

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR

**ASSEMBLY, No. 5457**

**STATE OF NEW JERSEY**

DATED: MAY 17, 2021

The Assembly Health Committee reports favorably an Assembly committee substitute for Assembly Bill No. 5457.

This substitute bill revises the requirements to obtain and administer opioid antidotes in response to a suspected opioid overdose. Specifically, the substitute bill revises the “Overdose Prevention Act,” P.L.2013, c.46 (C.24:6J-1 et al.), to expressly provide that any person may obtain, administer, and distribute opioid antidotes to others, regardless of whether the person would be acting in a private or professional capacity.

The substitute bill further provides that any professional entities that employ or use the services of professionals who may administer or distribute opioid antidotes in a professional capacity may acquire a supply of opioid antidotes for this purpose. The substitute bill requires the Department of Health to issue a standing order authorizing individuals and entities that were dispensed an opioid antidote to distribute the opioid antidote to others. Individuals and entities redistributing an opioid antidote will be required to make reasonable efforts to provide certain overdose prevention information to the person receiving the opioid antidote.

The substitute bill revises the requirements for the informational materials that are to be provided when someone is prescribed or dispensed an opioid antidote to provide that the Commissioner of Human Services will be required to make the materials available in English, Spanish, and any other language that the commissioner determines is the first language of a significant number of people likely to be dispensed an opioid antidote.

The substitute bill expressly provides that, to the extent funding is made available for this purpose, certain recognized places of public access, including public libraries, institutions of higher education, occupational schools, and public transportation hubs, will be required to obtain a supply of opioid antidotes and ensure that at least one employee or volunteer who regularly provides services at, through, or on behalf of the place of public access completes certain training related to recognizing the symptoms of an opioid overdose, administering opioid antidotes, and providing additional care to a person believed to have experienced an overdose. The training and

protocols are to conform to best practices for low-threshold use of opioid antidotes in places of public access. The Commissioner of Human Services will be authorized to establish additional requirements concerning the quantity and types of opioid antidotes that recognized places of public access will be required to obtain, and may further require that recognized places of public access require more than one employee or volunteer to complete the mandatory training. Recognized places of public access will be permitted to contract with a community-based organization to distribute opioid antidotes on the premises of the recognized place of public access.

The substitute bill revises the current requirement that individuals treated for a suspected opioid overdose be provided information concerning substance use disorder treatment programs and resources, to provide that the informational materials are to additionally include information on sterile syringe access programs and resources, and an offer to furnish the person with an opioid antidote. In the case of a person treated in connection with a suspected opioid overdose in a hospital emergency department, the facility is to offer an opioid antidote upon discharge to the person treated for the suspected overdose and to any family member or friend of the person who is in attendance during the person's admission or treatment in the hospital emergency department. The facility will also be required to provide information concerning the cost of the opioid antidote. In the case of a person treated by a first responder for a suspected opioid overdose who refuses transportation to a hospital, the first responder will offer the person an opioid antidote at the time treatment for the suspected overdose is completed.

Current law provides that pharmacies may request a standing order issued by the Department of Health authorizing the pharmacy to dispense opioid antidotes to any person without the need for the person to have an individual prescription for the opioid antidote. The substitute bill revises this provision of law to require the department to issue a blanket standing order applicable to all pharmacies, thereby eliminating the need for pharmacies to request the standing order on an individual basis. The Board of Pharmacy will be required to transmit a copy of the standing order to all licensed pharmacists in the State and make a copy of the standing order available on its Internet website.

The substitute bill makes further revisions to the current statutory law to update and harmonize certain terminology and to remove certain provisions of law that identified specific details related to the conduct authorized for certain entities in connection with opioid antidotes, which provisions are obviated by the expanded access to opioid antidotes provided under the substitute bill.