

ASSEMBLY, No. 5052

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED NOVEMBER 19, 2020

Sponsored by:

Assemblyman JOHN ARMATO

District 2 (Atlantic)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Co-Sponsored by:

**Assemblyman Benson, Assemblywomen Jimenez, Downey, Assemblyman
Freiman and Assemblywoman Timberlake**

SYNOPSIS

Permits emergency medical responders to dispense opioid antidotes.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/20/2021)

1 AN ACT concerning opioid antidotes and amending P.L.2013, c.46.

2

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

5

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

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

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

14 (b) through a standing order, to any professional or emergency
15 medical responder who is not acting in a professional or volunteer
16 capacity for a professional entity, or an emergency medical
17 response entity, but who is deemed by the health care practitioner to
18 be capable of administering opioid antidotes to overdose victims, as
19 part of the professional's regular course of business or volunteer
20 activities;

21 (c) through a standing order, to any professional who is not
22 acting in a professional or volunteer capacity for a professional
23 entity, but who is deemed by the health care practitioner to be
24 capable of dispensing opioid antidotes to recipients, for
25 administration thereby, as part of the professional's regular course
26 of business or volunteer activities;

27 (d) through a standing order, to any professional entity or any
28 emergency medical response entity, which is deemed by the health
29 care practitioner to employ professionals or emergency medical
30 responders, as appropriate, who are capable of administering opioid
31 antidotes to overdose victims as part of the entity's regular course of
32 business or volunteer activities;

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

38 (f) through a standing order, to a school, school district, or
39 school nurse pursuant to the provisions of section 2 of P.L.2018,
40 c.106 (C.18A:40-12.24); and

41 (g) through a standing order, to any emergency medical
42 response entity, which is deemed by the health care practitioner to
43 employ professionals or emergency medical responders, as
44 appropriate, who are capable of dispensing opioid antidotes to

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

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

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

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

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

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

43 (b) Notwithstanding the provisions of this paragraph to the
44 contrary, if the law expressly authorizes or requires a certain type of
45 professional, professional entity, emergency medical responder,
46 emergency medical response entity, school, school district, or
47 school nurse to administer or dispense opioid antidotes pursuant to
48 a standing order issued hereunder, the standing order issued
49 pursuant to this section shall be deemed to grant the authority

1 specified by the law, even if such authority is not expressly
2 indicated on the face of the standing order.

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

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

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

24 c. (1) Any emergency medical responder or emergency
25 medical response entity that has obtained a standing order, pursuant
26 to subsection a. of this section, for the administration or dispensing
27 of opioid antidotes, may administer an opioid antidote to overdose
28 victims and dispense an opioid antidote to any recipient who is
29 deemed by the emergency medical responder or emergency medical
30 response entity to be capable of administering the opioid antidote to
31 an overdose victim in an emergency.

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

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

48 (2) Any person who administers an opioid antidote pursuant to
49 paragraph (1) of this subsection shall not, as a result of the person's

1 acts or omissions, be subject to any criminal or civil liability for
2 administering the opioid antidote in accordance with P.L.2013, c.46
3 (C.24:6J-1 et seq.).

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

11 f. Any school, school district, school nurse, school employee,
12 or any other officer or agent of a board of education, charter school,
13 or nonpublic school who administers, or permits the administration
14 of, an opioid antidote in good faith in accordance with the
15 provisions of section 2 of P.L.2018, c.106 (C.18A:40-12.24), and
16 pursuant to a standing order issued under subsection a. of this
17 section, shall not, as a result of any acts or omissions, be subject to
18 any criminal or civil liability, or any disciplinary action, for
19 administering, or for permitting the administration of, the opioid
20 antidote in accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

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

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

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

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

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

42

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

45 5. a. (1) A prescriber or other health care practitioner who
46 prescribes or dispenses an opioid antidote in accordance with
47 subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall
48 ensure that overdose prevention information is provided to the
49 antidote recipient. The requisite overdose prevention information

1 shall include, but is not limited to: information on opioid overdose
2 prevention and recognition; instructions on how to perform rescue
3 breathing and resuscitation; information on opioid antidote dosage
4 and instructions on opioid antidote administration; information
5 describing the importance of calling 911 emergency telephone
6 service for assistance with an opioid overdose; and instructions for
7 appropriate care of an overdose victim after administration of the
8 opioid antidote.

9 (2) A professional **【or】**, professional entity, emergency medical
10 responder, or emergency medical response entity that dispenses an
11 opioid antidote pursuant to a standing order, in accordance with
12 subsection b. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall
13 ensure that each patient who is dispensed an opioid antidote also
14 receives a copy of the overdose prevention information that has
15 been provided to the professional **【or】**, professional entity,
16 emergency medical responder, or emergency medical response
17 entity pursuant to paragraph (1) of this subsection.

18 b. (1) In order to fulfill the information distribution
19 requirements of subsection a. of this section, overdose prevention
20 information may be provided by the prescribing or dispensing
21 health care practitioner, by the dispensing professional **【or】**,
22 professional entity, emergency medical responder, or emergency
23 medical response entity, or by a community-based organization, or
24 other organization that addresses medical or social issues related to
25 drug addiction, and with which the health care practitioner,
26 professional, **【or】** professional entity, emergency medical
27 responder, or emergency medical response entity, as appropriate,
28 maintains a written agreement. Any such written agreement shall
29 incorporate, at a minimum: procedures for the timely dissemination
30 of overdose prevention information; information as to how
31 employees or volunteers providing the information will be trained;
32 and standards for recordkeeping under paragraph (2) of this
33 subsection.

34 (2) The dissemination of overdose prevention information in
35 accordance with this section, and the contact information for the
36 persons receiving such information, to the extent known, shall be
37 documented by the prescribing or dispensing health care
38 practitioner, professional, **【or】** professional entity, emergency
39 medical responder, or emergency medical response entity, as
40 appropriate, in: (a) the patient's medical record, if applicable; or (b)
41 another appropriate record or log, if the patient's medical record is
42 unavailable or inaccessible, or if the antidote recipient is a
43 professional or professional entity acting in their professional
44 capacity; or (c) any other similar recordkeeping location, as
45 specified in a written agreement that has been executed pursuant to
46 paragraph (1) of this subsection.

47 c. In order to facilitate the dissemination of overdose
48 prevention information in accordance with this section, the

1 Commissioner of Human Services, in consultation with Statewide
2 organizations representing physicians, advanced practice nurses, or
3 physician assistants, and organizations operating community-based
4 programs, sterile syringe access programs, or other programs which
5 address medical or social issues related to drug addiction, may
6 develop training materials in video, electronic, or other appropriate
7 formats, and disseminate these materials to health care
8 practitioners; professionals **[and]** , professional entities, emergency
9 medical responders, and emergency medical response entities that
10 are authorized by standing order to dispense opioid antidotes; and
11 organizations that are authorized to disseminate overdose
12 prevention information under a written agreement executed
13 pursuant to paragraph (1) of subsection b. of this section.
14 (cf: P.L.2015, c.10, s.3)

15

16 3. This act shall take effect immediately.

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STATEMENT

20

21 This bill permits emergency medical responders to dispense
22 opioid antidotes.

23 Current law allows a prescriber or other health care practitioner
24 to prescribe or dispense an opioid antidote through a standing order
25 to any professional who is deemed by the health care practitioner to
26 employ professionals who are capable of dispensing opioid
27 antidotes to recipients, for administration thereby, as part of the
28 entity's regular course of business or volunteer activities.
29 Emergency medical responders are permitted to administer opioid
30 antidotes to overdose victims in the course of their professional
31 duties, but are not otherwise authorized to dispense opioid antidotes
32 to people who may be in a position to render assistance to an
33 overdose victim.

34 The bill grants emergency medical responders and emergency
35 medical response entities the authority to dispense opioid antidotes
36 under the same requirements that apply to professionals and
37 professional entities, including the requirement to furnish the
38 individual with overdose prevention information.

39 Current law provides that a professional or professional entity
40 dispensing opioid antidotes, in good faith, for future administration
41 by the recipient, will be immune from civil and criminal liability
42 and adverse disciplinary action in connection with dispensing the
43 opioid antidote. The bill will extend these immunity provisions to
44 include emergency medical responders and emergency medical
45 response entities dispensing opioid antidotes, in good faith, under
46 the bill.