

# SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

## STATEMENT TO **SENATE, No. 3491**

with committee amendments

# STATE OF NEW JERSEY

DATED: MARCH 9, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3491.

As amended by the committee, this bill permits any person to acquire, furnish or administer to another person opioid antidotes, and expands access to opioid antidotes without an individual prescription.

Under the bill as amended, any person in this State may acquire an opioid antidote from any pharmacist or other health care professional authorized to prescribe and dispense prescription drugs. Any person in possession of an opioid antidote may furnish the opioid antidote any other person who is located in this State, and may administer the opioid antidote to any individual located in the State who the person believes, in good faith, to be experiencing an opioid overdose. In the case of a pharmacist, the opioid antidote may only be furnished pursuant to a prescription for the opioid antidote or pursuant to a standing order issued pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2). In the case of a licensed health care professional who is authorized to prescribe and dispense prescription drugs, the opioid antidote may only be furnished to another person pursuant to a prescription issued by the professional.

Current law allows any pharmacy to dispense opioid antidotes to any person without an individual prescription pursuant to a standing order, which may be issued by the pharmacy's medical director or, upon request, by the Department of Health. The bill as amended revises these provisions to require the Department of Health to issue a standing order applicable to all pharmacies.

The bill also provides immunity from criminal, civil, and professional liability both to any person who prescribes, dispenses, administers, or furnishes an opioid antidote in good faith, and in accordance with the provisions of the bill.

This bill repeals sections 1 through 6 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 through C.24:6J-6) in order to facilitate the dispensation of opioid antidotes without government regulation. The bill, as amended, updates various sections of the

statutory law to reflect the repeal of those sections. Certain provisions providing immunity from criminal investigation and prosecution that were included in the “Overdose Prevention Act” for individuals requesting assistance in connection with an overdose will remain in effect.

The bill defines "opioid antidote" to mean any drug, regardless of dosage amount or method of administration, which has been approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose. "Opioid antidote" includes, but is not limited to, naloxone hydrochloride, in any dosage amount, which is administered through nasal spray or any other FDA-approved means or methods. "Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid drug or another substance with which an opioid drug was combined, and that a layperson would reasonably believe to require medical assistance.

#### COMMITTEE AMENDMENTS:

The committee amendments revise the bill to update the terminology used and to specify what specific actions are required and permitted for lay persons as opposed to professionals authorized to prescribe and dispense prescription drugs.

The committee amendments amend various sections of the current statutory law to update cross-references to the “Overdose Prevention Act.”

The committee amendments make various technical corrections related to statutory citations.

The committee amendments revise the bill to provide that it will take effect 90 days after enactment. As introduced, certain provisions of the bill would have taken effect immediately, while others would not have taken effect for 90 days, which would have created a 90-day gap during which opioid antidotes could not be dispensed, furnished, or administered with immunity from civil and criminal liability.

The committee amendments revise the title and synopsis of the bill to reflect these changes.