

**ASSEMBLY, No. 5147**

**STATE OF NEW JERSEY**  
**221st LEGISLATURE**

INTRODUCED DECEMBER 16, 2024

**Sponsored by:**

**Assemblyman JOHN V. AZZARITI JR., M.D.**

**District 39 (Bergen)**

**SYNOPSIS**

Requires certain NJ FamilyCare providers to provide information to, and obtain consent form from, parent or guardian of child that provider is prescribing antipsychotic drug.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning NJ FamilyCare providers and supplementing  
2 Title 30 of the Revised Statutes.

3

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

6

7 1. a. As a condition of enrollment in NJ FamilyCare, a health  
8 care provider who practices under a State license with the authority  
9 to prescribe psychotropic drugs shall:

10 (1) provide the following to the parent or guardian of a child for  
11 whom the provider is prescribing a psychotropic drug, prior to  
12 issuing the initial prescription and each time a prescription is  
13 refilled for the child:

14 (a) the drug's Medication Guide, as defined and regulated under  
15 21 C.F.R. 208 et seq., provided that such a Medication Guide is  
16 required by the United States Food and Drug Administration for the  
17 drug;

18 (b) information regarding any evidence-based alternatives to the  
19 use of the psychotropic drug to treat the child's diagnosis; and

20 (c) information on how to use and access the United States Food  
21 and Drug Administration's Adverse Event Reporting System Public  
22 Dashboard, MedWatch Online Voluntary Reporting Form, and any  
23 subsequent tools implemented by the United States Food and Drug  
24 Administration to replace or supplement these two tools;

25 (2) obtain a signed consent form from the parent or guardian of  
26 a child for whom the provider is prescribing a psychotropic drug,  
27 immediately following the fulfillment of the provisions outlined in  
28 paragraph (1) of subsection a. of this section, stating that the parent  
29 or guardian:

30 (a) understands any potential risks or side effects of the drug,

31 (b) is aware of any evidenced-based alternatives to the use of  
32 the drug; and

33 (c) has been informed of the existing tools available from the  
34 United States Food and Drug Administration to report adverse  
35 effects of the drug on the child and to research reports of adverse  
36 effects of the drug on other patients; and

37 (3) retain the signed consent form, completed pursuant to  
38 paragraph (2) of subsection a. of this section, in the child's patient  
39 file.

40 b. As used in this section:

41 "Child" means an individual 18 years of age and younger who is  
42 enrolled in NJ FamilyCare.

43 "NJ FamilyCare" means the program established pursuant to  
44 P.L.2005, c.156 (C.30:4J-8 et al.), which includes the Medicaid  
45 program and the Children's Health Insurance Program.

46 "Psychotropic drug" means a medication prescribed to a patient,  
47 such as a stimulant, anti-anxiety, anti-depressant, anti-psychotic,

1 and mood stabilizer drug, to affect the central nervous system and  
2 to treat a behavioral health disorder or illness.

3  
4 2. The Commissioner of Human Services shall apply for such  
5 State plan amendments or waivers as may be necessary to implement  
6 the provisions of this act and to secure federal financial participation  
7 for State expenditures under the federal Medicaid program and  
8 Children's Health Insurance Program.

9  
10 3. The Commissioner of Human Services, pursuant to the  
11 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),  
12 shall adopt rules and regulations necessary to implement the  
13 provisions of this act.

14  
15 4. This act shall take effect on the first day of the third month  
16 following enactment, except that the Commissioner of Human  
17 Services may take such anticipatory administrative action in  
18 advance thereof as shall be necessary for the implementation of this  
19 act.

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22 STATEMENT

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24 This bill, as a condition of enrollment in NJ FamilyCare, requires  
25 a health care provider who practices under a State license with the  
26 authority to prescribe psychotropic drugs to provide information to,  
27 and obtain a consent form from, the parent or guardian of a child  
28 for whom the provider is prescribing an antipsychotic drug. NJ  
29 FamilyCare is the State health insurance program for low-income  
30 residents, and includes Medicaid and the Children's Health  
31 Insurance Program. Under the bill, the definition of a child  
32 includes all NJ FamilyCare enrollees, 18 years of age and younger.  
33 "Psychotropic drug" means a medication prescribed to a patient,  
34 such as a stimulant, anti-anxiety, anti-depressant, anti-psychotic, or  
35 mood stabilizer drug, to affect the central nervous system and to  
36 treat a behavioral health disorder or illness.

37 Specifically, the bill mandates the provider to share the  
38 following with the parent or guardian: the drug's Medication Guide  
39 approved by the United States Food and Drug Administration  
40 (FDA), if applicable; information regarding any evidence-based  
41 alternatives to the use of the psychotropic drug to treat the child's  
42 diagnosis; and information on how to use and access the FDA's  
43 Adverse Event Reporting System (FAERS) Public Dashboard,  
44 MedWatch Online Voluntary Reporting Form, and any subsequent  
45 tools implemented by the FDA to replace or supplement these two  
46 tools. The FAERS dashboard offers the public a means to search  
47 for data on adverse events reported to the FDA for many drug and  
48 biologic products, while MedWatch is a voluntary reporting tool

1 open to the public to submit observed or suspected adverse events  
2 regarding human medical products to the FDA.

3 Under the bill, providers are also required to obtain a signed  
4 consent form from the parent or guardian of a child stating that the  
5 parent or guardian: understands any potential risks or side effects of  
6 the drug, is aware of any evidenced-based alternatives to the use of  
7 the drug; and has been informed of the existing tools available from  
8 the FDA to report adverse effects of the drug on the child and to  
9 research reports of adverse effects of the drug on other patients.  
10 The provider is to retain this signed consent form in the child's  
11 patient file.