) ensuring that treatment providers are meeting all
38 requirements for payment under the contract;

39 (2) ensuring providers are compliant with all applicable criminal
40 history record background check requirements and drug testing
41 requirements for provider staff; and

42 (3) ensuring prompt reconciliation of any claims for payment,
43 including promptly closing out contracts, processing claims for
44 payment, and collecting receivables and any other amounts owed to
45 the department, division, agency, office, or entity.

46 b. The office may designate a compliance officer, who shall be
47 authorized to retain appropriate staff to provide support services to

1 the various departments, divisions, agencies, offices, and other
2 entities for the purposes of this section.

3

4 5. (New section) As used in sections 3 and 4 of P.L. ,
5 c. (C.) (pending before the Legislature as this bill),
6 “treatment provider” means any entity that: receives State, county,
7 or local funding; and is licensed or otherwise authorized by the
8 Department of Health, or by the Division of Mental Health and
9 Addiction Services in the Department of Human Services, to
10 provide treatment, care, or related services to persons with alcohol
11 use disorders or drug use disorders.

12

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

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

- 21 (a) \$3,000.00 in the case of a crime of the first degree;
- 22 (b) \$2,000.00 in the case of a crime of the second degree;
- 23 (c) \$1,000.00 in the case of a crime of the third degree;
- 24 (d) \$750.00 in the case of a crime of the fourth degree;
- 25 (e) \$500.00 in the case of a disorderly persons or petty
26 disorderly persons offense.

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

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

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

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

1 applicable to the highest degree offense for which the person is
2 charged.

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

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

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

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

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

35 e. The court may suspend the collection of a penalty imposed
36 pursuant to this section; provided the person is ordered by the court
37 to participate in a drug or alcohol rehabilitation program approved
38 by the court; and further provided that the person agrees to pay for
39 all or some portion of the costs associated with the rehabilitation
40 program. In this case, the collection of a penalty imposed pursuant
41 to this section shall be suspended during the person's participation
42 in the approved, court-ordered rehabilitation program. Upon
43 successful completion of the program, as determined by the court
44 upon the recommendation of the treatment provider, the person may
45 apply to the court to reduce the penalty imposed pursuant to this
46 section by any amount actually paid by the person for his
47 participation in the program. The court shall not reduce the penalty
48 pursuant to this subsection unless the person establishes to the

1 satisfaction of the court that he has successfully completed the
2 rehabilitation program. If the person's participation is for any
3 reason terminated before his successful completion of the
4 rehabilitation program, collection of the entire penalty imposed
5 pursuant to this section shall be enforced. Nothing in this section
6 shall be deemed to affect or suspend any other criminal sanctions
7 imposed pursuant to this chapter or chapter 36 of this title.

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

27 The court, in its discretion, shall determine whether to accept the
28 plan, after considering the position of the prosecutor, the plan's
29 appropriateness and practicality, the defendant's ability to pay and
30 the effect of the proposed service on the defendant's rehabilitation
31 and reintegration into society. The court shall determine the amount
32 of the credit that would be applied against the penalty upon
33 successful completion of the reformatory service, not to exceed one-
34 half of the amount assessed, except that the court may, in the case
35 of an extreme financial hardship, waive additional amounts of the
36 penalty owed by a person who has completed a court administered
37 alcohol and drug rehabilitation program if necessary to aid the
38 person's rehabilitation and reintegration into society. The court shall
39 not apply the credit against the penalty unless the person establishes
40 to the satisfaction of the court that he has successfully completed
41 the reformatory service. If the person's participation is for any
42 reason terminated before his successful completion of the
43 reformatory service, collection of the entire penalty imposed
44 pursuant to this section shall be enforced. Nothing in this
45 subsection shall be deemed to affect or suspend any other criminal
46 sanctions imposed pursuant to this chapter or chapter 36 of this
47 title.

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

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

8
9 7. Section 4 of P.L.1983, c.531 (C.26:2B-33) is amended to
10 read as follows:

11 4. a. The governing body of each county, in conjunction with
12 the county agency or individual designated by the county with the
13 responsibility for planning services and programs for the care or
14 rehabilitation of persons with alcohol use **【disorder】** disorders and
15 persons with **【a substance】** drug use **【disorder involving drugs】**
16 disorders, shall submit to the Office of Alcohol and Drug Use
17 Disorders Policy, the Deputy Commissioner for the Division of
18 Mental Health and Addiction Services, and the Governor's Council
19 on Alcoholism and Drug Abuse an annual comprehensive plan for
20 the provision of community services to meet the needs of persons
21 with alcohol use **【disorder】** disorders and persons with **【a**
22 **substance】** drug use **【disorder involving drugs】** disorders.

23 b. The annual comprehensive plan shall address the needs of
24 urban areas with a population of 100,000 or over and shall
25 demonstrate linkage with existing resources which serve persons
26 with alcohol use **【disorder】** disorders and persons with **【a**
27 **substance】** drug use **【disorder】** disorders and their families.
28 Special attention in the plan shall be given to alcohol use **【disorder】**
29 disorders and **【substance】** drug use **【disorder】** disorders and youth;
30 intoxicated drivers and drivers with **【substance】** drug use
31 **【disorder】** disorders; women and alcohol use **【disorder】** disorders
32 and **【substance】** drug use **【disorder】** disorders; persons with
33 disabilities and alcohol use **【disorder】** disorders and **【substance】**
34 drug use **【disorder】** disorders; alcohol use **【disorder】** disorders and
35 **【substance】** drug use **【disorder】** disorders on the job; alcohol use
36 **【disorder】** disorders and **【substance】** drug use **【disorder】** disorders
37 and crime; public information; and educational programs as defined
38 in subsection c. of this section. Each county shall identify, within
39 its annual comprehensive plan, the Intoxicated Driver Resource
40 Center which shall service its population, as is required under
41 subsection (f) of R.S.39:4-50. The plan may involve the provision
42 of programs and services by the county, by an agreement with a
43 State agency, by private organizations, including volunteer groups,
44 or by some specified combination of the above.

45 If the State in any year fails to deposit the amount of tax receipts
46 as is required under section 3 of P.L.1983, c.531 (C.26:2B-32), a

1 county may reduce or eliminate, or both, the operation of existing
2 programs currently being funded from the proceeds deposited in the
3 Alcohol Education, Rehabilitation and Enforcement Fund.

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

34 d. The governing body of each county, in conjunction with the
35 county agency, or individual, designated by the county with
36 responsibility for services and programs for the care or
37 rehabilitation of persons with alcohol use **【disorder】** disorders and
38 persons with **【substance】 drug** use **【disorder】** disorders, shall
39 establish a Local Advisory Committee on Alcohol Use **【Disorder】**
40 Disorders and **【Substance】 Drug** Use **【Disorder】** Disorders to assist
41 the governing body in development of the annual comprehensive
42 plan. The advisory committee shall consist of no less than 10 nor
43 more than 16 members and shall be appointed by the governing
44 body. At least two of the members shall be persons recovering
45 from alcohol use **【disorder】** disorders and at least two of the
46 members shall be persons recovering from **【substance】 drug** use
47 **【disorder】** disorders. The committee shall include the county

1 prosecutor or his designee, a wide range of public and private
2 organizations involved in the treatment of alcohol use disorders and
3 **【substance】 drug use 【disorder】 disorders**-related problems and
4 other individuals with interest or experience in issues concerning
5 alcohol **【substance】 use 【disorder】 disorders** and **【substance】 drug**
6 **use 【disorder】 disorders**. Each committee shall, to the maximum
7 extent feasible, represent the various socioeconomic, racial, and
8 ethnic groups of the county in which it serves.

9 Within 60 days of the effective date of P.L.1989,
10 c.51 (C.26:2BB-1 et al.), the Local Advisory Committee on Alcohol
11 Use **【Disorder】 Disorders** and **【Substance】 Drug Use 【Disorder】**
12 **Disorders** shall organize and elect a chairman from among its
13 members.

14 e. The **【Deputy Commissioner for the Division of Mental**
15 **Health and Addiction Services】 Office of Alcohol and Drug Use**
16 **Disorders Policy** shall review the county plan pursuant to a
17 procedure developed by the **【deputy commissioner】 office**. In
18 determining whether to approve an annual comprehensive plan
19 under **【this act】 P.L.1983, c.531 (C.26:2B-32 et al.)**, the **【deputy**
20 **commissioner】 Office of Alcohol and Drug Use Disorders Policy**
21 shall consider whether the plan is designed to meet the goals and
22 objectives of the "Alcoholism Treatment and Rehabilitation Act,"
23 P.L.1975, c.305 (C.26:2B-7 et seq.) and the "Narcotic and Drug
24 Abuse Control Act of 1969," P.L.1969, c.152 (C.26:2G-1 et seq.)
25 and whether implementation of the plan is feasible. Each county
26 plan submitted to the **【deputy commissioner】 Office of Alcohol and**
27 **Drug Use Disorders Policy** shall be presumed valid; provided it is in
28 substantial compliance with the provisions of **【this act】 P.L.1983,**
29 **c.531 (C.26:2B-32 et al.)**. Where the **【department】 Office of**
30 **Alcohol and Drug Use Disorders Policy** fails to approve a county
31 plan, the county may request a court hearing on that determination.
32 (cf: P.L.2017, c.131, s.81)

33
34 8. Section 2 of P.L.1995, c.318 (C.26:2B-37) is amended to
35 read as follows:

36 2. a. The Commissioner of Health shall establish an "Alcohol
37 and Drug Abuse Program for the Deaf, Hard of Hearing and
38 Disabled".

39 b. Pursuant to Reorganization Plan No. 002-2004, the
40 Commissioner of Human Services shall continue to operate the
41 program established pursuant to subsection a. of this section
42 through the Division of Mental Health and Addiction Services in
43 the Department of Human Services, in consultation with the Office
44 of Alcohol and Drug Use Disorders Policy and the Governor's
45 Council on Alcoholism and Drug Abuse.

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

- 1 9. Section 4 of P.L.1989, c.51 (C.26:2BB-4) is amended to read
2 as follows:
- 3 The Governor's Council on Alcoholism and Drug Abuse is
4 authorized and empowered to:
- 5 a. Review and **【coordinate all State departments'】** provide
6 recommendations concerning the efforts of the various State
7 departments in regard to the planning and provision of treatment,
8 prevention, research, evaluation, and education services for, and
9 public awareness of, **【alcoholism and drug abuse】** alcohol use
10 disorders and drug use disorders;
- 11 b. **【Prepare by July 1 of each year,】** Assist the Office of
12 Alcohol and Drug Use Disorders Policy to prepare the State
13 government component of the Comprehensive Statewide
14 **【Alcoholism and Drug Abuse】** Alcohol Use Disorders and Drug
15 Use Disorders Master Plan for the treatment, prevention, research,
16 evaluation, education, and public awareness of **【alcoholism and**
17 **drug abuse】** alcohol use disorders and drug use disorders in this
18 State, which plan shall include an emphasis on prevention,
19 community awareness, and family and youth services;
- 20 c. **【Review】** Support the Office of Alcohol and Drug Use
21 Disorders Policy in its review of each County Annual Alliance Plan
22 and **【the】** in making its recommendations **【of the Division of**
23 **Alcoholism and Drug Abuse in the Department of Health】** for
24 awarding **【the】** Alliance grants **【and, by October 1 of each year,**
25 **return the plan to the Local Advisory Committee on Alcoholism and**
26 **Drug Abuse with the council's proposed recommendations for**
27 **awarding Alliance grants】**;
- 28 d. Submit, on an annual basis, recommendations to the
29 Governor and the Legislature **【by December 1 of each year the**
30 **Comprehensive Statewide Alcoholism and Drug Abuse Master Plan**
31 **which shall include recommended】** concerning appropriate
32 allocations to State departments, local governments, and local
33 agencies and service providers of **【all】** State and federal funds for
34 the treatment, prevention, research, evaluation, education, and
35 public awareness of **【alcoholism and drug abuse in accordance with**
36 **the regular budget cycle】** alcohol use disorders and drug use
37 disorders, 【and shall incorporate and unify all】 along with
38 recommendations for the incorporation and unification of State,
39 county, local, and private alcohol use disorders and drug **【abuse】**
40 use disorders initiatives;
- 41 e. **【Distribute】** Provide recommendations to the Office of
42 Alcohol and Drug Use Disorders Policy concerning the distribution
43 of grants 【, upon the recommendation of the executive director of
44 the council, by August 1 of each year】 to counties and
45 municipalities for **【alcohol and drug abuse】** alcohol use disorders
46 and drug use disorders programs established under the Alliance to

1 Prevent **【Alcoholism and Drug Abuse】** Alcohol and Drug Use
2 Disorders;

3 f. Evaluate the existing funding mechanisms for **【alcoholism**
4 **and drug abuse】** alcohol use disorders and drug use disorders
5 services and recommend to the Governor and the Legislature any
6 changes which may improve the coordination of services to citizens
7 in this State;

8 g. Encourage the development or expansion of employee
9 assistance programs for employees in both government and the
10 private sector;

11 h. Evaluate the need for, and feasibility of, including other
12 addictions, such as smoking and gambling, within the scope and
13 responsibility of the council;

14 i. Collect from any State, county, local governmental entity or
15 any other appropriate source data, reports, statistics, or other
16 materials which are necessary to carry out the council's functions;
17 and

18 j. Pursuant to the "Administrative Procedure Act," P.L.1968,
19 c.410 (C.52:14B-1 et seq.), adopt rules and regulations necessary to
20 carry out the purposes of **【this act】** P.L.1989, c.51 (C.26:2BB-1 et
21 al.).

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

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

29

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

32 7. a. There is created an Alliance to Prevent **【Alcoholism and**
33 **Drug Abuse】** Alcohol and Drug Use Disorders, hereinafter referred
34 to as the "Alliance," in the **【Governor's Council on Alcoholism and**
35 **Drug Abuse】** Office of Alcohol and Drug Use Disorders Policy.
36 The purpose of the Alliance is to create a network comprised of all
37 the communities in New Jersey which is dedicated to a
38 comprehensive and coordinated effort against **【alcoholism and drug**
39 **abuse】** alcohol use disorders and drug use disorders. The Alliance
40 shall be a mechanism both for implementing policies to reduce
41 **【alcoholism and drug abuse】** the incidence of alcohol use disorders
42 and drug use disorders at the municipal level, and for providing
43 funds, including moneys from mandatory penalties on drug
44 offenders, to member communities to support appropriate county
45 and municipal-based **【alcohol and drug abuse】** alcohol use
46 disorders and drug use disorders education and public awareness
47 activities.

1 b. The **【Governor's Council on Alcoholism and Drug Abuse】**
2 Office of Alcohol and Drug Use Disorders Policy shall adopt rules
3 and regulations for participation in, and the operation of, the
4 Alliance and for the awarding of grants to municipalities and
5 counties from funds appropriated for such purposes pursuant to
6 P.L.1989, c.51 (C.26:2BB-1 et al.), section 5 of P.L.1993,
7 c.216 (C.54:43-1.3), and funds derived from the "Drug Enforcement
8 and Demand Reduction Fund" established pursuant to N.J.S.2C:35-
9 15, for the purpose of developing:

10 (1) Organized and coordinated efforts involving schools, law
11 enforcement, business groups, and other community organizations
12 for the purpose of reducing **【alcoholism and drug abuse】** the
13 incidence of alcohol use disorders and drug use disorders;

14 (2) In cooperation with local school districts, comprehensive
15 and effective **【alcoholism and drug abuse】** alcohol use disorders
16 and drug use disorders education programs in grades kindergarten
17 through 12;

18 (3) In cooperation with local school districts, procedures for the
19 intervention, treatment, and discipline of students abusing alcohol
20 or drugs;

21 (4) Comprehensive **【alcoholism and drug abuse】** alcohol use
22 disorders and drug use disorders education, support, and outreach
23 efforts for parents in the community; and

24 (5) Comprehensive **【alcoholism and drug abuse】** alcohol use
25 disorders and drug use disorders community awareness programs.

26 c. Funds disbursed under this section shall not supplant local
27 funds that would have otherwise been made available for
28 **【alcoholism and drug abuse】** alcohol use disorders and drug use
29 disorders initiatives. Communities shall provide matching funds
30 when and to the extent required by the regulations adopted pursuant
31 to this section.

32 d. The county agency or individual designated by the
33 governing body of each county pursuant to subsection a. of section
34 4 of P.L.1983, c.531 (C.26:2B-33), is authorized to receive from the
35 **【Governor's Council on Alcoholism and Drug Abuse】** Office of
36 Alcohol and Drug Use Disorders Policy moneys made available
37 pursuant to this section. The designated county agency or
38 individual shall establish a separate fund for the receipt and
39 disbursement of these moneys.

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

41

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

44 a. Each Local Advisory Committee on **【Alcoholism and Drug**
45 **Abuse】** Alcohol and Drug Use Disorders, established pursuant to
46 section 4 of P.L.1983, c.531 (C.26:2B-33), shall establish a County
47 Alliance Steering Subcommittee in conjunction with regulations

1 adopted by the **【Governor's Council on Alcoholism and Drug**
2 **Abuse】** Office of Alcohol and Drug Use Disorders Policy. The
3 members of the subcommittee shall include, but not be limited to,
4 private citizens and representatives of the:

5 (1) Local Advisory Committee on **【Alcoholism and Drug**
6 **Abuse】** Alcohol and Drug Use Disorders;

7 (2) County Human Services Advisory Council;

8 (3) County Superintendent of Schools;

9 (4) Existing county council on **【alcoholism】** alcohol use
10 disorders, if any;

11 (5) County Prosecutor's office;

12 (6) Family part of the Chancery Division of the Superior Court;

13 (7) Youth Services Commission;

14 (8) County School Board Association;

15 (9) County health agency;

16 (10) County mental health agency;

17 (11) Local businesses;

18 (12) County affiliate of the New Jersey Education Association;

19 and

20 (13) Other service providers.

21 b. The functions of the County Alliance Steering Subcommittee
22 shall include:

23 (1) Development and submission of a County Annual Alliance
24 Plan for the expenditure of funds derived from the "Drug
25 Enforcement and Demand Reduction Fund," N.J.S.2C:35-15;

26 (2) Development of programs and fiscal guidelines consistent
27 with directives of the **【Governor's Council on Alcoholism and Drug**
28 **Abuse】** Office of Alcohol and Drug Use Disorders Policy for the
29 awarding of funds to counties and municipalities for drug and
30 alcohol Alliance activities;

31 (3) Identification of a network of community leadership for the
32 expansion, replication, and development of successful community
33 model programs throughout the county; and

34 (4) Coordination of projects among and within municipalities to
35 assure cost effectiveness and avoid fragmentation and duplication.

36 c. The County Alliance Steering Subcommittee shall ensure
37 that the funds dedicated to education pursuant to section 2 of
38 P.L.1983, c.531 (C.54:32C-3.1) do not duplicate the Alliance effort.

39 d. The Local Advisory Committee on **【Alcoholism and Drug**
40 **Abuse】** Alcohol and Drug Use Disorders shall review and approve
41 the County Annual Alliance Plan and submit this plan by July 1 of
42 each year to the **【Division of Alcoholism and Drug Abuse in the**
43 **Department of Health and to the Governor's Council on Alcoholism**
44 **and Drug Abuse】** Office of Alcohol and Drug Use Disorders Policy.

45 e. After the County Annual Alliance Plan is returned by the
46 **【Governor's Council on Alcoholism and Drug Abuse】** Office of
47 Alcohol and Drug Use Disorders Policy to the Local Advisory

1 Committee on **Alcoholism and Drug Abuse** Alcohol and Drug
2 Use Disorders with the **council's** office's proposed
3 recommendations for awarding the Alliance grants, pursuant to
4 **subsection c. of section 4 of this amendatory and supplementary**
5 **act** paragraph (3) of subsection b. of section 1 of P.L. , c. (C.
6) (pending before the Legislature as this bill), the committee, in
7 conjunction with the **council** office, may revise its plan in
8 accordance with the **council's** office's proposed
9 recommendations.

10 The revised plan shall be completed in such time that it can be
11 included in the **council's** office's annual recommendations to the
12 Governor and the Legislature **that are due on December 1 of each**
13 **year**.

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

15

16 12. Section 1 of P.L.1971, c.128 (C.26:2G-31) is amended to
17 read as follows:

18 1. It is declared to be the public policy of this State that the
19 prevention of **substance** drug use, **substance** drug use disorders,
20 and the treatment and rehabilitation of persons with **substance**
21 drug use disorders is a matter of grave concern to the people of the
22 State and requires that a comprehensive program be established to
23 provide the broadest spectrum of medical and community services
24 possible for local treatment and counseling facilities on a Statewide
25 basis. Further, this Statewide effort must avoid divisiveness,
26 organizational uncertainty, unnecessary duplication of efforts, and
27 unproductive controversy and, therefore, will require coordination
28 and supervision of local operations through strategically placed
29 regional centers, all to be administered through the **Division of**
30 **Mental Health and Addiction Services in the Department of Human**
31 **Services** Office of Alcohol and Drug Use Disorders Policy.

32 (cf: P.L.2017, c.131, s.94)

33

34 13. R.S.39:4-50 is amended to read as follows:

35 39:4-50. (a) Except as provided in subsection (g) of this section,
36 a person who operates a motor vehicle while under the influence of
37 intoxicating liquor, narcotic, hallucinogenic or habit-producing
38 drug, or operates a motor vehicle with a blood alcohol concentration
39 of 0.08% or more by weight of alcohol in the defendant's blood or
40 permits another person who is under the influence of intoxicating
41 liquor, narcotic, hallucinogenic or habit-producing drug to operate a
42 motor vehicle owned by him or in his custody or control or permits
43 another to operate a motor vehicle with a blood alcohol
44 concentration of 0.08% or more by weight of alcohol in the
45 defendant's blood shall be subject:

46 (1) For the first offense:

1 (i) if the person's blood alcohol concentration is 0.08% or
2 higher but less than 0.10%, or the person operates a motor vehicle
3 while under the influence of intoxicating liquor, or the person
4 permits another person who is under the influence of intoxicating
5 liquor to operate a motor vehicle owned by him or in his custody or
6 control or permits another person with a blood alcohol
7 concentration of 0.08% or higher but less than 0.10% to operate a
8 motor vehicle, to a fine of not less than \$250 nor more than \$400
9 and a period of detainment of not less than 12 hours nor more than
10 48 hours spent during two consecutive days of not less than six
11 hours each day and served as prescribed by the program
12 requirements of the Intoxicated Driver Resource Centers established
13 under subsection (f) of this section and, in the discretion of the
14 court, a term of imprisonment of not more than 30 days and shall
15 forthwith forfeit his right to operate a motor vehicle over the
16 highways of this State for a period of three months;

17 (ii) if the person's blood alcohol concentration is 0.10% or
18 higher, or the person operates a motor vehicle while under the
19 influence of narcotic, hallucinogenic or habit-producing drug, or the
20 person permits another person who is under the influence of
21 narcotic, hallucinogenic or habit-producing drug to operate a motor
22 vehicle owned by him or in his custody or control, or permits
23 another person with a blood alcohol concentration of 0.10% or more
24 to operate a motor vehicle, to a fine of not less than \$300 nor more
25 than \$500 and a period of detainment of not less than 12 hours nor
26 more than 48 hours spent during two consecutive days of not less
27 than six hours each day and served as prescribed by the program
28 requirements of the Intoxicated Driver Resource Centers established
29 under subsection (f) of this section and, in the discretion of the
30 court, a term of imprisonment of not more than 30 days and shall
31 forthwith forfeit his right to operate a motor vehicle over the
32 highways of this State for a period of not less than seven months
33 nor more than one year;

34 (iii) For a first offense, a person also shall be subject to the
35 provisions of P.L.1999, c.417 (C.39:4-50.16 et al.).

36 (2) For a second violation, a person shall be subject to a fine of
37 not less than \$500 nor more than \$1,000, and shall be ordered by
38 the court to perform community service for a period of 30 days,
39 which shall be of such form and on such terms as the court shall
40 deem appropriate under the circumstances, and shall be sentenced to
41 imprisonment for a term of not less than 48 consecutive hours,
42 which shall not be suspended or served on probation, nor more than
43 90 days, and shall forfeit his right to operate a motor vehicle over
44 the highways of this State for a period of two years upon
45 conviction, and, after the expiration of said period, he may make
46 application to the Chief Administrator of the New Jersey Motor
47 Vehicle Commission for a license to operate a motor vehicle, which
48 application may be granted at the discretion of the chief

1 administrator, consistent with subsection (b) of this section. For a
2 second violation, a person also shall be required to install an
3 ignition interlock device under the provisions of P.L.1999, c.417
4 (C.39:4-50.16 et al.).

5 (3) For a third or subsequent violation, a person shall be subject
6 to a fine of \$1,000, and shall be sentenced to imprisonment for a
7 term of not less than 180 days in a county jail or workhouse, except
8 that the court may lower such term for each day, not exceeding 90
9 days, served participating in a drug or alcohol inpatient
10 rehabilitation program approved by the Intoxicated Driver Resource
11 Center and shall thereafter forfeit his right to operate a motor
12 vehicle over the highways of this State for 10 years. For a third or
13 subsequent violation, a person also shall be required to install an
14 ignition interlock device under the provisions of P.L.1999, c.417
15 (C.39:4-50.16 et al.).

16 As used in this section, the phrase "narcotic, hallucinogenic or
17 habit-producing drug" includes an inhalant or other substance
18 containing a chemical capable of releasing any toxic vapors or
19 fumes for the purpose of inducing a condition of intoxication, such
20 as any glue, cement or any other substance containing one or more
21 of the following chemical compounds: acetone and acetate, amyl
22 nitrite or amyl nitrate or their isomers, benzene, butyl alcohol, butyl
23 nitrite, butyl nitrate or their isomers, ethyl acetate, ethyl alcohol,
24 ethyl nitrite or ethyl nitrate, ethylene dichloride, isobutyl alcohol or
25 isopropyl alcohol, methyl alcohol, methyl ethyl ketone, nitrous
26 oxide, n-propyl alcohol, pentachlorophenol, petroleum ether, propyl
27 nitrite or propyl nitrate or their isomers, toluene, toluol or xylene or
28 any other chemical substance capable of causing a condition of
29 intoxication, inebriation, excitement, stupefaction or the dulling of
30 the brain or nervous system as a result of the inhalation of the
31 fumes or vapors of such chemical substance.

32 Whenever an operator of a motor vehicle has been involved in an
33 accident resulting in death, bodily injury or property damage, a
34 police officer shall consider that fact along with all other facts and
35 circumstances in determining whether there are reasonable grounds
36 to believe that person was operating a motor vehicle in violation of
37 this section.

38 A conviction of a violation of a law of a substantially similar
39 nature in another jurisdiction, regardless of whether that jurisdiction
40 is a signatory to the Interstate Driver License Compact pursuant to
41 P.L.1966, c.73 (C.39:5D-1 et seq.), shall constitute a prior
42 conviction under this subsection unless the defendant can
43 demonstrate by clear and convincing evidence that the conviction in
44 the other jurisdiction was based exclusively upon a violation of a
45 proscribed blood alcohol concentration of less than 0.08%.

46 If the driving privilege of any person is under revocation or
47 suspension for a violation of any provision of this Title or Title 2C
48 of the New Jersey Statutes at the time of any conviction for a

1 violation of this section, the revocation or suspension period
2 imposed shall commence as of the date of termination of the
3 existing revocation or suspension period. In the case of any person
4 who at the time of the imposition of sentence is less than 17 years
5 of age, the forfeiture, suspension or revocation of the driving
6 privilege imposed by the court under this section shall commence
7 immediately, run through the offender's seventeenth birthday and
8 continue from that date for the period set by the court pursuant to
9 paragraphs (1) through (3) of this subsection. A court that imposes
10 a term of imprisonment for a first or second offense under this
11 section may sentence the person so convicted to the county jail, to
12 the workhouse of the county wherein the offense was committed, to
13 an inpatient rehabilitation program or to an Intoxicated Driver
14 Resource Center or other facility approved by the chief of the
15 Intoxicated Driving Program Unit in the Department of Health. For
16 a third or subsequent offense a person shall not serve a term of
17 imprisonment at an Intoxicated Driver Resource Center as provided
18 in subsection (f).

19 A person who has been convicted of a previous violation of this
20 section need not be charged as a second or subsequent offender in
21 the complaint made against him in order to render him liable to the
22 punishment imposed by this section on a second or subsequent
23 offender, but if the second offense occurs more than 10 years after
24 the first offense, the court shall treat the second conviction as a first
25 offense for sentencing purposes and if a third offense occurs more
26 than 10 years after the second offense, the court shall treat the third
27 conviction as a second offense for sentencing purposes.

28 (b) A person convicted under this section must satisfy the
29 screening, evaluation, referral, program and fee requirements of the
30 Division of Mental Health and Addiction Services' Intoxicated
31 Driving Program Unit, and of the Intoxicated Driver Resource
32 Centers and a program of alcohol and drug education and highway
33 safety, as prescribed by the chief administrator. The sentencing
34 court shall inform the person convicted that failure to satisfy such
35 requirements shall result in a mandatory two-day term of
36 imprisonment in a county jail and a driver license revocation or
37 suspension and continuation of revocation or suspension until such
38 requirements are satisfied, unless stayed by court order in
39 accordance with the Rules Governing the Courts of the State of
40 New Jersey, or R.S.39:5-22. Upon sentencing, the court shall
41 forward to the Division of Mental Health and Addiction Services'
42 Intoxicated Driving Program Unit a copy of a person's conviction
43 record. A fee of \$100 shall be payable to the Alcohol Education,
44 Rehabilitation and Enforcement Fund established pursuant to
45 section 3 of P.L.1983, c.531 (C.26:2B-32) to support the
46 Intoxicated Driving Program Unit.

47 (c) Upon conviction of a violation of this section, the court shall
48 collect forthwith the New Jersey driver's license or licenses of the

1 person so convicted and forward such license or licenses to the
2 chief administrator. The court shall inform the person convicted
3 that if he is convicted of personally operating a motor vehicle
4 during the period of license suspension imposed pursuant to
5 subsection (a) of this section, he shall, upon conviction, be subject
6 to the penalties established in R.S.39:3-40. The person convicted
7 shall be informed orally and in writing. A person shall be required
8 to acknowledge receipt of that written notice in writing. Failure to
9 receive a written notice or failure to acknowledge in writing the
10 receipt of a written notice shall not be a defense to a subsequent
11 charge of a violation of R.S.39:3-40. In the event that a person
12 convicted under this section is the holder of any out-of-State
13 driver's license, the court shall not collect the license but shall
14 notify forthwith the chief administrator, who shall, in turn, notify
15 appropriate officials in the licensing jurisdiction. The court shall,
16 however, revoke the nonresident's driving privilege to operate a
17 motor vehicle in this State, in accordance with this section. Upon
18 conviction of a violation of this section, the court shall notify the
19 person convicted, orally and in writing, of the penalties for a
20 second, third or subsequent violation of this section. A person shall
21 be required to acknowledge receipt of that written notice in writing.
22 Failure to receive a written notice or failure to acknowledge in
23 writing the receipt of a written notice shall not be a defense to a
24 subsequent charge of a violation of this section.

25 (d) The chief administrator shall promulgate rules and
26 regulations pursuant to the "Administrative Procedure Act,"
27 P.L.1968, c.410 (C.52:14B-1 et seq.) in order to establish a program
28 of alcohol education and highway safety, as prescribed by **[this act]**
29 P.L.1977, c.29.

30 (e) Any person accused of a violation of this section who is
31 liable to punishment imposed by this section as a second or
32 subsequent offender shall be entitled to the same rights of discovery
33 as allowed defendants pursuant to the Rules Governing the Courts
34 of the State of New Jersey.

35 (f) The counties, in cooperation with the Division of Mental
36 Health and Addiction Services and the commission, but subject to
37 the approval of the Division of Mental Health and Addiction
38 Services, shall designate and establish on a county or regional basis
39 Intoxicated Driver Resource Centers. These centers shall have the
40 capability of serving as community treatment referral centers and as
41 court monitors of a person's compliance with the ordered treatment,
42 service alternative or community service. All centers established
43 pursuant to this subsection shall be administered by a counselor
44 certified by the Alcohol and Drug Counselor Certification Board of
45 New Jersey or other professional with a minimum of five years'
46 experience in the treatment of alcoholism. All centers shall be
47 required to develop individualized treatment plans for all persons
48 attending the centers; provided that the duration of any ordered

1 treatment or referral shall not exceed one year. It shall be the
2 center's responsibility to establish networks with the community
3 alcohol and drug education, treatment and rehabilitation resources
4 and to receive monthly reports from the referral agencies regarding
5 a person's participation and compliance with the program. Nothing
6 in this subsection shall bar these centers from developing their own
7 education and treatment programs; provided that they are approved
8 by the Division of Mental Health and Addiction Services.

9 Upon a person's failure to report to the initial screening or any
10 subsequent ordered referral, the Intoxicated Driver Resource Center
11 shall promptly notify the sentencing court of the person's failure to
12 comply.

13 Required detention periods at the Intoxicated Driver Resource
14 Centers shall be determined according to the individual treatment
15 classification assigned by the Intoxicated Driving Program Unit.
16 Upon attendance at an Intoxicated Driver Resource Center, a person
17 shall be required to pay a per diem fee of \$75 for the first offender
18 program or a per diem fee of \$100 for the second offender program,
19 as appropriate. Any increases in the per diem fees after the first full
20 year shall be determined pursuant to rules and regulations adopted
21 by the Commissioner of Health in consultation with the **【Governor's**
22 **Council on Alcoholism and Drug Abuse】** Office of Alcohol and
23 Drug Use Disorders Policy pursuant to the "Administrative
24 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

25 The centers shall conduct a program of alcohol and drug
26 education and highway safety, as prescribed by the chief
27 administrator.

28 The Commissioner of Health shall adopt rules and regulations
29 pursuant to the "Administrative Procedure Act," P.L.1968,
30 c.410 (C.52:14B-1 et seq.), in order to effectuate the purposes of
31 this subsection.

32 (g) When a violation of this section occurs while:

33 (1) on any school property used for school purposes which is
34 owned by or leased to any elementary or secondary school or school
35 board, or within 1,000 feet of such school property;

36 (2) driving through a school crossing as defined in R.S.39:1-1 if
37 the municipality, by ordinance or resolution, has designated the
38 school crossing as such; or

39 (3) driving through a school crossing as defined in R.S.39:1-1
40 knowing that juveniles are present if the municipality has not
41 designated the school crossing as such by ordinance or resolution,
42 the convicted person shall: for a first offense, be fined not less than
43 \$500 or more than \$800, be imprisoned for not more than 60 days
44 and have his license to operate a motor vehicle suspended for a
45 period of not less than one year or more than two years; for a
46 second offense, be fined not less than \$1,000 or more than \$2,000,
47 perform community service for a period of 60 days, be imprisoned
48 for not less than 96 consecutive hours, which shall not be suspended

1 or served on probation, nor more than 180 days, except that the
2 court may lower such term for each day, not exceeding 90 days,
3 served performing community service in such form and on such
4 terms as the court shall deem appropriate under the circumstances
5 and have his license to operate a motor vehicle suspended for a
6 period of four years; and, for a third offense, be fined \$2,000,
7 imprisoned for 180 days in a county jail or workhouse, except that
8 the court may lower such term for each day, not exceeding 90 days,
9 served participating in a drug or alcohol inpatient rehabilitation
10 program approved by the Intoxicated Driver Resource Center, and
11 have his license to operate a motor vehicle suspended for a period
12 of 20 years; the period of license suspension shall commence upon
13 the completion of any prison sentence imposed upon that person.

14 A map or true copy of a map depicting the location and
15 boundaries of the area on or within 1,000 feet of any property used
16 for school purposes which is owned by or leased to any elementary
17 or secondary school or school board produced pursuant to section 1
18 of P.L.1987, c.101 (C.2C:35-7) may be used in a prosecution under
19 paragraph (1) of this subsection.

20 It shall not be relevant to the imposition of sentence pursuant to
21 paragraph (1) or (2) of this subsection that the defendant was
22 unaware that the prohibited conduct took place while on or within
23 1,000 feet of any school property or while driving through a school
24 crossing. Nor shall it be relevant to the imposition of sentence that
25 no juveniles were present on the school property or crossing zone at
26 the time of the offense or that the school was not in session.

27 (h) A court also may order a person convicted pursuant to
28 subsection (a) of this section, to participate in a supervised
29 visitation program as either a condition of probation or a form of
30 community service, giving preference to those who were under the
31 age of 21 at the time of the offense. Prior to ordering a person to
32 participate in such a program, the court may consult with any
33 person who may provide useful information on the defendant's
34 physical, emotional and mental suitability for the visit to ensure that
35 it will not cause any injury to the defendant. The court also may
36 order that the defendant participate in a counseling session under
37 the supervision of the Intoxicated Driving Program Unit prior to
38 participating in the supervised visitation program. The supervised
39 visitation program shall be at one or more of the following facilities
40 which have agreed to participate in the program under the
41 supervision of the facility's personnel and the probation department:

42 (1) a trauma center, critical care center or acute care hospital
43 having basic emergency services, which receives victims of motor
44 vehicle accidents for the purpose of observing appropriate victims
45 of drunk drivers and victims who are, themselves, drunk drivers;

46 (2) a facility which cares for patients who have advanced
47 **【alcoholics or drug abusers】** alcohol or drug use disorders, to

1 observe persons in the advanced stages of [alcoholism or drug
2 abuse] such disorders; or

3 (3) if approved by a county medical examiner, the office of the
4 county medical examiner or a public morgue to observe appropriate
5 victims of vehicle accidents involving drunk drivers.

6 As used in this section, "appropriate victim" means a victim
7 whose condition is determined by the facility's supervisory
8 personnel and the probation officer to be appropriate for
9 demonstrating the results of accidents involving drunk drivers
10 without being unnecessarily gruesome or traumatic to the
11 defendant.

12 If at any time before or during a visitation the facility's
13 supervisory personnel and the probation officer determine that the
14 visitation may be or is traumatic or otherwise inappropriate for that
15 defendant, the visitation shall be terminated without prejudice to the
16 defendant. The program may include a personal conference after
17 the visitation, which may include the sentencing judge or the judge
18 who coordinates the program for the court, the defendant,
19 defendant's counsel, and, if available, the defendant's parents to
20 discuss the visitation and its effect on the defendant's future
21 conduct. If a personal conference is not practicable because of the
22 defendant's absence from the jurisdiction, conflicting time
23 schedules, or any other reason, the court shall require the defendant
24 to submit a written report concerning the visitation experience and
25 its impact on the defendant. The county, a court, any facility visited
26 pursuant to the program, any agents, employees, or independent
27 contractors of the court, county, or facility visited pursuant to the
28 program, and any person supervising a defendant during the
29 visitation, are not liable for any civil damages resulting from injury
30 to the defendant, or for civil damages associated with the visitation
31 which are caused by the defendant, except for willful or grossly
32 negligent acts intended to, or reasonably expected to result in, that
33 injury or damage.

34 The Supreme Court may adopt court rules or directives to
35 effectuate the purposes of this subsection.

36 (i) In addition to any other fine, fee, or other charge imposed
37 pursuant to law, the court shall assess a person convicted of a
38 violation of the provisions of this section a surcharge of \$125, of
39 which amount \$50 shall be payable to the municipality in which the
40 conviction was obtained, \$50 shall be payable to the Treasurer of
41 the State of New Jersey for deposit into the General Fund, and \$25
42 which shall be payable as follows: in a matter where the summons
43 was issued by a municipality's law enforcement agency, to that
44 municipality to be used for the cost of equipping police vehicles
45 with mobile video recording systems pursuant to the provisions of
46 section 1 of P.L.2014, c.54 (C.40A:14-118.1); in a matter where the
47 summons was issued by a county's law enforcement agency, to that

1 county; and in a matter where the summons was issued by a State
2 law enforcement agency, to the General Fund.
3 (cf: P.L.2014, c.54, s.2)
4

5 14. Section 26 of P.L.2007, c.244 (C.45:1-46) is amended to
6 read as follows:

7 26. Access to prescription information.

8 a. The division shall maintain procedures to ensure privacy and
9 confidentiality of patients and that patient information collected,
10 recorded, transmitted, and maintained is not disclosed, except as
11 permitted in this section, including, but not limited to, the use of a
12 password-protected system for maintaining this information and
13 permitting access thereto as authorized under sections 25 through
14 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50), and a
15 requirement that a person as listed in subsection h. or i. of this
16 section provide affirmation of the person's intent to comply with the
17 provisions of sections 25 through 30 of P.L.2007, c.244 (C.45:1-45
18 through C.45:1-50) as a condition of accessing the information.

19 b. The prescription monitoring information submitted to the
20 division shall be confidential and not be subject to public disclosure
21 under P.L.1963, c.73 (C.47:1A-1 et seq.), or P.L.2001, c.404
22 (C.47:1A-5 et al.).

23 c. The division shall review the prescription monitoring
24 information provided by a pharmacy permit holder pursuant to
25 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through
26 C.45:1-50). The review shall include, but not be limited to:

27 (1) a review to identify whether any person is obtaining a
28 prescription in a manner that may be indicative of misuse, abuse, or
29 diversion of a controlled dangerous substance. The director shall
30 establish guidelines regarding the terms "misuse," "abuse," and
31 "diversion" for the purposes of this review. When an evaluation of
32 the information indicates that a person may be obtaining a
33 prescription for the same or a similar controlled dangerous
34 substance from multiple practitioners or pharmacists during the
35 same time period, the division may provide prescription monitoring
36 information about the person to practitioners and pharmacists; and

37 (2) a review to identify whether a violation of law or regulation
38 or a breach of the applicable standards of practice by any person
39 may have occurred, including, but not limited to, diversion of a
40 controlled dangerous substance. If the division determines that
41 such a violation or breach may have occurred, the division shall
42 notify the appropriate law enforcement agency or professional
43 licensing board, and provide the prescription monitoring
44 information required for an investigation.

45 d. (Deleted by amendment, P.L.2015, c.74)

46 e. (Deleted by amendment, P.L.2015, c.74)

47 f. (Deleted by amendment, P.L.2015, c.74)

48 g. (Deleted by amendment, P.L.2015, c.74)

- 1 h. (1) A practitioner shall register to access prescription
2 monitoring information upon initial application for, or renewal of,
3 the practitioner's CDS registration.
- 4 (2) The division shall provide to a pharmacist who is employed
5 by a current pharmacy permit holder online access to prescription
6 monitoring information for the purpose of providing health care to a
7 current patient or verifying information with respect to a patient or
8 a prescriber.
- 9 (3) The division shall provide to a practitioner who has a current
10 CDS registration online access to prescription monitoring
11 information for the purpose of providing health care to a current
12 patient or verifying information with respect to a patient or a
13 prescriber. The division shall also grant online access to
14 prescription monitoring information to as many licensed health care
15 professionals as are authorized by a practitioner to access that
16 information and for whom the practitioner is responsible for the use
17 or misuse of that information, subject to a limit on the number of
18 such health care professionals as deemed appropriate by the
19 division for that particular type and size of professional practice, in
20 order to minimize the burden to practitioners to the extent
21 practicable while protecting the confidentiality of the prescription
22 monitoring information obtained. The director shall establish, by
23 regulation, the terms and conditions under which a practitioner may
24 delegate that authorization, including procedures for authorization
25 and termination of authorization, provisions for maintaining
26 confidentiality, and such other matters as the division may deem
27 appropriate.
- 28 (4) The division shall provide online access to prescription
29 monitoring information to as many medical or dental residents as
30 are authorized by a faculty member of a medical or dental teaching
31 facility to access that information and for whom the practitioner is
32 responsible for the use or misuse of that information. The director
33 shall establish, by regulation, the terms and conditions under which
34 a faculty member of a medical or dental teaching facility may
35 delegate that authorization, including procedures for authorization
36 and termination of authorization, provisions for maintaining
37 confidentiality, provisions regarding the duration of a medical or
38 dental resident's authorization to access prescription monitoring
39 information, and such other matters as the division may deem
40 appropriate.
- 41 (5) (a) The division shall provide online access to prescription
42 monitoring information to:
- 43 (i) as many certified medical assistants as are authorized by a
44 practitioner to access that information and for whom the
45 practitioner is responsible for the use or misuse of that information;
- 46 (ii) as many medical scribes working in a hospital's emergency
47 department as are authorized by a practitioner to access that

1 information and for whom the practitioner is responsible for the use
2 or misuse of that information; and

3 (iii) as many licensed athletic trainers working in a clinical
4 setting as are authorized by a practitioner to access that information
5 and for whom the practitioner is responsible for the use or misuse of
6 that information.

7 (b) The director shall establish, by regulation, the terms and
8 conditions under which a practitioner may delegate authorization
9 pursuant to subparagraph (a) of this paragraph, including
10 procedures for authorization and termination of authorization,
11 provisions for maintaining confidentiality, provisions regarding the
12 duration of a certified medical assistant's, medical scribe's, or
13 licensed athletic trainer's authorization to access prescription
14 monitoring information, and provisions addressing such other
15 matters as the division may deem appropriate.

16 (6) The division shall provide online access to prescription
17 monitoring information to as many registered dental assistants as
18 are authorized by a licensed dentist to access that information and
19 for whom the licensed dentist is responsible for the use or misuse of
20 that information. The director shall establish, by regulation, the
21 terms and conditions under which a licensed dentist may delegate
22 that authorization, including procedures for authorization and
23 termination of authorization, provisions for maintaining
24 confidentiality, provisions regarding the duration of a registered
25 dental assistant's authorization to access prescription monitoring
26 information, and such other matters as the division may deem
27 appropriate.

28 (7) A person listed in this subsection, as a condition of
29 accessing prescription monitoring information pursuant thereto,
30 shall certify that the request is for the purpose of providing health
31 care to a current patient or verifying information with respect to a
32 patient or practitioner. Such certification shall be furnished through
33 means of an online statement or alternate means authorized by the
34 director, in a form and manner prescribed by rule or regulation
35 adopted by the director. If the information is being accessed by an
36 authorized person using an electronic system authorized pursuant to
37 subsection q. of this section, the certification may be furnished
38 through the electronic system.

39 i. The division may provide online access to prescription
40 monitoring information, or may provide access to prescription
41 monitoring information through any other means deemed
42 appropriate by the director, to the following persons:

43 (1) authorized personnel of the division or a vendor or
44 contractor responsible for maintaining the Prescription Monitoring
45 Program;

46 (2) authorized personnel of the division responsible for
47 administration of the provisions of P.L.1970, c.226 (C.24:21-1 et
48 seq.);

- 1 (3) the State Medical Examiner, a county medical examiner, a
2 deputy or assistant county medical examiner, or a qualified
3 designated assistant thereof, who certifies that the request is for the
4 purpose of investigating a death pursuant to P.L.1967, c.234
5 (C.52:17B-78 et seq.);
- 6 (4) a controlled dangerous substance monitoring program in
7 another state with which the division has established an
8 interoperability agreement, or which participates with the division
9 in a system that facilitates the secure sharing of information
10 between states;
- 11 (5) a designated representative of the State Board of Medical
12 Examiners, New Jersey State Board of Dentistry, State Board of
13 Nursing, New Jersey State Board of Optometrists, State Board of
14 Pharmacy, State Board of Veterinary Medical Examiners, or any
15 other board in this State or another state that regulates the practice
16 of persons who are authorized to prescribe or dispense controlled
17 dangerous substances, as applicable, who certifies that the
18 representative is engaged in a bona fide specific investigation of a
19 designated practitioner or pharmacist whose professional practice
20 was or is regulated by that board;
- 21 (6) a State, federal, or municipal law enforcement officer who is
22 acting pursuant to a court order and certifies that the officer is
23 engaged in a bona fide specific investigation of a designated
24 practitioner, pharmacist, or patient. A law enforcement agency that
25 obtains prescription monitoring information shall comply with
26 security protocols established by the director by regulation;
- 27 (7) a designated representative of a state Medicaid or other
28 program who certifies that the representative is engaged in a bona
29 fide investigation of a designated practitioner, pharmacist, or
30 patient;
- 31 (8) a properly convened grand jury pursuant to a subpoena
32 properly issued for the records; and
- 33 (9) a licensed mental health practitioner providing treatment for
34 substance abuse to patients at a residential or outpatient substance
35 abuse treatment center licensed by the Division of Mental Health
36 and Addiction Services in the Department of Human Services, who
37 certifies that the request is for the purpose of providing health care
38 to a current patient or verifying information with respect to a patient
39 or practitioner, and who furnishes the division with the written
40 consent of the patient for the mental health practitioner to obtain
41 prescription monitoring information about the patient. The director
42 shall establish, by regulation, the terms and conditions under which
43 a mental health practitioner may request and receive prescription
44 monitoring information. Nothing in sections 25 through 30 of
45 P.L.2007, c.244 (C.45:1-45 through C.45:1-50) shall be construed
46 to require or obligate a mental health practitioner to access or check
47 the prescription monitoring information in the course of treatment

1 beyond that which may be required as part of the mental health
2 practitioner's professional practice.

3 j. A person listed in subsection i. of this section, as a condition
4 of obtaining prescription monitoring information pursuant thereto,
5 shall certify the reasons for seeking to obtain that information.
6 Such certification shall be furnished through means of an online
7 statement or alternate means authorized by the director, in a form
8 and manner prescribed by rule or regulation adopted by the director.

9 k. The division shall offer an online tutorial for those persons
10 listed in subsections h. and i. of this section, which shall, at a
11 minimum, include: how to access prescription monitoring
12 information; the rights of persons who are the subject of this
13 information; the responsibilities of persons who access this
14 information; a summary of the other provisions of sections 25
15 through 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50) and
16 the regulations adopted pursuant thereto, regarding the permitted
17 uses of that information and penalties for violations thereof; and a
18 summary of the requirements of the federal health privacy rule set
19 forth at 45 CFR Parts 160 and 164 and a hypertext link to the
20 federal Department of Health and Human Services website for
21 further information about the specific provisions of the privacy rule.

22 l. The division may request and receive prescription
23 monitoring information from prescription monitoring programs in
24 other states and may use that information for the purposes of
25 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through
26 C.45:1-50). When sharing data with programs in another state, the
27 division shall not be required to obtain a memorandum of
28 understanding unless required by the other state.

29 m. The director may provide nonidentifying prescription drug
30 monitoring information to public or private entities for statistical,
31 research, or educational purposes, in accordance with the provisions
32 of sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through
33 C.45:1-50). The director shall, upon request, provide
34 nonidentifying prescription drug monitoring information to the
35 Office of Alcohol and Drug Use Disorders Policy for the purposes
36 of establishing, maintaining, implementing, and maximizing the
37 utilization and functionality of the centralized Alcohol and Drug
38 Use Disorders Treatment Database pursuant to section 3 of P.L. ,
39 c. (C.) (pending before the Legislature as this bill).

40 n. Nothing shall be construed to prohibit the division from
41 obtaining unsolicited automated reports from the program or
42 disseminating such reports to pharmacists, practitioners, mental
43 health care practitioners, and other licensed health care
44 professionals.

45 o. (1) A current patient of a practitioner may request from that
46 practitioner that patient's own prescription monitoring information
47 that has been submitted to the division pursuant to sections 25
48 through 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50).

1 A parent or legal guardian of a child who is a current patient of a
2 practitioner may request from that practitioner the child's
3 prescription monitoring information that has been submitted to the
4 division pursuant to sections 25 through 30 of P.L.2007,
5 c.244 (C.45:1-45 through C.45:1-50).

6 (2) Upon receipt of a request pursuant to paragraph (1) of this
7 subsection, a practitioner or health care professional authorized by
8 that practitioner may provide the current patient or parent or legal
9 guardian, as the case may be, with access to or a copy of the
10 prescription monitoring information pertaining to that patient or
11 child.

12 (3) The division shall establish a process by which a patient, or
13 the parent or legal guardian of a child who is a patient, may request
14 a pharmacy permit holder that submitted prescription monitoring
15 information concerning a prescription for controlled dangerous
16 substances for that patient or child to the division pursuant to
17 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through
18 C.45:1-50) to correct information that the person believes to have
19 been inaccurately entered into that patient's or child's prescription
20 profile. Upon confirmation of the inaccuracy of any such entry into
21 a patient's or child's prescription profile, the pharmacy permit
22 holder shall be authorized to correct any such inaccuracies by
23 submitting corrected information to the division pursuant to
24 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through
25 C.45:1-50). The process shall provide for review by the Board of
26 Pharmacy of any disputed request for correction, which
27 determination shall be appealable to the director.

28 p. The division shall take steps to ensure that appropriate
29 channels of communication exist to enable any licensed health care
30 professional, licensed pharmacist, mental health practitioner,
31 pharmacy permit holder, or other practitioner who has online access
32 to the Prescription Monitoring Program pursuant to this section to
33 seek or provide information to the division related to the provisions
34 of this section.

35 q. (1) The division may make prescription monitoring
36 information available on electronic systems that collect and display
37 health information, such as an electronic system that connects
38 hospital emergency departments for the purpose of transmitting and
39 obtaining patient health data from multiple sources, or an electronic
40 system that notifies practitioners of information pertaining to the
41 treatment of overdoses; provided that the division determines that
42 any such electronic system has appropriate security protections in
43 place.

44 (2) Practitioners who are required to access prescription
45 monitoring information pursuant to section 8 of P.L.2015, c.74
46 (C.45:1-46.1) may discharge that responsibility by accessing one or
47 more authorized electronic systems into which the prescription

1 monitoring information maintained by the division has been
2 integrated.

3 (cf: P.L.2017, c.341, s.3)

4

5 15. Section 5 of P.L.1993, c.216 (C.54:43-1.3) is amended to
6 read as follows:

7 5. Any amounts collected pursuant to the "Alcoholic Beverage
8 Tax Law," R.S.54:41-1 et seq., from a restricted brewery license
9 issued pursuant to subsection 1c. of R.S.33:1-10 shall be credited to
10 the **【Governor's Council on Alcoholism and Drug Abuse】** Office of
11 Alcohol and Drug Use Disorders Policy to be allocated exclusively
12 to the Alliance to Prevent **【Alcoholism and Drug Abuse】** Alcohol
13 and Drug Use Disorders for the purpose of awarding grants to
14 municipalities and counties as provided in subsection b. of section 7
15 of P.L.1989, c.51 (C.26:2BB-7).

16 (cf: P.L.1993, c.216, s.5)

17

18 16. This act shall take effect 120 days after the date of
19 enactment, but the Commissioner of Health, the Commissioner of
20 Human Services, the Attorney General, the Director of the Division
21 of Mental Health and Addiction Services in the Department of
22 Human Services, and the Assistant Commissioner for the Children's
23 System of Care in the Department of Children and Families may
24 take any anticipatory administrative action in advance as shall be
25 necessary to implement the provisions of this act.

26

27

28

STATEMENT

29

30 This bill establishes the Office of Alcohol and Drug Use
31 Disorders Policy (Office). The Office will be responsible for
32 reviewing and coordinating all State departments' efforts with
33 regard to the planning and provision of treatment, prevention,
34 research, evaluation, and education services for, and public
35 awareness of, alcohol use disorders and drug use disorders. The
36 Office will serve strategic planning, advisory, coordination,
37 communication, and development functions in order to coordinate
38 Statewide efforts and drive improvements in the prevention of, and
39 provision of treatment for, alcohol use disorders and drug use
40 disorders. The Office will be allocated within the Department of
41 the Treasury but will be independent of the department and will
42 report directly to the Governor.

43

44 The duties of the Office will include developing a
45 Comprehensive Statewide Alcohol Use Disorders and Drug Use
46 Disorders Master Plan, to be submitted to the Governor and the
47 Legislature by July 1 of each year, for the treatment, prevention,
48 research, evaluation, education, and public awareness of alcohol use
disorders and drug use disorders. The plan is to: incorporate and

1 unify all State, county, local, and private alcohol use disorders and
2 drug use disorders initiatives; include an emphasis on prevention,
3 community awareness, and family and youth services; and include
4 recommendations for funding allocations.

5 The Office will be required to review County Annual Alliance
6 Plans and propose recommendations for awarding Alliance grants,
7 and will additionally be responsible for distributing certain grants to
8 counties and municipalities for alcohol use disorders and drug use
9 disorders programs and evaluating the existing funding mechanisms
10 for treatment services for alcohol use disorders and drug use
11 disorders.

12 The Office will be required to encourage the development or
13 expansion of employee assistance programs for both government
14 and private sector employees.

15 The Office will be authorized to call upon any department,
16 office, division, agency, or independent authority of State
17 government to provide such information, resources, or other
18 assistance as may be necessary to discharge the duties and functions
19 of the Office and fulfill its responsibilities. The Office may collect
20 from any State, county, local governmental entity, or any other
21 appropriate source data, reports, statistics, or other materials which
22 are necessary to carry out the functions of the Office.

23 The executive director of the Office will be required to convene
24 a meeting, on at least an annual basis and at such additional
25 intervals as the executive director of the office deems necessary, to
26 be attended by the Attorney General, the Commissioner of Health,
27 the Commissioner of Human Services, the Commissioner of
28 Education, the Commissioner of Corrections, the Commissioner of
29 Children and Families, the Commissioner of Community Affairs,
30 the Commissioner of Banking and Insurance, the Assistant
31 Commissioner for the Division of Mental Health and Addiction
32 Services, the Director of the Division of Medical Assistance and
33 Health Services, the Assistant Commissioner for the Children's
34 System of Care, and other appropriate agencies, officers, and
35 entities, in order to plan, develop, and coordinate State and local
36 efforts to improve the prevention of, and the provision of treatment
37 for, alcohol and drug use disorders.

38 The Office will be administered by an executive director, who
39 will be appointed by the Governor with the advice and consent of
40 the Senate. The executive director is to be a person qualified by
41 education, training, and experience to perform the duties of the
42 office. The executive director will serve at the pleasure of the
43 Governor during the Governor's term of office and until the
44 appointment and qualification of the executive director's successor.
45 The executive director will have the power to employ staff within
46 the limits of funds appropriated or made available for that purpose,
47 and will have broad authority to coordinate communication
48 between, and request and receive information from, any department,

1 division, or agency of the State. The executive director will be
2 required to devote full time to the duties and responsibilities of the
3 office, and will receive a salary as provided by law.

4 The Office will be required to develop and maintain a centralized
5 Alcohol and Drug Use Disorders Treatment Resource Database that
6 can be used to track Statewide treatment data, direct resources,
7 develop recommendations regarding the allocation of funding and
8 resources, facilitate referrals to available treatment resources, and
9 evaluate provider performance. Specifically, treatment providers
10 will be required to report certain data concerning patient wait times,
11 the levels and duration of treatment provided to patients, the
12 number of patients referred to other treatment providers and the
13 reasons for those referrals, treatment completion rates, relapse and
14 long-term recovery rates, and any other data or metrics the Office
15 deems necessary and appropriate. The Office will use this data to
16 evaluate provider performance as well as to develop best practices
17 guidelines and performance benchmarks.

18 Additionally, treatment providers will be required update the
19 database to indicate the availability of treatment spots at the
20 provider, including the level of treatment available in each spot, the
21 number of patients awaiting treatment, and the provider's
22 anticipated treatment availability in the next 24 hours. Providers
23 will be required to update this information at least once every 12
24 hours, and at more frequent intervals if the Office determines that
25 more frequent or real-time reporting is feasible and appropriate.
26 Treatment providers and agencies, offices, and other entities that
27 serve as a contact point for patients seeking treatment will have
28 access to the treatment availability information in the database for
29 the purpose of referring patients to treatment.

30 The Office will be required to collaborate with the Office of the
31 Attorney General and the Department of Health to include in the
32 centralized database data concerning the number, location, and
33 types of interventions performed throughout the State to treat drug
34 overdoses, and in particular overdoses involving opioid drugs, in
35 order to identify patterns in overdose incidents, coordinate outreach
36 efforts in the affected communities, and determine and direct the
37 Statewide allocation of funding and resources for the treatment of
38 drug use disorders.

39 The Office will be authorized to establish programs providing
40 financial and other incentives to treatment providers who achieve
41 certain performance benchmarks established by the Office to drive
42 improvements in the treatment of alcohol and drug use disorders.
43 Benchmark goals may address patient wait times, patient retention,
44 patient progression through a course of treatment, and the number
45 and rate of patients who complete treatment. The Office will be
46 required to periodically review and revise any incentive programs it
47 establishes in order to maintain the integrity of the program, ensure
48 the program is realizing improvements in patient care, modify

1 benchmarks as needed, and revise or eliminate any aspects of a
2 program that may result in adverse unintended consequences.

3 The Office is to utilize the database and consult with treatment
4 providers and appropriate State, county, and local agencies to
5 identify barriers that reduce the ability of patients to access
6 appropriate treatment services. The Office is to develop appropriate
7 responses to address or remove barriers to access, which may
8 include: developing programs to provide transportation assistance,
9 child care assistance, or home visits; working with health benefits
10 carriers to secure coverage for all appropriate treatment modalities
11 and services related to treatment; and working with treatment
12 providers to promote flexible scheduling and expanded hours, and
13 encourage and support providers to become authorized to prescribe
14 and administer medication-assisted treatment.

15 For the purposes of establishing and maintaining a centralized
16 database, the Office will be permitted to utilize, modify, or adapt
17 any existing systems that provide functions related to, or that would
18 supplement, the functions and purpose of the centralized database.
19 The Office will also be authorized to contract with an independent
20 third party to establish and maintain the database.

21 The bill provides that, to the extent that the centralized database
22 includes any personal identifying information or any confidential
23 health information concerning any patient, such information may
24 not be disclosed to any entity except as may be required pursuant to
25 State or federal law. The Office is to seek to avoid requiring any
26 personal identifying information or confidential health information
27 to be reported to, or included in, the database.

28 The Office will be required to make available to the public,
29 through its Internet website, certain data concerning the provision
30 of treatment for alcohol and drug use disorders, including: patient
31 wait times; treatment program completion rates; reasons for non-
32 completion of treatment; the level and nature of treatment
33 modalities provided and the average duration of each phase of
34 treatment; long-term recovery rates; remission and overdose rates;
35 patient referrals made by treatment providers to other providers;
36 and any other information the office deems appropriate.

37 The Office will be required to develop standards, policies, and
38 procedures to support the various departments, divisions, agencies,
39 offices, and other entities that enter into contracts with treatment
40 providers to ensure compliance with the terms of the contract and
41 any applicable State or federal laws, regulations, and requirements,
42 including: ensuring that any requirements for payment under the
43 contract are met; ensuring providers are complying with all
44 applicable criminal history record background check and drug
45 testing requirements for provider staff; and ensuring prompt
46 reconciliation of any claims for payment, including promptly
47 closing out contracts, processing claims, and collecting receivables
48 and other amounts owed. For this purpose, the Office will be

1 authorized to designate a compliance officer, who may retain
2 appropriate staff to provide support services to the various
3 departments, divisions, agencies, offices, and other entities.

4 The bill revises various provisions of the current statutory law to
5 update references to include the Office and to transfer certain
6 functions of the Governor's Council on Alcoholism and Drug
7 Abuse to the Office.