

ASSEMBLY AGING AND HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2191

STATE OF NEW JERSEY

DATED: DECEMBER 12, 2024

The Assembly Aging and Human Services Committee reports favorably Assembly Bill No. 2191.

This bill establishes the Remote Methadone Dosing Pilot Program in the Department of Human Services (DHS). The goal of the program will be: to increase the compliance of, and reduce the costs of providing, medication assisted treatment provided by participating opioid treatment programs (OTP) through the use of remote methadone dosing; to evaluate the effect remote methadone dosing has on patient outcomes and cost-savings in the treatment of opioid use disorder; and to develop any recommendations for legislative or regulatory action concerning whether remote methadone dosing should be implemented in opioid treatment programs in this State.

The bill defines “remote methadone dosing” to mean the use of telehealth and telemedicine to remotely monitor a patient’s methadone-based treatment, which treatment is administered in the form of take-home doses of methadone.

Under this bill, the Division of Mental Health and Addiction Services in the DHS will select one OTP each from the cities of Atlantic City, Camden, and Paterson to participate in the program. In accordance with applicable federal and State laws and when clinically appropriate, each OTP participating in the pilot program will be authorized to utilize remote methadone dosing to treat a patient who is receiving methadone-based treatment and is eligible to receive take-home doses of methadone. In treating patients using remote methadone dosing, participating OTPs will utilize a provider of an online-enabled technology application, service, website, or system that facilitates remote methadone dosing approved by the department. Under no circumstances will the State or an opioid treatment program require that a patient participate in the pilot program.

Each participating OTP will be required to annually report to the department information on patient outcomes and cost-savings as a result of the pilot program, including information on: the number of patients treated using remote methadone dosing; treatment compliance; the average time each patient spends being treated using remote methadone dosing; patient retention; any realized reduction in medical transportation costs; and any other information the department deems relevant in evaluating the effectiveness of the pilot program.

The bill requires DHS, no later than four years after the date the program is established, to prepare and submit to the Governor and Legislature a report that includes: an analysis on the impact of the pilot program on patient outcomes and cost-savings using the information received from participating OTPs; any recommendations for legislative or regulatory action concerning the potential expansion of remote methadone dosing in OTPs in this State; and any other information the department deems relevant in evaluating the effectiveness of the pilot program.

The bill is appropriates \$225,000 from the General Fund to the DHS. The department will then issue a grant in the amount of \$75,000 to each participating OTP to effectuate the provisions of the bill.

This bill was prefiled for introduction in the 2024-2025 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.