

# ASSEMBLY, No. 5703

## STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MAY 12, 2021

**Sponsored by:**

**Assemblyman JOHN ARMATO**

**District 2 (Atlantic)**

**Assemblyman ANTHONY S. VERRELLI**

**District 15 (Hunterdon and Mercer)**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington)**

**Co-Sponsored by:**

**Assemblyman Benson and Assemblywoman Vainieri Huttie**

**SYNOPSIS**

Requires certain health insurers, Medicaid, NJ FamilyCare, SHBP, and SEHBP to cover naloxone without imposing prior authorization requirements.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 5/17/2021)**

1 AN ACT concerning health benefits coverage of naloxone and  
2 supplementing various parts of the statutory law.

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

6  
7 1. a. A carrier shall ensure that every contract to provide  
8 prescription drug benefits, or to authorize the purchase of a contract  
9 to provide prescription drug benefits, shall provide coverage for  
10 naloxone to covered persons without the imposition of any prior  
11 authorization or other utilization management requirements,  
12 provided that the drug is:

13 (1) prescribed or administered to the covered person by a  
14 licensed medical practitioner who is authorized to prescribe or  
15 administer that treatment pursuant to State and federal law; or

16 (2) dispensed to the covered person by a licensed pharmacist  
17 under a standing order to dispense an opioid antidote pursuant  
18 P.L.2017, c.88 (C.45:14-67.2).

19 b. The provisions of this section shall not be construed to limit  
20 the coverage of naloxone only when administered by a medical  
21 practitioner.

22 c. As used in this section:

23 "Carrier" means an insurance company, health service  
24 corporation, hospital service corporation, medical service  
25 corporation, or health maintenance organization authorized to issue  
26 health benefits plans in this State.

27 "Naloxone" means a drug or device containing naloxone  
28 hydrochloride that is approved by the United States Food and Drug  
29 Administration for the treatment of an opioid overdose, either in the  
30 intramuscular or intranasal form and including a nasal atomizer if  
31 required to administer the drug.

32  
33 2. a. The Division of Medical Assistance and Health Services  
34 in the Department of Human Services shall provide coverage for  
35 naloxone under the Medicaid program and the NJ FamilyCare  
36 program without the imposition of any prior authorization or other  
37 utilization management requirements, provided that the drug is:

38 (1) prescribed or administered to an enrollee by a licensed  
39 medical practitioner who is authorized to prescribe or administer  
40 that treatment pursuant to State and federal law; or

41 (2) dispensed to an enrollee by a licensed pharmacist under a  
42 standing order to dispense an opioid antidote pursuant P.L.2017,  
43 c.88 (C.45:14-67.2).

44 b. The provisions of this section shall not be construed to limit  
45 the coverage of naloxone only when administered by a medical  
46 practitioner.

47 c. The division shall require each managed care organization  
48 contracted with the division to provide pharmacy benefits to

1 Medicaid and NJ FamilyCare enrollees to comply with the  
2 provisions of this section.

3 d. The Commissioner of Human Services shall apply for such  
4 State plan amendments or waivers as may be necessary to  
5 implement the provisions of this section and to secure federal  
6 financial participation for State Medicaid expenditures under the  
7 federal Medicaid program.

8 e. As used in this section:

9 “Medicaid program” means the program established pursuant to  
10 P.L.1968, c.413 (C.30:4D-1 et seq.).

11 “Naloxone” means a drug or device containing naloxone  
12 hydrochloride that is approved by the United States Food and Drug  
13 Administration for the treatment of an opioid overdose, either in the  
14 intramuscular or intranasal form and including a nasal atomizer if  
15 required to administer the drug.

16 “NJ FamilyCare program” means the program established  
17 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

18

19 3. a. Notwithstanding any law or regulation to the contrary, the  
20 State Health Benefits Commission and the School Employees’  
21 Health Benefits Commission shall ensure that every contract under  
22 the State Health Benefits Program shall provide coverage for  
23 naloxone to eligible members of the State Health Benefits Program  
24 and the School Employees’ Health Benefits Program. The coverage  
25 shall be provided without the imposition of any prior authorization  
26 or other utilization management requirements, provided that the  
27 treatment is:

28 (1) prescribed or administered to the eligible member by a  
29 licensed medical practitioner who is authorized to prescribe or  
30 administer that treatment pursuant to State and federal law; or

31 (2) dispensed to the eligible member by a licensed pharmacist  
32 under a standing order to dispense an opioid antidote pursuant  
33 P.L.2017, c.88 (C.45:14-67.2).

34 b. The provisions of this section shall not be construed to limit  
35 the coverage of naloxone only when administered by a medical  
36 practitioner.

37 c. Each commission shall develop and issue guidelines to  
38 ensure the safety and efficacy of benefits provided pursuant to this  
39 section.

40 d. As used in this section:

41 “Naloxone” means a drug or device containing naloxone  
42 hydrochloride that is approved by the United States Food and Drug  
43 Administration for the treatment of an opioid overdose, either in the  
44 intramuscular or intranasal form and including a nasal atomizer if  
45 required to administer the drug.

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47 4. This act shall take effect immediately and apply to every  
48 contract issued, renewed, or issued for renewal on or after that date,

1 notwithstanding any federal approval required under the Medicaid  
2 and NJ FamilyCare programs pursuant to section 2 of this act.

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4  
5 STATEMENT

6  
7 This bill would require certain health benefits carriers and State  
8 programs to provide coverage for naloxone without imposing prior  
9 authorization requirements. The goal of this bill is to broaden and  
10 expedite the availability of naloxone throughout the State, and to  
11 save lives in doing so.

12 Generally, naloxone is an inexpensive drug that reverses the  
13 effects of respiratory depression following heavy opioid use,  
14 resulting in a significantly decreased likelihood of death following  
15 an overdose. Under the bill, “naloxone” means a drug or device  
16 containing naloxone hydrochloride that is approved by the United  
17 States Food and Drug Administration for the treatment of an opioid  
18 overdose, either in the intramuscular or intranasal form and  
19 including a nasal atomizer if required to administer the drug.

20 Specifically, this bill requires an insurance company, health  
21 service corporation, hospital service corporation, medical service  
22 corporation, or health maintenance organization authorized to issue  
23 health benefits plans in this State, as well as the Medicaid program,  
24 the NJ FamilyCare Program, the State Health Benefits Program, and  
25 the School Employees’ Health Benefits Program to provide  
26 coverage for naloxone without imposing prior authorization  
27 requirements or other utilization management requirements,  
28 provided that the treatment is:

29 (1) prescribed or administered to the eligible member by a  
30 licensed medical practitioner who is authorized to prescribe or  
31 administer that treatment pursuant to State and federal law; or

32 (2) dispensed to the eligible member by a licensed pharmacist  
33 under a standing order to dispense an opioid antidote pursuant to  
34 P.L.2017, c.88 (C.45:14-67.2), which allows pharmacists to  
35 dispense opioid antidotes to any person without an individual  
36 prescription

37 The bill explicitly states that its provisions are not be construed  
38 to limit the coverage of naloxone only when administered by a  
39 medical practitioner.

40 Administration of naloxone in a medical setting is standard  
41 practice for hospital medical staff and first responders caring for a  
42 patient who has overdosed on opioids. Currently, Medicaid covers  
43 naloxone, when administered in these settings, without prior  
44 authorization. This bill codifies that policy in the statutes.

45 Naloxone can also be prescribed directly to individuals.  
46 Currently, the New Jersey Board of Medical Examiners (BME) has  
47 issued a certificate of waiver allowing physicians and other  
48 prescribers to write a prescription for naloxone in the name of the

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1 person receiving the prescription, rather than the end user who will  
2 be administered the agent. As such, this bill allows individuals  
3 covered under the bill's provisions, who are at risk of an opioid  
4 overdose or who may be in a position to assist others who are, to be  
5 covered for naloxone without prior authorization.