

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO **SENATE, No. 2323**

with committee amendments

STATE OF NEW JERSEY

DATED: JULY 20, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2323.

As amended by the committee, this bill establishes requirements for an opioid antidote to be prescribed to a patient at the same time as the patient is issued a prescription for an opioid drug when certain risk factors are present.

Specifically, the amended bill requires an opioid antidote to be prescribed along with an opioid prescription in situations in which: (1) the patient has a history of substance use disorder; (2) the daily dose of the opioid being prescribed is more than 90 morphine milligram equivalents; or the patient holds a current, valid prescription for a benzodiazepine drug that is a Schedule III or IV controlled dangerous substance or the patient was dispensed a benzodiazepine drug that is a Schedule III or IV controlled dangerous substance within the preceding 45 days.

A practitioner will not be required to issue more than one prescription for an opioid antidote under the requirements of the bill per year. However, nothing in the bill is to be construed to prohibit a practitioner from issuing additional prescriptions for an opioid antidote to a patient upon the patient's request or when the practitioner determines there is a clinical or practical need for the additional prescription.

COMMITTEE AMENDMENTS:

The committee amendments clarify that the co-prescribing requirement applies to benzodiazepine drugs that are a Schedule III or Schedule IV controlled dangerous substance, and that the requirement applies both when the patient holds a current, valid prescription for a benzodiazepine drug or when the patient was dispensed a benzodiazepine drug within the preceding 45 days.

The committee amendments revise the co-prescribing requirement for opioid prescriptions with a daily dose of more than 50 morphine milligram equivalents to apply to opioid prescriptions with a daily dose of more than 90 morphine milligram equivalents.

The committee amendments clarify that the bill only requires an opioid antidote to be prescribed to a patient once per year, but that nothing is to be construed to prohibit a practitioner from issuing additional prescriptions for an opioid antidote to the patient at the patient's request or when there appears to be a clinical need for the additional prescription.

The committee amendments add a definition for "opioid antidote" that tracks the definition used in the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.).

The committee amendments revise the provisions of the bill to provide additional clarity concerning the scope and effects of the opioid antidote co-prescribing requirement, and to make various technical corrections to conform the bill to current drafting conventions.