

SENATE, No. 2170

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED MARCH 16, 2020

Sponsored by:

Senator PATRICK J. DIEGNAN, JR.

District 18 (Middlesex)

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

As introduced.



S2170 DIEGNAN

2

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,
45 and public awareness of alcohol use disorders and drug use

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.

S2170 DIEGNAN

1 disorders, in accordance with the regular budget cycle;

2 (3) review each County Annual Alliance Plan and, in
3 consultation with the Division of Mental Health and Addiction
4 Services in the Department of Human Services and the Governor's
5 Council on Alcoholism and Drug Abuse, by October 1 of each year,
6 return the plan to the Local Advisory Committee on Alcohol and
7 Drug Use Disorders with the office's proposed recommendations
8 for awarding Alliance grants;

9 (4) distribute grants, upon the recommendation of the executive
10 director of the office, by August 1 of each year to counties and
11 municipalities for alcohol use disorders and drug use disorders
12 programs;

13 (5) evaluate the existing funding mechanisms for alcohol use
14 disorders and drug use disorders services and recommend to the
15 Governor and the Legislature any changes which may improve the
16 coordination of services to citizens in this State;

17 (6) encourage the development or expansion of employee
18 assistance programs for employees in both government and the
19 private sector;

20 (7) collect from any State, county, local governmental entity, or
21 any other appropriate source data, reports, statistics, or other
22 materials that are necessary to carry out the functions of the office;
23 and

24 (8) pursuant to the "Administrative Procedure Act," P.L.1968,
25 c.410 (C.52:14B-1 et seq.), adopt rules and regulations necessary to
26 carry out the purposes of P.L. , c. (C.) (pending before the
27 Legislature as this bill).

28 c. The Office of Alcohol and Drug Use Disorders Policy is
29 authorized to call upon any department, office, division, agency, or
30 independent authority of State government to provide such
31 information, resources, or other assistance as the executive director
32 of the office deems necessary to discharge the duties and functions
33 of the office and to fulfill the responsibilities of the office under
34 P.L. , c. (C.) (pending before the Legislature as this bill).
35 Each department, office, division, agency, or independent authority
36 of this State shall cooperate with the Office of Alcohol and Drug
37 Use Disorders Policy and furnish the office with the assistance
38 necessary to accomplish the purposes of P.L. , c. (C.)
39 (pending before the Legislature as this bill).

40 d. The Office of Alcohol and Drug Use Disorders Policy shall
41 convene a meeting, on at least an annual basis and at such
42 additional intervals as the executive director of the office deems
43 necessary, to be attended by the Attorney General, the
44 Commissioner of Health, the Commissioner of Human Services, the
45 Commissioner of Education, the Commissioner of Corrections, the
46 Commissioner of Children and Families, the Commissioner of
47 Community Affairs, the Commissioner of Banking and Insurance,
48 the Assistant Commissioner for the Division of Mental Health and

S2170 DIEGNAN

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

11

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

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

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

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

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

31

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

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

46 (1) wait times for patients, from the time the patient first
47 requests treatment to the time the patient initiates treatment, and the
48 reasons for any delays between an initial request for treatment and

1 the initiation of treatment;

2 (2) the levels and duration of treatment provided to patients,
3 including the time patients spend in each level, phase, or program
4 included in a course of treatment;

5 (3) the number of patients referred to other treatment providers
6 and the reasons for those referrals, including whether referrals were
7 made based on available capacity, the level of treatment available
8 from a given provider, or other reasons;

9 (4) the number of patients who complete their course of
10 treatment;

11 (5) the number of patients who do not complete their course of
12 treatment, and the reason why each patient did not complete
13 treatment, if known;

14 (6) relapse and long-term recovery rates for patients after
15 leaving treatment, which may incorporate voluntary patient
16 reporting; and

17 (7) any other data or metrics the office deems necessary and
18 appropriate.

19 c. (1) The office shall require treatment providers to regularly
20 update the centralized database with current information concerning
21 the provider's available treatment services and resources. The
22 information reported by treatment providers shall include the
23 provider's current number of open treatment spots, the level of
24 treatment available in each spot, the number of patients currently
25 awaiting treatment through the provider, and the number of
26 treatment spots that the provider reasonably anticipates will become
27 available within the next 24 hours, including the anticipated level of
28 treatment available in each spot. Each provider shall update this
29 information at least once every 12 hours, and at more frequent
30 intervals if the office determines that more frequent or real-time
31 reporting is feasible and appropriate.

32 (2) The office shall provide access to the information included
33 in the centralized database pursuant to paragraph (1) of this
34 subsection to all treatment providers and to any agencies, offices, or
35 other entities that serve as a contact point for patients seeking
36 treatment for an alcohol use disorder or a drug use disorder, for the
37 purpose of referring patients to available and appropriate treatment.

38 d. The office shall collaborate with the Office of the Attorney
39 General and the Department of Health to include in the centralized
40 database data concerning the number, location, and types of
41 interventions performed throughout the State to treat drug
42 overdoses, and in particular overdoses involving opioid drugs, in
43 order to identify patterns in overdose incidents, coordinate outreach
44 efforts in the affected communities, and determine and direct the
45 Statewide allocation of funding and resources for the treatment of
46 drug use disorders.

47 e. The office shall utilize the data reported to the centralized
48 database to determine appropriate allocations of funding and

S2170 DIEGNAN

6

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

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

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

42 h. For the purposes of establishing and maintaining a
43 centralized database pursuant to this section, the office may utilize,
44 modify, or adapt any existing systems that provide functions related
45 to, or that would supplement, the functions and purpose of the
46 centralized database, including, but not limited to, the database
47 established pursuant to P.L.2015, c.293 (C.26:2G-25.1 et seq.), the
48 data dashboard report developed pursuant to P.L.2017,

S2170 DIEGNAN

7

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

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

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

27
28 4. (New section) a. The Office of Alcohol and Drug Use
29 Disorders Policy shall develop standards, policies, and procedures
30 to support the various departments, divisions, agencies, offices, and
31 other entities that enter into contracts with treatment providers in
32 order to ensure compliance with the terms of the contract and any
33 applicable State or federal laws, regulations, and requirements,
34 including, but not limited to:

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

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

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

44 b. The office may designate a compliance officer, who shall be
45 authorized to retain appropriate staff to provide support services to
46 the various departments, divisions, agencies, offices, and other
47 entities for the purposes of this section.

S2170 DIEGNAN

8

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

9
10 6. N.J.S.2C:35-15 is amended to read as follows:

11 2C:35-15. a. (1) In addition to any disposition authorized by
12 this title, every person convicted of a violation of any offense
13 defined in this chapter or chapter 36 of this title shall be assessed
14 for each offense a penalty fixed at:

15 (a) \$3,000 in the case of a crime of the first degree;

16 (b) \$2,000 in the case of a crime of the second degree;

17 (c) \$1,000 in the case of a crime of the third degree;

18 (d) \$750 in the case of a crime of the fourth degree;

19 (e) \$500 in the case of a disorderly persons or petty disorderly
20 persons offense.

21 (2) A person being sentenced for more than one offense set forth
22 in subsection a. of this section who is not placed in supervisory
23 treatment pursuant to this section or ordered to perform reformatory
24 service pursuant to subsection f. of this section may, in the
25 discretion of the court, be assessed a single penalty applicable to the
26 highest degree offense for which the person is convicted, if the
27 court finds that the defendant has established the following:

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

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

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

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

46 b. All penalties provided for in this section shall be collected as
47 provided for collection of fines and restitutions in section 3 of
48 P.L.1979, c.396 (C.2C:46-4), and shall be forwarded to the

1 Department of the Treasury as provided in subsection c. of this
2 section.

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

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

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

27 e. The court may suspend the collection of a penalty imposed
28 pursuant to this section; provided the person is ordered by the court
29 to participate in a drug or alcohol rehabilitation program approved
30 by the court; and further provided that the person agrees to pay for
31 all or some portion of the costs associated with the rehabilitation
32 program. In this case, the collection of a penalty imposed pursuant
33 to this section shall be suspended during the person's participation
34 in the approved, court-ordered rehabilitation program. Upon
35 successful completion of the program, as determined by the court
36 upon the recommendation of the treatment provider, the person may
37 apply to the court to reduce the penalty imposed pursuant to this
38 section by any amount actually paid by the person for participating
39 in the program. The court shall not reduce the penalty pursuant to
40 this subsection unless the person establishes to the satisfaction of
41 the court that the person has successfully completed the
42 rehabilitation program. If the person's participation is for any
43 reason terminated before successful completion of the rehabilitation
44 program, collection of the entire penalty imposed pursuant to this
45 section shall be enforced. Nothing in this section shall be deemed
46 to affect or suspend any other criminal sanctions imposed pursuant
47 to this chapter or chapter 36 of this title.

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

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

41 Any reformatory service ordered pursuant to this section shall be
42 in addition to and not in lieu of any community service imposed by
43 the court or otherwise required by law. Nothing in this section shall
44 limit the court's authority to order a person to participate in any
45 activity, program, or treatment in addition to those proposed in a
46 reformatory service plan.

47 (cf: P.L.2019, c.363, s.4)

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

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

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

38 If the State in any year fails to deposit the amount of tax receipts
39 as is required under section 3 of P.L.1983, c.531 (C.26:2B-32), a
40 county may reduce or eliminate, or both, the operation of existing
41 programs currently being funded from the proceeds deposited in the
42 Alcohol Education, Rehabilitation and Enforcement Fund.

43 c. Programs established with the funding for education from
44 the fund shall include all courses in the public schools required
45 pursuant to P.L.1987, c.389 (C.18A:40A-1 et seq.), programs for
46 students included in the annual comprehensive plan for each county,
47 and in-service training programs for teachers and administrative

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

27 d. The governing body of each county, in conjunction with the
28 county agency, or individual, designated by the county with
29 responsibility for services and programs for the care or
30 rehabilitation of persons with alcohol use **【disorder】 disorders** and
31 persons with **【substance】 drug** use **【disorder】 disorders**, shall
32 establish a Local Advisory Committee on Alcohol Use **【Disorder】**
33 **Disorders** and **【Substance】 Drug Use 【Disorder】 Disorders** to assist
34 the governing body in development of the annual comprehensive
35 plan. The advisory committee shall consist of no less than 10 nor
36 more than 16 members and shall be appointed by the governing
37 body. At least two of the members shall be persons recovering
38 from alcohol use **【disorder】 disorders** and at least two of the
39 members shall be persons recovering from **【substance】 drug** use
40 **【disorder】 disorders**. The committee shall include the county
41 prosecutor or his designee, a wide range of public and private
42 organizations involved in the treatment of alcohol use disorders and
43 **【substance】 drug** use **【disorder】 disorders**-related problems and
44 other individuals with interest or experience in issues concerning
45 alcohol **【substance】 use 【disorder】 disorders** and **【substance】 drug**
46 use **【disorder】 disorders**. Each committee shall, to the maximum

1 extent feasible, represent the various socioeconomic, racial, and
2 ethnic groups of the county in which it serves.

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

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

27

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

30 2. a. The Commissioner of Health shall establish an "Alcohol
31 and Drug Abuse Program for the Deaf, Hard of Hearing and
32 Disabled".

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

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

41

42 9. Section 4 of P.L.1989, c.51 (C.26:2BB-4) is amended to read
43 as follows:

44 The Governor's Council on Alcoholism and Drug Abuse is
45 authorized and empowered to:

46 a. Review and **【coordinate all State departments'】 provide**
47 recommendations concerning the efforts of the various State
48 departments in regard to the planning and provision of treatment,

1 prevention, research, evaluation, and education services for, and
2 public awareness of, **alcoholism and drug abuse** alcohol use
3 disorders and drug use disorders;

4 b. **Prepare by July 1 of each year,** Assist the Office of
5 Alcohol and Drug Use Disorders Policy to prepare the State
6 government component of the Comprehensive Statewide
7 **Alcoholism and Drug Abuse** Alcohol Use Disorders and Drug
8 Use Disorders Master Plan for the treatment, prevention, research,
9 evaluation, education, and public awareness of **alcoholism and**
10 **drug abuse** alcohol use disorders and drug use disorders in this
11 State, which plan shall include an emphasis on prevention,
12 community awareness, and family and youth services;

13 c. **Review** Support the Office of Alcohol and Drug Use
14 Disorders Policy in its review of each County Annual Alliance Plan
15 and **the** in making its recommendations **of the Division of**
16 **Alcoholism and Drug Abuse in the Department of Health** for
17 awarding **the** Alliance grants **and, by October 1 of each year,**
18 return the plan to the Local Advisory Committee on Alcoholism and
19 Drug Abuse with the council's proposed recommendations for
20 awarding Alliance grants;

21 d. Submit, on an annual basis, recommendations to the
22 Governor and the Legislature **by December 1 of each year the**
23 **Comprehensive Statewide Alcoholism and Drug Abuse Master Plan**
24 **which shall include recommended** concerning appropriate
25 allocations to State departments, local governments, and local
26 agencies and service providers of **all** State and federal funds for
27 the treatment, prevention, research, evaluation, education, and
28 public awareness of **alcoholism and drug abuse in accordance with**
29 **the regular budget cycle** alcohol use disorders and drug use
30 disorders, and shall incorporate and unify all along with
31 recommendations for the incorporation and unification of State,
32 county, local, and private alcohol use disorders and drug **abuse**
33 use disorders initiatives;

34 e. **Distribute** Provide recommendations to the Office of
35 Alcohol and Drug Use Disorders Policy concerning the distribution
36 of grants **,** upon the recommendation of the executive director of
37 the council, by August 1 of each year **to counties and**
38 municipalities for **alcohol and drug abuse** alcohol use disorders
39 and drug use disorders programs established under the Alliance to
40 Prevent **Alcoholism and Drug Abuse** Alcohol and Drug Use
41 Disorders;

42 f. Evaluate the existing funding mechanisms for **alcoholism**
43 **and drug abuse** alcohol use disorders and drug use disorders
44 services and recommend to the Governor and the Legislature any
45 changes which may improve the coordination of services to citizens
46 in this State;

1 g. Encourage the development or expansion of employee
2 assistance programs for employees in both government and the
3 private sector;

4 h. Evaluate the need for, and feasibility of, including other
5 addictions, such as smoking and gambling, within the scope and
6 responsibility of the council;

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

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

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

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

22

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

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

41 b. The **【Governor's Council on Alcoholism and Drug Abuse】**
42 Office of Alcohol and Drug Use Disorders Policy shall adopt rules
43 and regulations for participation in, and the operation of, the
44 Alliance and for the awarding of grants to municipalities and
45 counties from funds appropriated for such purposes pursuant to
46 P.L.1989, c.51 (C.26:2BB-1 et al.), section 5 of P.L.1993,
47 c.216 (C.54:43-1.3), and funds derived from the "Drug Enforcement

1 and Demand Reduction Fund" established pursuant to N.J.S.2C:35-
2 15, for the purpose of developing:

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

7 (2) In cooperation with local school districts, comprehensive
8 and effective **【alcoholism and drug abuse】** alcohol use disorders
9 and drug use disorders education programs in grades kindergarten
10 through 12;

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

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

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

19 c. Funds disbursed under this section shall not supplant local
20 funds that would have otherwise been made available for
21 **【alcoholism and drug abuse】** alcohol use disorders and drug use
22 disorders initiatives. Communities shall provide matching funds
23 when and to the extent required by the regulations adopted pursuant
24 to this section.

25 d. The county agency or individual designated by the
26 governing body of each county pursuant to subsection a. of section
27 4 of P.L.1983, c.531 (C.26:2B-33), is authorized to receive from the
28 **【Governor's Council on Alcoholism and Drug Abuse】** Office of
29 Alcohol and Drug Use Disorders Policy moneys made available
30 pursuant to this section. The designated county agency or
31 individual shall establish a separate fund for the receipt and
32 disbursement of these moneys.

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

34

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

37 8. a. Each Local Advisory Committee on **【Alcoholism and**
38 **Drug Abuse】** Alcohol and Drug Use Disorders, established pursuant
39 to section 4 of P.L.1983, c.531 (C.26:2B-33), shall establish a
40 County Alliance Steering Subcommittee in conjunction with
41 regulations adopted by the **【Governor's Council on Alcoholism and**
42 **Drug Abuse】** Office of Alcohol and Drug Use Disorders Policy.
43 The members of the subcommittee shall include, but not be limited
44 to, private citizens and representatives of the:

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

47 (2) County Human Services Advisory Council;

48 (3) County Superintendent of Schools;

- 1 (4) Existing county council on **【alcoholism】** alcohol use
2 disorders, if any;
- 3 (5) County Prosecutor's office;
- 4 (6) Family part of the Chancery Division of the Superior Court;
- 5 (7) Youth Services Commission;
- 6 (8) County School Board Association;
- 7 (9) County health agency;
- 8 (10) County mental health agency;
- 9 (11) Local businesses;
- 10 (12) County affiliate of the New Jersey Education Association;
- 11 and
- 12 (13) Other service providers.
- 13 b. The functions of the County Alliance Steering Subcommittee
14 shall include:
- 15 (1) Development and submission of a County Annual Alliance
16 Plan for the expenditure of funds derived from the "Drug
17 Enforcement and Demand Reduction Fund," N.J.S.2C:35-15;
- 18 (2) Development of programs and fiscal guidelines consistent
19 with directives of the **【Governor's Council on Alcoholism and Drug**
20 **Abuse】** Office of Alcohol and Drug Use Disorders Policy for the
21 awarding of funds to counties and municipalities for drug and
22 alcohol Alliance activities;
- 23 (3) Identification of a network of community leadership for the
24 expansion, replication, and development of successful community
25 model programs throughout the county; and
- 26 (4) Coordination of projects among and within municipalities to
27 assure cost effectiveness and avoid fragmentation and duplication.
- 28 c. The County Alliance Steering Subcommittee shall ensure
29 that the funds dedicated to education pursuant to section 2 of
30 P.L.1983, c.531 (C.54:32C-3.1) do not duplicate the Alliance effort.
- 31 d. The Local Advisory Committee on **【Alcoholism and Drug**
32 **Abuse】** Alcohol and Drug Use Disorders shall review and approve
33 the County Annual Alliance Plan and submit this plan by July 1 of
34 each year to the **【Division of Alcoholism and Drug Abuse in the**
35 **Department of Health and to the Governor's Council on Alcoholism**
36 **and Drug Abuse】** Office of Alcohol and Drug Use Disorders Policy.
- 37 e. After the County Annual Alliance Plan is returned by the
38 **【Governor's Council on Alcoholism and Drug Abuse】** Office of
39 Alcohol and Drug Use Disorders Policy to the Local Advisory
40 Committee on **【Alcoholism and Drug Abuse】** Alcohol and Drug
41 Use Disorders with the **【council's】** office's proposed
42 recommendations for awarding the Alliance grants, pursuant to
43 **【subsection c. of section 4 of this amendatory and supplementary**
44 **act】** paragraph (3) of subsection b. of section 1 of P.L. , c.
45 (C.) (pending before the Legislature as this bill), the
46 committee, in conjunction with the **【council】** office, may revise its

1 plan in accordance with the **【council's】** office's proposed
2 recommendations.

3 The revised plan shall be completed in such time that it can be
4 included in the **【council's】** office's annual recommendations to the
5 Governor and the Legislature **【that are due on December 1 of each**
6 **year】**.

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

8

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

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

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

26

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

28 39:4-50. (a) A person who operates a motor vehicle while under
29 the influence of intoxicating liquor, narcotic, hallucinogenic or
30 habit-producing drug, or operates a motor vehicle with a blood
31 alcohol concentration of 0.08% or more by weight of alcohol in the
32 defendant's blood or permits another person who is under the
33 influence of intoxicating liquor, narcotic, hallucinogenic or habit-
34 producing drug to operate a motor vehicle the person owns or which
35 is in the person's custody or control or permits another to operate a
36 motor vehicle with a blood alcohol concentration of 0.08% or more
37 by weight of alcohol in the defendant's blood shall be subject:

38 (1) For the first offense:

39 (i) if the person's blood alcohol concentration is 0.08% or
40 higher but less than 0.10%, or the person operates a motor vehicle
41 while under the influence of intoxicating liquor, or the person
42 permits another person who is under the influence of intoxicating
43 liquor to operate a motor vehicle owned by him or in his custody or
44 control or permits another person with a blood alcohol
45 concentration of 0.08% or higher but less than 0.10% to operate a
46 motor vehicle, to a fine of not less than \$250 nor more than \$400
47 and a period of detainment of not less than 12 hours nor more than
48 48 hours spent during two consecutive days of not less than six

1 hours each day and served as prescribed by the program
2 requirements of the Intoxicated Driver Resource Centers established
3 under subsection (f) of this section and, in the discretion of the
4 court, a term of imprisonment of not more than 30 days. In addition,
5 the court shall order the person to forfeit the right to operate a
6 motor vehicle over the highways of this State until the person
7 installs an ignition interlock device in one motor vehicle the person
8 owns, leases, or principally operates, whichever the person most
9 often operates, for the purpose of complying with the provisions of
10 P.L.1999, c.417 (C.39:4-50.16 et al.);

11 (ii) if the person's blood alcohol concentration is 0.10% or
12 higher, or the person operates a motor vehicle while under the
13 influence of a narcotic, hallucinogenic or habit-producing drug, or
14 the person permits another person who is under the influence of a
15 narcotic, hallucinogenic or habit-producing drug to operate a motor
16 vehicle owned by him or in his custody or control, or permits
17 another person with a blood alcohol concentration of 0.10% or more
18 to operate a motor vehicle, to a fine of not less than \$300 nor more
19 than \$500 and a period of detainment of not less than 12 hours nor
20 more than 48 hours spent during two consecutive days of not less
21 than six hours each day and served as prescribed by the program
22 requirements of the Intoxicated Driver Resource Centers established
23 under subsection (f) of this section and, in the discretion of the
24 court, a term of imprisonment of not more than 30 days;

25 in the case of a person who is convicted of operating a motor
26 vehicle while under the influence of a narcotic, hallucinogenic or
27 habit-producing drug or permitting another person who is under the
28 influence of a narcotic, hallucinogenic or habit-producing drug to
29 operate a motor vehicle owned by the person or under the person's
30 custody or control, the person shall forfeit the right to operate a
31 motor vehicle over the highways of this State for a period of not
32 less than seven months nor more than one year;

33 in the case of a person whose blood alcohol concentration is
34 0.10% or higher but less than 0.15%, the person shall forfeit the
35 right to operate a motor vehicle over the highways of this State until
36 the person installs an ignition interlock device in one motor vehicle
37 the person owns, leases, or principally operates, whichever the
38 person most often operates, for the purpose of complying with the
39 provisions of P.L.1999, c.417 (C.39:4-50.16 et al.);

40 in the case of a person whose blood alcohol concentration is
41 0.15% or higher, the person shall forfeit the right to operate a motor
42 vehicle over the highways of this State for a period of not less than
43 four months or more than six months following installation of an
44 ignition interlock device in one motor vehicle the person owns,
45 leases, or principally operates, whichever the person most often
46 operates, for the purpose of complying with the provisions of
47 P.L.1999, c.417 (C.39:4-50.16 et al.);

48 (iii) (Deleted by amendment, P.L.2019, c.248)

1 (2) For a second violation, a person shall be subject to a fine of
2 not less than \$500 nor more than \$1,000, and shall be ordered by
3 the court to perform community service for a period of 30 days,
4 which shall be of such form and on terms the court shall deem
5 appropriate under the circumstances, and shall be sentenced to
6 imprisonment for a term of not less than 48 consecutive hours,
7 which shall not be suspended or served on probation, or more than
8 90 days, and shall forfeit the right to operate a motor vehicle over
9 the highways of this State for a period of not less than one year or
10 more than two years upon conviction.

11 After the expiration of the license forfeiture period, the person
12 may make application to the Chief Administrator of the New Jersey
13 Motor Vehicle Commission for a license to operate a motor vehicle,
14 which application may be granted at the discretion of the chief
15 administrator, consistent with subsection (b) of this section. For a
16 second violation, a person also shall be required to install an
17 ignition interlock device under the provisions of P.L.1999, c.417
18 (C.39:4-50.16 et al.).

19 (3) For a third or subsequent violation, a person shall be subject
20 to a fine of \$1,000, and shall be sentenced to imprisonment for a
21 term of not less than 180 days in a county jail or workhouse, except
22 that the court may lower such term for each day, not exceeding 90
23 days, served participating in a drug or alcohol inpatient
24 rehabilitation program approved by the Intoxicated Driver Resource
25 Center and shall thereafter forfeit the right to operate a motor
26 vehicle over the highways of this State for eight years.

27 For a third or subsequent violation, a person also shall be
28 required to install an ignition interlock device under the provisions
29 of P.L.1999, c.417 (C.39:4-50.16 et al.).

30 As used in this section, the phrase "narcotic, hallucinogenic or
31 habit-producing drug" includes an inhalant or other substance
32 containing a chemical capable of releasing any toxic vapors or
33 fumes for the purpose of inducing a condition of intoxication, such
34 as any glue, cement or any other substance containing one or more
35 of the following chemical compounds: acetone and acetate, amyl
36 nitrite or amyl nitrate or their isomers, benzene, butyl alcohol, butyl
37 nitrite, butyl nitrate or their isomers, ethyl acetate, ethyl alcohol,
38 ethyl nitrite or ethyl nitrate, ethylene dichloride, isobutyl alcohol or
39 isopropyl alcohol, methyl alcohol, methyl ethyl ketone, nitrous
40 oxide, n-propyl alcohol, **[pentachlorophenol]** phencyclidine,
41 petroleum ether, propyl nitrite or propyl nitrate or their isomers,
42 toluene, toluol or xylene or any other chemical substance capable of
43 causing a condition of intoxication, inebriation, excitement,
44 stupefaction or the dulling of the brain or nervous system as a result
45 of the inhalation of the fumes or vapors of such chemical substance.

46 Whenever an operator of a motor vehicle has been involved in an
47 accident resulting in death, bodily injury or property damage, a
48 police officer shall consider that fact along with all other facts and

1 circumstances in determining whether there are reasonable grounds
2 to believe that person was operating a motor vehicle in violation of
3 this section.

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

12 If the driving privilege of any person is under revocation or
13 suspension for a violation of any provision of this Title or Title 2C
14 of the New Jersey Statutes at the time of any conviction for a
15 violation of this section, the revocation or suspension period
16 imposed shall commence as of the date of termination of the
17 existing revocation or suspension period. In the case of any person
18 who at the time of the imposition of sentence is less than 17 years
19 of age, the forfeiture, suspension or revocation of the driving
20 privilege imposed by the court under this section shall commence
21 immediately, run through the offender's seventeenth birthday and
22 continue from that date for the period set by the court pursuant to
23 paragraphs (1) through (3) of this subsection. A court that imposes
24 a term of imprisonment for a first or second offense under this
25 section may sentence the person so convicted to the county jail, to
26 the workhouse of the county wherein the offense was committed, to
27 an inpatient rehabilitation program or to an Intoxicated Driver
28 Resource Center or other facility approved by the chief of the
29 Intoxicated Driving Program Unit in the Division of Mental Health
30 and Addiction Services in the Department of **【Health】** Human
31 Services. For a third or subsequent offense a person shall not serve
32 a term of imprisonment at an Intoxicated Driver Resource Center as
33 provided in subsection (f).

34 A person who has been convicted of a previous violation of this
35 section need not be charged as a second or subsequent offender in
36 the complaint made against him in order to render him liable to the
37 punishment imposed by this section on a second or subsequent
38 offender, but if the second offense occurs more than 10 years after
39 the first offense, the court shall treat the second conviction as a first
40 offense for sentencing purposes and if a third offense occurs more
41 than 10 years after the second offense, the court shall treat the third
42 conviction as a second offense for sentencing purposes.

43 (b) A person convicted under this section must satisfy the
44 screening, evaluation, referral, program and fee requirements of the
45 Division of Mental Health and Addiction Services' Intoxicated
46 Driving Program Unit, and of the Intoxicated Driver Resource
47 Centers and a program of alcohol and drug education and highway
48 safety, as prescribed by the chief administrator.

1 The sentencing court shall inform the person convicted that failure
2 to satisfy such requirements shall result in a mandatory two-day
3 term of imprisonment in a county jail and a driver license
4 revocation or suspension and continuation of revocation or
5 suspension until such requirements are satisfied, unless stayed by
6 court order in accordance with the Rules Governing the Courts of
7 the State of New Jersey, or R.S.39:5-22. Upon sentencing, the
8 court shall forward to the Division of Mental Health and Addiction
9 Services' Intoxicated Driving Program Unit a copy of a person's
10 conviction record. A fee of \$100 shall be payable to the Alcohol
11 Education, Rehabilitation and Enforcement Fund established
12 pursuant to section 3 of P.L.1983, c.531 (C.26:2B-32) to support the
13 Intoxicated Driving Program Unit.

14 (c) Upon conviction of a violation of this section, the court shall
15 collect forthwith the New Jersey driver's license or licenses of the
16 person so convicted and forward such license or licenses to the
17 chief administrator. The court shall inform the person convicted
18 that if he is convicted of personally operating a motor vehicle
19 during the period of license suspension imposed pursuant to
20 subsection (a) of this section, he shall, upon conviction, be subject
21 to the penalties established in R.S.39:3-40. The person convicted
22 shall be informed orally and in writing. A person shall be required
23 to acknowledge receipt of that written notice in writing. Failure to
24 receive a written notice or failure to acknowledge in writing the
25 receipt of a written notice shall not be a defense to a subsequent
26 charge of a violation of R.S.39:3-40. In the event that a person
27 convicted under this section is the holder of any out-of-State
28 driver's license, the court shall not collect the license but shall
29 notify forthwith the chief administrator, who shall, in turn, notify
30 appropriate officials in the licensing jurisdiction. The court shall,
31 however, revoke the nonresident's driving privilege to operate a
32 motor vehicle in this State, in accordance with this section. Upon
33 conviction of a violation of this section, the court shall notify the
34 person convicted, orally and in writing, of the penalties for a
35 second, third or subsequent violation of this section. A person shall
36 be required to acknowledge receipt of that written notice in writing.
37 Failure to receive a written notice or failure to acknowledge in
38 writing the receipt of a written notice shall not be a defense to a
39 subsequent charge of a violation of this section.

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

45 (e) Any person accused of a violation of this section who is
46 liable to punishment imposed by this section as a second or
47 subsequent offender shall be entitled to the same rights of discovery
48 as allowed defendants pursuant to the Rules Governing the Courts

1 of the State of New Jersey.

2 (f) The counties, in cooperation with the Division of Mental
3 Health and Addiction Services and the commission, but subject to
4 the approval of the Division of Mental Health and Addiction
5 Services, shall designate and establish on a county or regional basis
6 Intoxicated Driver Resource Centers. These centers shall have the
7 capability of serving as community treatment referral centers and as
8 court monitors of a person's compliance with the ordered treatment,
9 service alternative or community service. All centers established
10 pursuant to this subsection shall be administered by a counselor
11 certified by the Addiction Professionals Certification Board of New
12 Jersey or other professional with a minimum of five years'
13 experience in the treatment of alcoholism. All centers shall be
14 required to develop individualized treatment plans for all persons
15 attending the centers; provided that the duration of any ordered
16 treatment or referral shall not exceed one year. It shall be the
17 center's responsibility to establish networks with the community
18 alcohol and drug education, treatment and rehabilitation resources
19 and to receive monthly reports from the referral agencies regarding
20 a person's participation and compliance with the program. Nothing
21 in this subsection shall bar these centers from developing their own
22 education and treatment programs; provided that they are approved
23 by the Division of Mental Health and Addiction Services.

24 Upon a person's failure to report to the initial screening or any
25 subsequent ordered referral, the Intoxicated Driver Resource Center
26 shall promptly notify the sentencing court of the person's failure to
27 comply.

28 Required detention periods at the Intoxicated Driver Resource
29 Centers shall be determined according to the individual treatment
30 classification assigned by the Intoxicated Driving Program Unit.
31 Upon attendance at an Intoxicated Driver Resource Center, a person
32 shall be required to pay a per diem fee of \$75 for the first offender
33 program or a per diem fee of \$100 for the second offender program,
34 as appropriate. Any increases in the per diem fees after the first full
35 year shall be determined pursuant to rules and regulations adopted
36 by the Commissioner of **【Health】** Human Services in consultation
37 with the **【Governor's Council on Alcoholism and Drug Abuse】**
38 Office of Alcohol and Drug Use Disorders Policy pursuant to the
39 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
40 seq.).

41 The centers shall conduct a program of alcohol and drug
42 education and highway safety, as prescribed by the chief
43 administrator.

44 The Commissioner of **【Health】** Human Services shall adopt rules
45 and regulations pursuant to the "Administrative Procedure Act,"
46 P.L.1968, c.410 (C.52:14B-1 et seq.), in order to effectuate the
47 purposes of this subsection.

48 (g) (Deleted by amendment, P.L.2019, c.248)

1 (h) A court also may order a person convicted pursuant to
2 subsection (a) of this section, to participate in a supervised
3 visitation program as either a condition of probation or a form of
4 community service, giving preference to those who were under the
5 age of 21 at the time of the offense. Prior to ordering a person to
6 participate in such a program, the court may consult with any
7 person who may provide useful information on the defendant's
8 physical, emotional and mental suitability for the visit to ensure that
9 it will not cause any injury to the defendant. The court also may
10 order that the defendant participate in a counseling session under
11 the supervision of the Intoxicated Driving Program Unit prior to
12 participating in the supervised visitation program. The supervised
13 visitation program shall be at one or more of the following facilities
14 which have agreed to participate in the program under the
15 supervision of the facility's personnel and the probation department:

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

20 (2) a facility which cares for patients who have advanced
21 **【alcoholics or drug abusers】** alcohol or drug use disorders, to
22 observe persons in the advanced stages of **【alcoholism or drug**
23 **abuse】** an alcohol or drug use disorder; or

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

27 As used in this section, "appropriate victim" means a victim
28 whose condition is determined by the facility's supervisory
29 personnel and the probation officer to be appropriate for
30 demonstrating the results of accidents involving drunk drivers
31 without being unnecessarily gruesome or traumatic to the
32 defendant.

33 If at any time before or during a visitation the facility's
34 supervisory personnel and the probation officer determine that the
35 visitation may be or is traumatic or otherwise inappropriate for that
36 defendant, the visitation shall be terminated without prejudice to the
37 defendant. The program may include a personal conference after
38 the visitation, which may include the sentencing judge or the judge
39 who coordinates the program for the court, the defendant,
40 defendant's counsel, and, if available, the defendant's parents to
41 discuss the visitation and its effect on the defendant's future
42 conduct. If a personal conference is not practicable because of the
43 defendant's absence from the jurisdiction, conflicting time
44 schedules, or any other reason, the court shall require the defendant
45 to submit a written report concerning the visitation experience and
46 its impact on the defendant. The county, a court, any facility visited
47 pursuant to the program, any agents, employees, or independent
48 contractors of the court, county, or facility visited pursuant to the

1 program, and any person supervising a defendant during the
2 visitation, are not liable for any civil damages resulting from injury
3 to the defendant, or for civil damages associated with the visitation
4 which are caused by the defendant, except for willful or grossly
5 negligent acts intended to, or reasonably expected to result in, that
6 injury or damage.

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

9 (i) In addition to any other fine, fee, or other charge imposed
10 pursuant to law, the court shall assess a person convicted of a
11 violation of the provisions of this section a surcharge of \$125, of
12 which amount \$50 shall be payable to the municipality in which the
13 conviction was obtained, \$50 shall be payable to the Treasurer of
14 the State of New Jersey for deposit into the General Fund, and \$25
15 which shall be payable as follows: in a matter where the summons
16 was issued by a municipality's law enforcement agency, to that
17 municipality to be used for the cost of equipping police vehicles
18 with mobile video recording systems pursuant to the provisions of
19 section 1 of P.L.2014, c.54 (C.40A:14-118.1); in a matter where the
20 summons was issued by a county's law enforcement agency, to that
21 county; and in a matter where the summons was issued by a State
22 law enforcement agency, to the General Fund.
23 (cf: P.L.2019, c.248, s.2)

24

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

27 26. Access to prescription information.

28 a. The division shall maintain procedures to ensure privacy and
29 confidentiality of patients and that patient information collected,
30 recorded, transmitted, and maintained is not disclosed, except as
31 permitted in this section, including, but not limited to, the use of a
32 password-protected system for maintaining this information and
33 permitting access thereto as authorized under sections 25 through
34 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50), and a
35 requirement that a person as listed in subsection h. or i. of this
36 section provide affirmation of the person's intent to comply with the
37 provisions of sections 25 through 30 of P.L.2007, c.244 (C.45:1-45
38 through C.45:1-50) as a condition of accessing the information.

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

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

47 (1) a review to identify whether any person is obtaining a
48 prescription in a manner that may be indicative of misuse, abuse, or

1 diversion of a controlled dangerous substance. The director shall
2 establish guidelines regarding the terms "misuse," "abuse," and
3 "diversion" for the purposes of this review. When an evaluation of
4 the information indicates that a person may be obtaining a
5 prescription for the same or a similar controlled dangerous
6 substance from multiple practitioners or pharmacists during the
7 same time period, the division may provide prescription monitoring
8 information about the person to practitioners and pharmacists; and

9 (2) a review to identify whether a violation of law or regulation
10 or a breach of the applicable standards of practice by any person
11 may have occurred, including, but not limited to, diversion of a
12 controlled dangerous substance. If the division determines that
13 such a violation or breach may have occurred, the division shall
14 notify the appropriate law enforcement agency or professional
15 licensing board, and provide the prescription monitoring
16 information required for an investigation.

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

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

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

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

21 h. (1) A practitioner shall register to access prescription
22 monitoring information upon initial application for, or renewal of,
23 the practitioner's CDS registration.

24 (2) The division shall provide to a pharmacist who is employed
25 by a current pharmacy permit holder online access to prescription
26 monitoring information for the purpose of providing health care to a
27 current patient or verifying information with respect to a patient or
28 a prescriber.

29 (3) The division shall provide to a practitioner who has a current
30 CDS registration online access to prescription monitoring
31 information for the purpose of providing health care to a current
32 patient or verifying information with respect to a patient or a
33 prescriber. The division shall also grant online access to
34 prescription monitoring information to as many licensed health care
35 professionals as are authorized by a practitioner to access that
36 information and for whom the practitioner is responsible for the use
37 or misuse of that information, subject to a limit on the number of
38 such health care professionals as deemed appropriate by the
39 division for that particular type and size of professional practice, in
40 order to minimize the burden to practitioners to the extent
41 practicable while protecting the confidentiality of the prescription
42 monitoring information obtained. The director shall establish, by
43 regulation, the terms and conditions under which a practitioner may
44 delegate that authorization, including procedures for authorization
45 and termination of authorization, provisions for maintaining
46 confidentiality, and such other matters as the division may deem
47 appropriate.

48 (4) The division shall provide online access to prescription

1 monitoring information to as many medical or dental residents as
2 are authorized by a faculty member of a medical or dental teaching
3 facility to access that information and for whom the practitioner is
4 responsible for the use or misuse of that information. The director
5 shall establish, by regulation, the terms and conditions under which
6 a faculty member of a medical or dental teaching facility may
7 delegate that authorization, including procedures for authorization
8 and termination of authorization, provisions for maintaining
9 confidentiality, provisions regarding the duration of a medical or
10 dental resident's authorization to access prescription monitoring
11 information, and such other matters as the division may deem
12 appropriate.

13 (5) (a) The division shall provide online access to prescription
14 monitoring information to:

15 (i) as many certified medical assistants as are authorized by a
16 practitioner to access that information and for whom the
17 practitioner is responsible for the use or misuse of that information;

18 (ii) as many medical scribes working in a hospital's emergency
19 department as are authorized by a practitioner to access that
20 information and for whom the practitioner is responsible for the use
21 or misuse of that information; and

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

26 (b) The director shall establish, by regulation, the terms and
27 conditions under which a practitioner may delegate authorization
28 pursuant to subparagraph (a) of this paragraph, including
29 procedures for authorization and termination of authorization,
30 provisions for maintaining confidentiality, provisions regarding the
31 duration of a certified medical assistant's, medical scribe's, or
32 licensed athletic trainer's authorization to access prescription
33 monitoring information, and provisions addressing such other
34 matters as the division may deem appropriate.

35 (6) The division shall provide online access to prescription
36 monitoring information to as many registered dental assistants as
37 are authorized by a licensed dentist to access that information and
38 for whom the licensed dentist is responsible for the use or misuse of
39 that information. The director shall establish, by regulation, the
40 terms and conditions under which a licensed dentist may delegate
41 that authorization, including procedures for authorization and
42 termination of authorization, provisions for maintaining
43 confidentiality, provisions regarding the duration of a registered
44 dental assistant's authorization to access prescription monitoring
45 information, and such other matters as the division may deem
46 appropriate.

47 (7) A person listed in this subsection, as a condition of
48 accessing prescription monitoring information pursuant thereto,

1 shall certify that the request is for the purpose of providing health
2 care to a current patient or verifying information with respect to a
3 patient or practitioner. Such certification shall be furnished through
4 means of an online statement or alternate means authorized by the
5 director, in a form and manner prescribed by rule or regulation
6 adopted by the director. If the information is being accessed by an
7 authorized person using an electronic system authorized pursuant to
8 subsection q. of this section, the certification may be furnished
9 through the electronic system.

10 i. The division may provide online access to prescription
11 monitoring information, or may provide access to prescription
12 monitoring information through any other means deemed
13 appropriate by the director, to the following persons:

14 (1) authorized personnel of the division or a vendor or
15 contractor responsible for maintaining the Prescription Monitoring
16 Program;

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

20 (3) the State Medical Examiner, a county medical examiner, a
21 deputy or assistant county medical examiner, or a qualified
22 designated assistant thereof, who certifies that the request is for the
23 purpose of investigating a death pursuant to P.L.1967, c.234
24 (C.52:17B-78 et seq.);

25 (4) a controlled dangerous substance monitoring program in
26 another state with which the division has established an
27 interoperability agreement, or which participates with the division
28 in a system that facilitates the secure sharing of information
29 between states;

30 (5) a designated representative of the State Board of Medical
31 Examiners, New Jersey State Board of Dentistry, State Board of
32 Nursing, New Jersey State Board of Optometrists, State Board of
33 Pharmacy, State Board of Veterinary Medical Examiners, or any
34 other board in this State or another state that regulates the practice
35 of persons who are authorized to prescribe or dispense controlled
36 dangerous substances, as applicable, who certifies that the
37 representative is engaged in a bona fide specific investigation of a
38 designated practitioner or pharmacist whose professional practice
39 was or is regulated by that board;

40 (6) a State, federal, or municipal law enforcement officer who is
41 acting pursuant to a court order and certifies that the officer is
42 engaged in a bona fide specific investigation of a designated
43 practitioner, pharmacist, or patient. A law enforcement agency that
44 obtains prescription monitoring information shall comply with
45 security protocols established by the director by regulation;

46 (7) a designated representative of a state Medicaid or other
47 program who certifies that the representative is engaged in a bona
48 fide investigation of a designated practitioner, pharmacist, or
49 patient;

1 (8) a properly convened grand jury pursuant to a subpoena
2 properly issued for the records; and

3 (9) a licensed mental health practitioner providing treatment for
4 substance abuse to patients at a residential or outpatient substance
5 abuse treatment center licensed by the Division of Mental Health
6 and Addiction Services in the Department of Human Services, who
7 certifies that the request is for the purpose of providing health care
8 to a current patient or verifying information with respect to a patient
9 or practitioner, and who furnishes the division with the written
10 consent of the patient for the mental health practitioner to obtain
11 prescription monitoring information about the patient. The director
12 shall establish, by regulation, the terms and conditions under which
13 a mental health practitioner may request and receive prescription
14 monitoring information. Nothing in sections 25 through 30 of
15 P.L.2007, c.244 (C.45:1-45 through C.45:1-50) shall be construed
16 to require or obligate a mental health practitioner to access or check
17 the prescription monitoring information in the course of treatment
18 beyond that which may be required as part of the mental health
19 practitioner's professional practice.

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

26 k. The division shall offer an online tutorial for those persons
27 listed in subsections h. and i. of this section, which shall, at a
28 minimum, include: how to access prescription monitoring
29 information; the rights of persons who are the subject of this
30 information; the responsibilities of persons who access this
31 information; a summary of the other provisions of sections 25
32 through 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50) and
33 the regulations adopted pursuant thereto, regarding the permitted
34 uses of that information and penalties for violations thereof; and a
35 summary of the requirements of the federal health privacy rule set
36 forth at 45 CFR Parts 160 and 164 and a hypertext link to the
37 federal Department of Health and Human Services website for
38 further information about the specific provisions of the privacy rule.

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

46 m. The director may provide nonidentifying prescription drug
47 monitoring information to public or private entities for statistical,
48 research, or educational purposes, in accordance with the provisions

1 of sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through
2 C.45:1-50).

3 The director shall, upon request, provide nonidentifying
4 prescription drug monitoring information to the Office of Alcohol
5 and Drug Use Disorders Policy for the purposes of establishing,
6 maintaining, implementing, and maximizing the utilization and
7 functionality of the centralized Alcohol and Drug Use Disorders
8 Treatment Database pursuant to section 3 of P.L. , c. (C.)
9 (pending before the Legislature as this bill).

10 n. Nothing shall be construed to prohibit the division from
11 obtaining unsolicited automated reports from the program or
12 disseminating such reports to pharmacists, practitioners, mental
13 health care practitioners, and other licensed health care
14 professionals.

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

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

24 (2) Upon receipt of a request pursuant to paragraph (1) of this
25 subsection, a practitioner or health care professional authorized by
26 that practitioner may provide the current patient or parent or legal
27 guardian, as the case may be, with access to or a copy of the
28 prescription monitoring information pertaining to that patient or
29 child.

30 (3) The division shall establish a process by which a patient, or
31 the parent or legal guardian of a child who is a patient, may request
32 a pharmacy permit holder that submitted prescription monitoring
33 information concerning a prescription for controlled dangerous
34 substances for that patient or child to the division pursuant to
35 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through
36 C.45:1-50) to correct information that the person believes to have
37 been inaccurately entered into that patient's or child's prescription
38 profile. Upon confirmation of the inaccuracy of any such entry into
39 a patient's or child's prescription profile, the pharmacy permit
40 holder shall be authorized to correct any such inaccuracies by
41 submitting corrected information to the division pursuant to
42 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through
43 C.45:1-50). The process shall provide for review by the Board of
44 Pharmacy of any disputed request for correction, which
45 determination shall be appealable to the director.

46 p. The division shall take steps to ensure that appropriate
47 channels of communication exist to enable any licensed health care
48 professional, licensed pharmacist, mental health practitioner,

1 pharmacy permit holder, or other practitioner who has online access
2 to the Prescription Monitoring Program pursuant to this section to
3 seek or provide information to the division related to the provisions
4 of this section.

5 q. (1) The division may make prescription monitoring
6 information available on electronic systems that collect and display
7 health information, such as an electronic system that connects
8 hospital emergency departments for the purpose of transmitting and
9 obtaining patient health data from multiple sources, or an electronic
10 system that notifies practitioners of information pertaining to the
11 treatment of overdoses; provided that the division determines that
12 any such electronic system has appropriate security protections in
13 place.

14 (2) Practitioners who are required to access prescription
15 monitoring information pursuant to section 8 of P.L.2015, c.74
16 (C.45:1-46.1) may discharge that responsibility by accessing one or
17 more authorized electronic systems into which the prescription
18 monitoring information maintained by the division has been
19 integrated.

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

21

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

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

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

34

35 16. This act shall take effect 120 days after the date of
36 enactment, but the Commissioner of Health, the Commissioner of
37 Human Services, the Attorney General, the Assistant Commissioner
38 for the Division of Mental Health and Addiction Services in the
39 Department of Human Services, and the Assistant Commissioner
40 for the Children's System of Care in the Department of Children
41 and Families may take any anticipatory administrative action in
42 advance as shall be necessary to implement the provisions of this
43 act.

44

45 STATEMENT

46

47 This bill establishes the Office of Alcohol and Drug Use
48 Disorders Policy (Office). The Office will be responsible for

1 reviewing and coordinating all State departments' efforts with
2 regard to the planning and provision of treatment, prevention,
3 research, evaluation, and education services for, and public
4 awareness of, alcohol use disorders and drug use disorders. The
5 Office will serve strategic planning, advisory, coordination,
6 communication, and development functions in order to coordinate
7 Statewide efforts and drive improvements in the prevention of, and
8 provision of treatment for, alcohol use disorders and drug use
9 disorders. The Office will be allocated within the Department of
10 the Treasury but will be independent of the department and will
11 report directly to the Governor.

12 The duties of the Office will include developing a
13 Comprehensive Statewide Alcohol Use Disorders and Drug Use
14 Disorders Master Plan, to be submitted to the Governor and the
15 Legislature by July 1 of each year, for the treatment, prevention,
16 research, evaluation, education, and public awareness of alcohol use
17 disorders and drug use disorders. The plan is to: incorporate and
18 unify all State, county, local, and private alcohol use disorders and
19 drug use disorders initiatives; include an emphasis on prevention,
20 community awareness, and family and youth services; and include
21 recommendations for funding allocations.

22 The Office will be required to review County Annual Alliance
23 Plans and propose recommendations for awarding Alliance grants,
24 and will additionally be responsible for distributing certain grants to
25 counties and municipalities for alcohol use disorders and drug use
26 disorders programs and evaluating the existing funding mechanisms
27 for treatment services for alcohol use disorders and drug use
28 disorders.

29 The Office will be required to encourage the development or
30 expansion of employee assistance programs for both government
31 and private sector employees.

32 The Office will be authorized to call upon any department,
33 office, division, agency, or independent authority of State
34 government to provide such information, resources, or other
35 assistance as may be necessary to discharge the duties and functions
36 of the Office and fulfill its responsibilities. The Office may collect
37 from any State, county, local governmental entity, or any other
38 appropriate source data, reports, statistics, or other materials which
39 are necessary to carry out the functions of the Office.

40 The executive director of the Office will be required to convene
41 a meeting, on at least an annual basis and at such additional
42 intervals as the executive director of the office deems necessary, to
43 be attended by the Attorney General, the Commissioner of Health,
44 the Commissioner of Human Services, the Commissioner of
45 Education, the Commissioner of Corrections, the Commissioner of
46 Children and Families, the Commissioner of Community Affairs,
47 the Commissioner of Banking and Insurance, the Assistant
48 Commissioner for the Division of Mental Health and Addiction

1 Services, the Assistant Commissioner for the Division of Medical
2 Assistance and Health Services, the Assistant Commissioner for the
3 Children's System of Care, and other appropriate agencies, officers,
4 and entities, in order to plan, develop, and coordinate State and
5 local efforts to improve the prevention of, and the provision of
6 treatment for, alcohol and drug use disorders.

7 The Office will be administered by an executive director, who
8 will be appointed by the Governor with the advice and consent of
9 the Senate. The executive director is to be a person qualified by
10 education, training, and experience to perform the duties of the
11 office. The executive director will serve at the pleasure of the
12 Governor during the Governor's term of office and until the
13 appointment and qualification of the executive director's successor.
14 The executive director will have the power to employ staff within
15 the limits of funds appropriated or made available for that purpose,
16 and will have broad authority to coordinate communication
17 between, and request and receive information from, any department,
18 division, or agency of the State. The executive director will be
19 required to devote full time to the duties and responsibilities of the
20 office, and will receive a salary as provided by law.

21 The Office will be required to develop and maintain a centralized
22 Alcohol and Drug Use Disorders Treatment Resource Database that
23 can be used to track Statewide treatment data, direct resources,
24 develop recommendations regarding the allocation of funding and
25 resources, facilitate referrals to available treatment resources, and
26 evaluate provider performance. Specifically, treatment providers
27 will be required to report certain data concerning patient wait times,
28 the levels and duration of treatment provided to patients, the
29 number of patients referred to other treatment providers and the
30 reasons for those referrals, treatment completion rates, relapse and
31 long-term recovery rates, and any other data or metrics the Office
32 deems necessary and appropriate. The Office will use this data to
33 evaluate provider performance as well as to develop best practices
34 guidelines and performance benchmarks.

35 Additionally, treatment providers will be required update the
36 database to indicate the availability of treatment spots at the
37 provider, including the level of treatment available in each spot, the
38 number of patients awaiting treatment, and the provider's
39 anticipated treatment availability in the next 24 hours. Providers
40 will be required to update this information at least once every 12
41 hours, and at more frequent intervals if the Office determines that
42 more frequent or real-time reporting is feasible and appropriate.
43 Treatment providers and agencies, offices, and other entities that
44 serve as a contact point for patients seeking treatment will have
45 access to the treatment availability information in the database for
46 the purpose of referring patients to treatment.

47 The Office will be required to collaborate with the Office of the
48 Attorney General and the Department of Health to include in the

1 centralized database data concerning the number, location, and
2 types of interventions performed throughout the State to treat drug
3 overdoses, and in particular overdoses involving opioid drugs, in
4 order to identify patterns in overdose incidents, coordinate outreach
5 efforts in the affected communities, and determine and direct the
6 Statewide allocation of funding and resources for the treatment of
7 drug use disorders.

8 The Office will be authorized to establish programs providing
9 financial and other incentives to treatment providers who achieve
10 certain performance benchmarks established by the Office to drive
11 improvements in the treatment of alcohol and drug use disorders.
12 Benchmark goals may address patient wait times, patient retention,
13 patient progression through a course of treatment, and the number
14 and rate of patients who complete treatment. The Office will be
15 required to periodically review and revise any incentive programs it
16 establishes in order to maintain the integrity of the program, ensure
17 the program is realizing improvements in patient care, modify
18 benchmarks as needed, and revise or eliminate any aspects of a
19 program that may result in adverse unintended consequences.

20 The Office is to utilize the database and consult with treatment
21 providers and appropriate State, county, and local agencies to
22 identify barriers that reduce the ability of patients to access
23 appropriate treatment services. The Office is to develop appropriate
24 responses to address or remove barriers to access, which may
25 include: developing programs to provide transportation assistance,
26 child care assistance, or home visits; working with health benefits
27 carriers to secure coverage for all appropriate treatment modalities
28 and services related to treatment; and working with treatment
29 providers to promote flexible scheduling and expanded hours, and
30 encourage and support providers to become authorized to prescribe
31 and administer medication-assisted treatment.

32 For the purposes of establishing and maintaining a centralized
33 database, the Office will be permitted to utilize, modify, or adapt
34 any existing systems that provide functions related to, or that would
35 supplement, the functions and purpose of the centralized database.
36 The Office will also be authorized to contract with an independent
37 third party to establish and maintain the database.

38 The bill provides that, to the extent that the centralized database
39 includes any personal identifying information or any confidential
40 health information concerning any patient, such information may
41 not be disclosed to any entity except as may be required pursuant to
42 State or federal law. The Office is to seek to avoid requiring any
43 personal identifying information or confidential health information
44 to be reported to, or included in, the database.

45 The Office will be required to make available to the public,
46 through its Internet website, certain data concerning the provision
47 of treatment for alcohol and drug use disorders, including: patient
48 wait times; treatment program completion rates; reasons for

1 non-completion of treatment; the level and nature of treatment
2 modalities provided and the average duration of each phase of
3 treatment; long-term recovery rates; remission and overdose rates;
4 patient referrals made by treatment providers to other providers;
5 and any other information the office deems appropriate.

6 The Office will be required to develop standards, policies, and
7 procedures to support the various departments, divisions, agencies,
8 offices, and other entities that enter into contracts with treatment
9 providers to ensure compliance with the terms of the contract and
10 any applicable State or federal laws, regulations, and requirements,
11 including: ensuring that any requirements for payment under the
12 contract are met; ensuring providers are complying with all
13 applicable criminal history record background check and drug
14 testing requirements for provider staff; and ensuring prompt
15 reconciliation of any claims for payment, including promptly
16 closing out contracts, processing claims, and collecting receivables
17 and other amounts owed. For this purpose, the Office will be
18 authorized to designate a compliance officer, who may retain
19 appropriate staff to provide support services to the various
20 departments, divisions, agencies, offices, and other entities.

21 The bill revises various provisions of the current statutory law to
22 update references to include the Office and to transfer certain
23 functions of the Governor's Council on Alcoholism and Drug
24 Abuse to the Office.