Sponsored by:
Senator CHRISTOPHER "KIP" BATEMAN
District 16 (Hunterdon, Mercer, Middlesex and Somerset)

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

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

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

3. As used in this act:
"Commissioner" means the Commissioner of Human Services.
"Drug overdose" means an acute condition including, but not limited to, physical illness, coma, mania, hysteria, or death resulting from the consumption or use of a controlled dangerous substance or another substance with which a controlled dangerous substance was combined and that a layperson would reasonably believe to require medical assistance.
"Emergency medical response entity" means an organization, company, governmental entity, community-based program, or healthcare system that provides pre-hospital emergency medical services and assistance to opioid or heroin addicts or abusers in the event of an overdose.
"Emergency medical responder" means a person, other than a health care practitioner, who is employed on a paid or volunteer basis in the area of emergency response, including, but not limited to, an emergency medical technician acting in that person's professional capacity.
"Health care practitioner" means a prescriber, pharmacist, or other individual whose professional practice is regulated pursuant to Title 45 of the Revised Statutes, and who, in accordance with the practitioner's scope of professional practice, prescribes or dispenses an opioid antidote.
"Medical assistance" means professional medical services that are provided to a person experiencing a drug overdose by a health care practitioner, acting within the practitioner's scope of professional practice, including professional medical services that are mobilized through telephone contact with the 911 telephone emergency service.
“Opioid” means heroin, or a Schedule II narcotic drug, including, but not limited to, hydrocodone, oxycodone, or fentanyl, which binds to the body's opioid receptor sites to produce opiate-like effects.
"Opioid antidote" means naloxone hydrochloride, or any other similarly acting drug approved by the United States Food and Drug 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.
“Opioid overdose” means a drug overdose that results from the use of opioids.

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

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

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

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

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

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

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

(cf: P.L.2015, c.10, s.1)
2. Section 4 of P.L.2013, c.46 (C.24:6J-4) is amended to read as follows:

4. a. (1) A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote:
   (a) directly or through a standing order, to any recipient who is deemed by the health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency;
   (b) through a standing order, to any professional or emergency medical responder who is not acting in a professional or volunteer capacity for a professional entity, or for an emergency medical response entity, but who is deemed by the health care practitioner to be capable of administering opioid antidotes to overdose victims, as part of the professional's regular course of business or volunteer activities;
   (c) through a standing order, to any professional who is not acting in a professional or volunteer capacity for a professional entity, but who is deemed by the health care practitioner to be capable of dispensing opioid antidotes to recipients, for administration thereby, as part of the professional's regular course of business or volunteer activities;
   (d) through a standing order, to any professional entity or any emergency medical response entity, which is deemed by the health care practitioner to employ professionals or emergency medical responders, as appropriate, who are capable of administering opioid antidotes to overdose victims as part of the entity's regular course of business or volunteer activities;
   (e) through a standing order, to any professional entity which is deemed by the health care practitioner to employ professionals who are capable of dispensing opioid antidotes to recipients, for administration thereby, as part of the entity's regular course of business or volunteer activities;
   (f) through a standing order, to any school nurse, or any public or private school that employs a school nurse, who is deemed by the health care practitioner to be capable of administering opioid antidotes to overdose victims as part of the nurse’s regular course of school-related business or volunteer activities.

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

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

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

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

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

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

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

c. (1) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.

(2) Any emergency medical responder or emergency medical response entity that has obtained a standing order, pursuant to subsection a. of this section, for the administration of opioid antidotes, may administer an opioid antidote to a victim in an emergency situation.
subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall ensure that overdose prevention information is provided to the antidote recipient. The requisite overdose prevention information shall include, but is not limited to: information on opioid overdose prevention and recognition; instructions on how to perform rescue breathing and resuscitation; information on opioid antidote dosage and instructions on opioid antidote administration; information describing the importance of calling 911 emergency telephone service for assistance with an opioid overdose; and instructions for appropriate care of an overdose victim after administration of the opioid antidote.

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

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

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

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

4. This act shall take effect immediately.

STATEMENT

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

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

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

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