

SENATE, No. 76

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Senator CHRISTOPHER "KIP" BATEMAN

District 16 (Hunterdon, Mercer, Middlesex and Somerset)

Co-Sponsored by:

Senator Diegnan

SYNOPSIS

Authorizes school nurses to administer opioid antidotes to overdose victims on school property, with immunity from civil, criminal, and professional liability, pursuant to “Overdose Prevention Act.”

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning the administration of opioid antidotes by school
2 nurses, and amending P.L.2013, c.46.

3

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

6

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

9 3. As used in this act:

10 "Commissioner" means the Commissioner of Human Services.

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

17 "Emergency medical response entity" means an organization,
18 company, governmental entity, community-based program, or
19 healthcare system that provides pre-hospital emergency medical
20 services and assistance to opioid or heroin addicts or abusers in the
21 event of an overdose.

22 "Emergency medical responder" means a person, other than a
23 health care practitioner, who is employed on a paid or volunteer
24 basis in the area of emergency response, including, but not limited
25 to, an emergency medical technician acting in that person's
26 professional capacity.

27 "Health care practitioner" means a prescriber, pharmacist, or
28 other individual whose professional practice is regulated pursuant to
29 Title 45 of the Revised Statutes, and who, in accordance with the
30 practitioner's scope of professional practice, prescribes or dispenses
31 an opioid antidote.

32 "Medical assistance" means professional medical services that
33 are provided to a person experiencing a drug overdose by a health
34 care practitioner, acting within the practitioner's scope of
35 professional practice, including professional medical services that
36 are mobilized through telephone contact with the 911 telephone
37 emergency service.

38 "Opioid" means heroin, or a Schedule II narcotic drug, including,
39 but not limited to, hydrocodone, oxycodone, or fentanyl, which
40 binds to the body's opioid receptor sites to produce opiate-like
41 effects.

42 "Opioid antidote" means naloxone hydrochloride, or any other
43 similarly acting drug approved by the United States Food and Drug
44 Administration for the treatment of an opioid overdose.

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 “Opioid overdose” means a drug overdose that results from the
2 use of opioids.

3 “Overdose victim” means a person who is experiencing an opioid
4 overdose.

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

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

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

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

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

43 “School nurse” means a licensed nurse who provides health care
44 services to students in a public or private school, either on a paid or
45 volunteer basis.

46 (cf: P.L.2015, c.10, s.1)

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

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

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

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

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

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

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

33 (f) through a standing order, to any school nurse, or any public
34 or private school that employs a school nurse, who is deemed by the
35 health care practitioner to be capable of administering opioid
36 antidotes to overdose victims as part of the nurse's regular course of
37 school-related business or volunteer activities.

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

46 (b) For the purposes of this subsection, whenever the law
47 expressly requires a **【certain type of】** school, school nurse,
48 emergency medical responder, or emergency medical response

1 entity to obtain a standing order for opioid antidotes pursuant to this
2 section, such school nurse or emergency medical responder, or the
3 school nurses or emergency medical responders who are employed
4 or engaged by such school or emergency medical response entity, as
5 the case may be, shall be presumed by the prescribing or dispensing
6 health care practitioner to be capable of administering the opioid
7 antidote, consistent with the express statutory requirement.

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

24 (b) Notwithstanding the provisions of this paragraph to the
25 contrary, if the law expressly authorizes or requires a certain type of
26 professional, professional entity, emergency medical responder, or
27 emergency medical response entity to administer or dispense opioid
28 antidotes pursuant to a standing order issued hereunder, the
29 standing order issued pursuant to this section shall be deemed to
30 grant the authority specified by the law, even if such authority is not
31 expressly indicated on the face of the standing order.

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

40 b. (1) Any professional or professional entity that has obtained
41 a standing order, pursuant to subsection a. of this section, for the
42 dispensing of opioid antidotes, may dispense an opioid antidote to
43 any recipient who is deemed by the professional or professional
44 entity to be capable of administering the opioid antidote to an
45 overdose victim in an emergency.

46 (2) Any professional or professional entity that dispenses an
47 opioid antidote in accordance with paragraph (1) of this subsection,
48 in good faith, and pursuant to a standing order issued under

1 subsection a. of this section, shall not, as a result of any acts or
2 omissions, be subject to any criminal or civil liability or any
3 professional disciplinary action for dispensing an opioid antidote in
4 accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

5 c. (1) Any emergency medical responder or emergency medical
6 response entity that has obtained a standing order, pursuant to
7 subsection a. of this section, for the administration of opioid
8 antidotes, may administer an opioid antidote to an overdose
9 **【victims】** victim in an emergency situation.

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

18 d. (1) Any other person or entity who is not covered by
19 subsection c. of this section, but who is the recipient of an opioid
20 antidote **【, which】** that has been prescribed or dispensed for
21 administration purposes pursuant to subsection a. or b. of this
22 section, and who has received overdose prevention information
23 pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5), may administer
24 the opioid antidote to another person in an emergency, without fee,
25 if the antidote recipient believes, in good faith, that the other person
26 is experiencing an opioid overdose ; however, a school nurse shall
27 only be authorized to administer an opioid antidote, pursuant to this
28 paragraph, to an overdose victim who is either on school property
29 or engaged in a school-sponsored activity.

30 (2) Any person or entity who administers an opioid antidote
31 pursuant to paragraph (1) of this subsection shall not, as a result of
32 **【the person's】** any acts or omissions, be subject to any criminal or
33 civil liability , or any professional disciplinary action, for
34 administering the opioid antidote in accordance with P.L.2013, c.46
35 (C.24:6J-1 et seq.).

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

43 (cf: P.L.2015, c.10, s.2)

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

47 5. a. (1) A prescriber or other health care practitioner who
48 prescribes or dispenses an opioid antidote in accordance with

1 subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall
2 ensure that overdose prevention information is provided to the
3 antidote recipient. The requisite overdose prevention information
4 shall include, but is not limited to: information on opioid overdose
5 prevention and recognition; instructions on how to perform rescue
6 breathing and resuscitation; information on opioid antidote dosage
7 and instructions on opioid antidote administration; information
8 describing the importance of calling 911 emergency telephone
9 service for assistance with an opioid overdose; and instructions for
10 appropriate care of an overdose victim after administration of the
11 opioid antidote.

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

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

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

44 c. In order to facilitate the dissemination of overdose
45 prevention information in accordance with this section, the
46 Commissioner of Human Services, in consultation with Statewide
47 organizations representing physicians, advanced practice nurses, or
48 physician assistants, and organizations operating community-based

1 programs, sterile syringe access programs, or other programs which
2 address medical or social issues related to drug addiction, may
3 develop training materials in video, electronic, or other appropriate
4 formats, and disseminate these materials to health care
5 practitioners; professionals and professional entities that are
6 authorized by standing order to dispense opioid antidotes; and
7 organizations that are authorized to disseminate overdose
8 prevention information under a written agreement executed
9 pursuant to paragraph (1) of subsection b. of this section.
10 (cf: P.L.2015, c.10, s.3)

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12 4. This act shall take effect immediately.

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STATEMENT

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17 This bill would amend the State's "Overdose Prevention Act"
18 (OPA), P.L.2013, c.46 (C.24:6J-1 et seq.), in order to authorize
19 school nurses to administer opioid antidotes, with immunity, to
20 overdose victims who are located on school property, or are
21 engaged in school-sponsored activities.

22 The bill would authorize a health care practitioner to prescribe or
23 dispense opioid antidotes, through a standing order, to a school
24 nurse, or to a school that employs a school nurse, who is deemed by
25 the health care practitioner to be capable of administering the
26 antidotes to overdose victims in an emergency. A school nurse
27 acting pursuant to a standing order would be authorized, in an
28 emergency situation, to administer an opioid antidote, without fee,
29 to any person on school property, or to any person engaged in a
30 school-sponsored activity, if the nurse believes, in good faith, that
31 the person is experiencing an opioid overdose.

32 Consistent with the OPA's existing immunity provisions, the bill
33 would provide schools and school nurses with immunity from civil
34 and criminal liability, and immunity from professional disciplinary
35 action, in association with any act or omission, which is related to
36 the administration of an opioid antidote, and which is undertaken, in
37 good faith, in accordance with the provisions of the bill and the
38 OPA.

39 The bill would also make several technical amendments to the
40 OPA to correct improper citations and terminological references,
41 and improve clarity.