

SENATE, No. 95

STATE OF NEW JERSEY 220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

Sponsored by:

Senator JEAN STANFIELD

District 8 (Atlantic, Burlington and Camden)

Co-Sponsored by:

Senator Diegnan

SYNOPSIS

Authorizes school nurses to administer opioid antidotes to overdose victims on school property, with immunity from civil, criminal, and professional liability, pursuant to “Overdose Prevention Act.”

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



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

3

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

6

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

9 3. As used in this act:

10 "Commissioner" means the Commissioner of Human Services.

11 "Drug overdose" means an acute condition including, but not
12 limited to, physical illness, coma, mania, hysteria, or death resulting
13 from the consumption or use of a controlled dangerous substance or
14 another substance with which a controlled dangerous substance was
15 combined and that a layperson would reasonably believe to require
16 medical assistance.

17 "Emergency medical response entity" means an organization,
18 company, governmental entity, community-based program, or
19 healthcare system that provides pre-hospital emergency medical
20 services and assistance to opioid or heroin addicts or abusers in the
21 event of an overdose.

22 "Emergency medical responder" means a person, other than a
23 health care practitioner, who is employed on a paid or volunteer
24 basis in the area of emergency response, including, but not limited
25 to, an emergency medical technician acting in that person's
26 professional capacity.

27 "Health care practitioner" means a prescriber, pharmacist, or
28 other individual whose professional practice is regulated pursuant to
29 Title 45 of the Revised Statutes, and who, in accordance with the
30 practitioner's scope of professional practice, prescribes or dispenses
31 an opioid antidote.

32 "Medical assistance" means professional medical services that
33 are provided to a person experiencing a drug overdose by a health
34 care practitioner, acting within the practitioner's scope of
35 professional practice, including professional medical services that
36 are mobilized through telephone contact with the 911 telephone
37 emergency service.

38 "Opioid" means heroin, or a Schedule II narcotic drug, including,
39 but not limited to, hydrocodone, oxycodone, or fentanyl, which
40 binds to the body's opioid receptor sites to produce opiate-like
41 effects.

42 "Opioid antidote" means naloxone hydrochloride, or any other
43 similarly acting drug approved by the United States Food and Drug
44 Administration for the treatment of an opioid overdose.

45 "Opioid overdose" means a drug overdose that results from the
46 use of opioids.

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.

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

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

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

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

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

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

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

44 (cf: P.L.2015, c.10, s.1)

45

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

1 4. a. (1) A prescriber or other health care practitioner, as
2 appropriate, may prescribe or dispense an opioid antidote:

3 (a) directly or through a standing order, to any recipient who is
4 deemed by the health care practitioner to be capable of
5 administering the opioid antidote to an overdose victim in an
6 emergency;

7 (b) through a standing order, to any professional or emergency
8 medical responder who is not acting in a professional or volunteer
9 capacity for a professional entity, or for an emergency medical
10 response entity, but who is deemed by the health care practitioner to
11 be capable of administering opioid antidotes to overdose victims, as
12 part of the professional's regular course of business or volunteer
13 activities;

14 (c) through a standing order, to any professional who is not
15 acting in a professional or volunteer capacity for a professional
16 entity, but who is deemed by the health care practitioner to be
17 capable of dispensing opioid antidotes to recipients, for
18 administration thereby, as part of the professional's regular course
19 of business or volunteer activities;

20 (d) through a standing order, to any professional entity or any
21 emergency medical response entity, which is deemed by the health
22 care practitioner to employ professionals or emergency medical
23 responders, as appropriate, who are capable of administering opioid
24 antidotes to overdose victims as part of the entity's regular course of
25 business or volunteer activities;

26 (e) through a standing order, to any professional entity which is
27 deemed by the health care practitioner to employ professionals who
28 are capable of dispensing opioid antidotes to recipients, for
29 administration thereby, as part of the entity's regular course of
30 business or volunteer activities ; or

31 (f) through a standing order, to any school nurse, or any public
32 or private school that employs a school nurse, who is deemed by the
33 health care practitioner to be capable of administering opioid
34 antidotes to overdose victims as part of the nurse's regular course of
35 school-related business or volunteer activities.

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

44 (b) For the purposes of this subsection, whenever the law
45 expressly requires a **【certain type of】** school, school nurse,
46 emergency medical responder, or emergency medical response
47 entity to obtain a standing order for opioid antidotes pursuant to this
48 section, such school nurse or emergency medical responder, or the

1 school nurses or emergency medical responders who are employed
2 or engaged by such school or emergency medical response entity, as
3 the case may be, shall be presumed by the prescribing or dispensing
4 health care practitioner to be capable of administering the opioid
5 antidote, consistent with the express statutory requirement.

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

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

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

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

44 (2) Any professional or professional entity that dispenses an
45 opioid antidote in accordance with paragraph (1) of this subsection,
46 in good faith, and pursuant to a standing order issued under
47 subsection a. of this section, shall not, as a result of any acts or
48 omissions, be subject to any criminal or civil liability or any

1 professional disciplinary action for dispensing an opioid antidote in
2 accordance with P.L.2013, c.46 (C.24:6J-1 et seq.).

3 c. (1) Any emergency medical responder or emergency medical
4 response entity that has obtained a standing order, pursuant to
5 subsection a. of this section, for the administration of opioid
6 antidotes, may administer an opioid antidote to an overdose
7 **【victims】** victim in an emergency situation.

8 (2) Any emergency medical responder or emergency medical
9 response entity that administers an opioid antidote, in good faith, in
10 accordance with paragraph (1) of this subsection, and pursuant to a
11 standing order issued under subsection a. of this section, shall not,
12 as a result of any acts or omissions, be subject to any criminal or
13 civil liability, or any professional disciplinary action, for
14 administering the opioid antidote in accordance with P.L.2013, c.46
15 (C.24:6J-1 et seq.).

16 d. (1) Any other person or entity who is not covered by
17 subsection c. of this section, but who is the recipient of an opioid
18 antidote **【, which】** that has been prescribed or dispensed for
19 administration purposes pursuant to subsection a. or b. of this
20 section, and who has received overdose prevention information
21 pursuant to section 5 of P.L.2013, c.46 (C.24:6J-5), may administer
22 the opioid antidote to another person in an emergency, without fee,
23 if the antidote recipient believes, in good faith, that the other person
24 is experiencing an opioid overdose ; however, a school nurse shall
25 only be authorized to administer an opioid antidote, pursuant to this
26 paragraph, to an overdose victim who is either on school property
27 or engaged in a school-sponsored activity.

28 (2) Any person or entity who administers an opioid antidote
29 pursuant to paragraph (1) of this subsection shall not, as a result of
30 **【the person's】** any acts or omissions, be subject to any criminal or
31 civil liability , or any professional disciplinary action, for
32 administering the opioid antidote in accordance with P.L.2013, c.46
33 (C.24:6J-1 et seq.).

34 e. In addition to the immunity that is provided by this section
35 for authorized persons who are engaged in the prescribing,
36 dispensing, or administering of an opioid antidote, the immunity
37 provided by section 7 or section 8 of P.L.2013, c.46 (C.2C:35-30 or
38 C.2C:35-31) shall apply to a person who acts in accordance with
39 this section, provided that the requirements of those sections, as
40 applicable, have been met.

41 (cf: P.L.2015, c.10, s.2)

42
43 3. Section 5 of P.L.2013, c.46 (C.24:6J-5) is amended to read
44 as follows:

45 5. a. (1) A prescriber or other health care practitioner who
46 prescribes or dispenses an opioid antidote in accordance with
47 subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4), shall
48 ensure that overdose prevention information is provided to the

1 antidote recipient. The requisite overdose prevention information
2 shall include, but is not limited to: information on opioid overdose
3 prevention and recognition; instructions on how to perform rescue
4 breathing and resuscitation; information on opioid antidote dosage
5 and instructions on opioid antidote administration; information
6 describing the importance of calling 911 emergency telephone
7 service for assistance with an opioid overdose; and instructions for
8 appropriate care of an overdose victim after administration of the
9 opioid antidote.

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

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

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

42 c. In order to facilitate the dissemination of overdose
43 prevention information in accordance with this section, the
44 Commissioner of Human Services, in consultation with Statewide
45 organizations representing physicians, advanced practice nurses, or
46 physician assistants, and organizations operating community-based
47 programs, sterile syringe access programs, or other programs which
48 address medical or social issues related to drug addiction, may

1 develop training materials in video, electronic, or other appropriate
2 formats, and disseminate these materials to health care
3 practitioners; professionals and professional entities that are
4 authorized by standing order to dispense opioid antidotes; and
5 organizations that are authorized to disseminate overdose
6 prevention information under a written agreement executed
7 pursuant to paragraph (1) of subsection b. of this section.
8 (cf: P.L.2015, c.10, s.3)

9
10 4. This act shall take effect immediately.

11
12
13 STATEMENT

14
15 This bill would amend the State's "Overdose Prevention Act"
16 (OPA), P.L.2013, c.46 (C.24:6J-1 et seq.), in order to authorize
17 school nurses to administer opioid antidotes, with immunity, to
18 overdose victims who are located on school property, or are
19 engaged in school-sponsored activities.

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

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

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