

CHAPTER 152
(CORRECTED COPY)

AN ACT concerning opioid antidotes, amending various parts of the statutory law, and supplementing P.L.2013, c.46 (C.24:6J-1 et al.).

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

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

C.24:6J-2 Findings, declarations relative to overdose prevention.

2. The Legislature finds and declares that encouraging people who witness or experience a suspected drug overdose to seek medical assistance saves lives and is in the best interests of the citizens of this State and, in instances where evidence was obtained as a result of seeking of medical assistance, those people who witness or experience a suspected drug overdose should be protected from arrest, charge, prosecution, conviction, and revocation of parole or probation for possession or use of illegal drugs or drug paraphernalia. Additionally, naloxone is a safe, inexpensive, and easily administered antidote to an opioid overdose. Encouraging the wider prescription and distribution of naloxone or similarly acting drugs to those at risk for an opioid overdose, or to members of their families or peers, would reduce the number of opioid overdose deaths and be in the best interests of the citizens of this State. To that end, it is the intent of the Legislature that opioid antidotes be made as easily accessible and as widely available as possible, such that they are readily available at all times to provide treatment to people experiencing a suspected opioid overdose. It is not the intent of the Legislature to protect individuals from arrest, prosecution or conviction for other criminal offenses, including engaging in drug trafficking, nor is it the intent of the Legislature to in any way modify or restrict the current duty and authority of law enforcement and emergency responders at the scene of a medical emergency or a crime scene, including the authority to investigate and secure the scene.

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

C.24:6J-3 Definitions relative to overdose prevention.

3. As used in this act:

"Commissioner" means the Commissioner of Human Services.

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

"Emergency medical response entity" means an organization, company, governmental entity, community-based program, or healthcare system that provides pre-hospital emergency medical services and assistance. "Emergency medical response entity" includes, but is not limited to, a first aid, rescue and ambulance squad or other basic life support (BLS) ambulance provider; a mobile intensive care provider or other advanced life support (ALS) ambulance provider; an air medical service provider; or a fire-fighting company or organization, which squad, provider, company, or organization is qualified to send paid or volunteer emergency medical responders to the scene of an emergency.

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

"Health care practitioner" means any individual who is licensed or certified to provide health care services pursuant to Title 45 of the Revised Statutes.

"Institution of higher education" means any public or private university, college, technical college or community college located in New Jersey.

"Law enforcement agency" means a department, division, bureau, commission, board or other authority of the State or of any political subdivision thereof which employs law enforcement officers.

"Law enforcement officer" means a person whose public duties include the power to act as an officer for the detection, apprehension, arrest and conviction of offenders against the laws of this State.

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

"Occupational school" means a business, trade, technical, or other school approved by a nationally-recognized accrediting agency.

"Opioid antidote" means 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.

"Prescriber" means a health care practitioner authorized by law to prescribe medications. "Prescriber" includes, but shall not be limited to, physicians, physician assistants, and advanced practice nurses.

"Public library" means a library that serves, free of charge, all residents of an area without discrimination and that receives its financial support, in whole or in part, from public funds.

"Public transportation hub" means a passenger station, terminal, or other facility, as designated by the Commissioner of Transportation, where public transportation services are made available.

"Recipient" means any individual who or entity that is prescribed or dispensed an opioid antidote in accordance with section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of P.L.2017, c.88 (C.45:14-67.2). The term "recipient" shall include, but shall not be limited to, private citizens, emergency medical responders, emergency medical response entities, law enforcement officers, law enforcement agencies, recognized places of public access, employees and volunteers providing services at, through, or on behalf of a recognized place of public access, public and nonpublic schools, school nurses and other staff at a public or nonpublic school, sterile syringe access programs, and staff and employees of a sterile syringe access program. The term "recipient" shall not include a prescriber or a licensed pharmacist acting within a professional capacity.

"Recognized place of public access" means a public library, institution of higher education, occupational school, or public transportation hub.

"Sterile syringe access program" means a program established pursuant to the provisions of P.L.2006, c.99 (C.26:5C-25 et al.).

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

C.24:6J-4 Immunity from liability for certain prescribers, practitioners, dispensers.

4. a. (1) A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote directly or through a standing order to any person or entity. Any person or entity may be dispensed an opioid antidote pursuant to an individual prescription or a standing order issued by a prescriber, and any person or entity may be dispensed an opioid antidote by a pharmacy as provided in section 1 of P.L.2017, c.88 (C.45:14-67.2).

(2) Nothing in P.L.2013, c.46 (C.24:6J-1 et al.) shall be construed to restrict in any way the ability of any individual or entity to be dispensed an opioid antidote. The persons and entities to whom an opioid antidote may be prescribed and dispensed shall include private citizens, individuals who are dispensed an opioid antidote for administration or distribution to others in either a private or professional capacity, entities that are dispensed opioid antidotes on behalf of individuals who administer or distribute opioid antidotes to others in the course of their professional duties, and entities other than a prescriber or pharmacist that maintain a stock of opioid antidotes for distribution or administration to others.

(3) (Deleted by amendment, P.L.2021, c.152).

(4) (Deleted by amendment, P.L.2021, c.152).

b. (1) A recipient in possession of an opioid antidote may administer the opioid antidote to any other person, without fee, in any situation in which the recipient reasonably believes the other person to be experiencing an opioid overdose.

(2) A recipient in possession of an opioid antidote may distribute the opioid antidote, without fee, to any other person who the recipient reasonably believes to be at risk of experiencing an opioid overdose or who the recipient reasonably believes will be in a position to administer the opioid antidote to a person experiencing an opioid overdose. A recipient distributing an opioid antidote to another person pursuant to this paragraph shall make reasonable efforts to furnish the person with the overdose prevention information described in section 5 of P.L.2013, c.46 (C.24:6J-5). The Commissioner of Health, or, if the commissioner is not a duly licensed physician, the Deputy Commissioner for Public Health Services, shall issue a standing order authorizing the distribution of opioid antidotes pursuant to this paragraph.

c. (1) A prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in good faith, and in accordance with the provisions of this section, shall not, as a result of the practitioner's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes, for prescribing or dispensing the opioid antidote. A pharmacist that dispenses an opioid antidote in good faith, in accordance with the provisions of this section or section 1 of P.L.2017, c.88 (C.45:14-67.2), shall not, as a result of the pharmacist's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes, for dispensing the opioid antidote.

(2) A recipient who administers or distributes an opioid antidote in good faith as provided in subsection b. of this section shall not, as a result of any of the recipient's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action, for administering or distributing the opioid antidote.

d. (Deleted by amendment, P.L.2021, c.152).

e. The immunity provided by this section for persons who are engaged in prescribing, dispensing, distributing, or administering an opioid antidote shall be coextensive with the

immunity provided under sections 7 and 8 of P.L.2013, c.46 (C.2C:35-30 and C.2C:35-31), to the extent that the provisions of those sections apply.

- f. (Deleted by amendment, P.L.2021, c.152).
- g. (Deleted by amendment, P.L.2021, c.152).
- h. (Deleted by amendment, P.L.2021, c.152).

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

C.24:6J-5 Overdose prevention information.

5. a. (1) A prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in accordance with subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4), and a pharmacist who dispenses an opioid antidote pursuant to subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of P.L.2017, c.88 (C.45:14-67.2), shall ensure that overdose prevention information is provided to the recipient. The overdose prevention information shall include, but need not be limited to: information on opioid overdose prevention and recognition; instructions on how to perform rescue breathing and resuscitation; information on opioid antidote dosage and instructions on opioid antidote administration; information describing the importance of calling the 911 emergency telephone service for assistance with an opioid overdose; and instructions for appropriate care of a person believed to be experiencing an opioid overdose after administration of the opioid antidote.

(2) (Deleted by amendment, P.L.2021, c.152).

b. (1) (Deleted by amendment, P.L.2021, c.152).

(2) The dissemination of overdose prevention information shall be documented by the prescribing or dispensing health care practitioner or dispensing pharmacist in the patient's medical record or another appropriate record, log or other similar recordkeeping location.

c. In order to facilitate the dissemination of overdose prevention information in accordance with this section, the Commissioner of Human Services, in consultation with the Department of Health and Statewide organizations representing physicians, advanced practice nurses, or physician assistants, and organizations operating community-based programs, sterile syringe access programs, or other programs which address medical or social issues related to substance use disorders, may develop training materials in video, electronic, or other appropriate formats, and disseminate these materials to health care practitioners. The Commissioner of Human Services may make the materials available to the general public through the Internet website of the Department of Human Services, with such modifications as may be appropriate to adapt the materials for use by persons who are not health care practitioners. The commissioner shall ensure the materials are available in English, Spanish, and any other language that the commissioner determines is the first language of a significant number of people who are likely to be prescribed or dispensed an opioid antidote in accordance with subsection a. of section 4 of P.L.2013, c.46 (C.24:6J-4) or dispensed an opioid antidote pursuant to section 1 of P.L.2017, c.88 (C.45:14-67.2).

5. Section 1 of P.L.2017, c.285 (C.24:6J-5.1) is amended to read as follows:

C.24:6J-5.1 Provision of certain information to victims of opioid overdoses; definitions.

1. a. If an opioid antidote is administered by a health care practitioner or a first responder to a person believed to be experiencing a drug overdose, an opioid antidote and information concerning substance use disorder treatment programs and resources and sterile

syringe access programs and resources, including information on the availability of opioid antidotes, shall be provided to the person as follows:

(1) If the person is admitted to a health care facility or receives treatment in the emergency department of a health care facility, a staff member designated by the health care facility, who may be a social worker, professional counselor, licensed or certified alcohol or drug counselor, or other appropriate professional, shall offer to furnish the person, or a family member or friend of the person in attendance during the patient's admission or emergency department visit, with an opioid antidote upon discharge, along with information regarding the cost of the opioid antidote, and shall provide the information concerning substance use disorder treatment programs and resources and sterile syringe access programs and resources to the person at any time after treatment for the drug overdose is complete, but prior to the person's discharge from the facility. The designated staff member shall document the provision of the information and the dispensing of an opioid antidote to the person or to a family member or friend of the person, if an opioid antidote is dispensed, in the person's medical record, and may, in collaboration with an appropriate health care practitioner, additionally develop an individualized substance use disorder treatment plan for the person.

(2) If the opioid antidote is administered by a first responder and the person believed to be experiencing an overdose is not subsequently transported to a health care facility, the first responder shall offer to furnish the person with an opioid antidote and shall provide the information concerning substance use disorder treatment programs and resources and sterile syringe access programs and resources to the person at the time treatment for the drug overdose is complete. First responders shall maintain an adequate supply of opioid antidotes, in excess of the supply needed to meet the anticipated demand for opioid antidotes to treat individuals believed to be experiencing an opioid overdose, as is necessary to ensure people treated for a suspected opioid overdose can be furnished with an opioid antidote at the time treatment for the overdose is complete.

b. As used in this section:

"First responder" means a law enforcement officer, paid or volunteer firefighter, paid or volunteer member of a duly incorporated first aid, emergency, ambulance, or rescue squad association, or any other individual who, in the course of that individual's employment, is dispatched to the scene of an emergency situation for the purpose of providing medical care or other assistance.

"Health care facility" means a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

"Opioid antidote" means 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.

c. The Commissioner of Human Services shall develop informational materials concerning substance use disorder treatment programs and resources and sterile syringe access programs and resources, and information on the availability of opioid antidotes, for dissemination to health care practitioners and first responders to facilitate the provision of information to persons who are treated for a suspected overdose as provided in this section.

C.24:6J-7 Opioid antidotes, recognized place of public access.

6. a. To the extent funds are made available by the State for this purpose, a recognized place of public access shall obtain a supply of opioid antidotes pursuant to a standing order issued pursuant to section 4 of P.L.2013, c.46 (C.24:6J-4) or section 1 of P.L.2017, c.88 (C.45:14-67.2), which opioid antidotes shall be maintained in one or more secure and easily accessible locations for the purpose of administering the opioid antidote to any person who is reasonably believed to be experiencing an opioid overdose. Nothing in this section shall be construed to limit, restrict, or otherwise prohibit any other person or entity from obtaining, maintaining, distributing, or administering opioid antidotes as authorized under section 4 of P.L.2013, c.46 (C.24:6J-4) or any other provision of law.

b. A recognized place of public access that acquires and maintains a supply of opioid antidotes pursuant to subsection a. of this section shall ensure that at least one employee or volunteer who regularly provides services at, through, or on behalf of the recognized place of public access has received training on the standardized protocols for the administration of an opioid antidote to a person who is reasonably believed to be experiencing an opioid overdose, the requirements for which training shall be established by the Commissioner of Human Services. The training and protocols shall follow best practices for low-threshold community use of opioid antidotes in recognized places of public access, and shall include the overdose prevention information described in subsection a. of section 5 of P.L.2013, c.46 (C.24:6J-5). The commissioner may require by regulation that more than employee or volunteer at a recognized place of public access complete the training required pursuant to this subsection.

c. A recognized place of public access may, to the extent not otherwise prohibited by State or federal law, enter into an agreement with a community-based organization to distribute opioid antidotes on the premises of the recognized place of public access.

7. Section 2 of P.L.2018, c.106 (C.18A:40-12.24) is amended to read as follows:

C.18A:40-12.24 Development of school policy for emergency administration of opioid antidotes.

2. a. Each board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school shall develop a policy, in accordance with guidelines established by the Department of Education pursuant to section 3 of this act, for the emergency administration of an opioid antidote to a student, staff member, or other person who is reasonably believed to be experiencing an opioid overdose. The policy shall:

(1) require each school that includes any of the grades nine through 12, and permit any other school, to obtain a standing order for opioid antidotes pursuant to section 4 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-4), and to maintain a supply of opioid antidotes under the standing order in a secure but unlocked and easily accessible location; and

(2) direct the school nurse, or a trained employee designated pursuant to subsection c. of this section, to administer an opioid antidote to any person whom the nurse or trained employee in good faith reasonably believes is experiencing an opioid overdose.

b. (1) Opioid antidotes shall be maintained by a school pursuant to paragraph (1) of subsection a. of this section in quantities and types deemed adequate by the board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school, in consultation with the Department of Education and the Department of Human Services.

(2) The opioid antidotes shall be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building. A board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school may, in its discretion, make opioid antidotes accessible during school-sponsored functions that take place off school grounds.

c. (1) The school nurse shall have the primary responsibility for the emergency administration of an opioid antidote in accordance with a policy developed under this section. The board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school shall designate additional employees of the school district, charter school, or nonpublic school who volunteer to administer an opioid antidote in the event that a person is reasonably believed to be experiencing an opioid overdose when the nurse is not physically present at the scene. Nothing in this section shall be construed to prohibit any other person from administering an opioid antidote to a person who is reasonably believed to be experiencing an opioid overdose, if the administration is consistent with the requirements of P.L.2013, c.46 (C.24:6J-1 et al.).

(2) In the event that a licensed athletic trainer volunteers to administer an opioid antidote pursuant to this act, it shall not constitute a violation of the "Athletic Training Licensure Act," P.L.1984, c.203 (C.45:9-37.35 et seq.).

d. A policy developed pursuant to this section shall require the transportation of a person reasonably believed to have experienced an overdose to a hospital emergency room by emergency services personnel after the administration of an opioid antidote, even if the person's symptoms appear to have resolved.

8. Section 3 of P.L.2018, c.106 (C.18A:40-12.25) is amended to read as follows:

C.18A:40-12.25 Guidelines for development of policy.

3. a. The Department of Education, in consultation with the Department of Human Services and appropriate medical experts, shall establish guidelines for the development of a policy by a school district, charter school, or nonpublic school for the emergency administration of opioid antidotes. Each board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school shall implement the guidelines in developing a policy pursuant to section 2 of this act.

b. The guidelines shall include a requirement that each school nurse, and each employee designated pursuant to subsection c. of section 2 of this act, receive training on standardized protocols for the administration of an opioid antidote to a person who is reasonably believed to be experiencing an opioid overdose. The training shall include the overdose prevention information described in subsection a. of section 5 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-5). The guidelines shall specify an appropriate entity or entities to provide the training, and a school nurse shall not be solely responsible to train the employees designated pursuant to subsection c. of section 2 of this act.

9. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read as follows:

C.26:5C-28 Establishment, authorization by municipality of certain programs.

4. a. In accordance with the provisions of section 3 of P.L.2006, c.99 (C.26:5C-27), a municipality may establish or authorize establishment of a sterile syringe access program that is approved by the commissioner to provide for the exchange of hypodermic syringes and needles.

(1) A municipality that establishes a sterile syringe access program, at a fixed location or through a mobile access component, may operate the program directly or contract with one or more of the following entities to operate the program: a hospital or other health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), a federally qualified health center, a public health agency, a substance abuse treatment program, an AIDS service organization, or another nonprofit entity designated by the municipality. These entities shall also be authorized to contract directly with the commissioner in any municipality in which the governing body has authorized the operation of sterile syringe access programs by ordinance pursuant to paragraph (2) of this subsection. The municipality or entity under contract shall implement the sterile syringe access program in consultation with a federally qualified health center and the New Jersey Office on Minority and Multicultural Health in the Department of Health, and in a culturally competent manner.

(2) Pursuant to paragraph (2) of subsection a. of section 3 of P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body has authorized the operation of sterile syringe access programs within the municipality may require within the authorizing ordinance that an entity as described in paragraph (1) of this subsection obtain approval from the municipality, in a manner prescribed by the authorizing ordinance, to operate a sterile syringe access program prior to obtaining approval from the commissioner to operate such a program, or may permit the entity to obtain approval to operate such a program by application directly to the commissioner without obtaining prior approval from the municipality.

(3) Two or more municipalities may jointly establish or authorize establishment of a sterile syringe access program that operates within those municipalities pursuant to adoption of an ordinance by each participating municipality pursuant to this section.

b. A sterile syringe access program shall comply with the following requirements:

(1) Sterile syringes and needles shall be provided at no cost to consumers 18 years of age and older;

(2) Program staff shall be trained and regularly supervised in: harm reduction; substance use disorder, medical and social service referrals; and infection control procedures, including universal precautions and needle stick injury protocol; and programs shall maintain records of staff and volunteer training and of hepatitis C and tuberculosis screening provided to volunteers and staff;

(3) The program shall offer information about HIV, hepatitis C and other bloodborne pathogens and prevention materials at no cost to consumers, and shall seek to educate all consumers about safe and proper disposal of needles and syringes;

(4) The program shall provide information and referrals to consumers, including HIV testing options, access to medication-assisted substance use disorder treatment programs and other substance use disorder treatment programs, and available health and social service options relevant to the consumer's needs. The program shall encourage consumers to receive an HIV test, and shall, when appropriate, develop an individualized substance use disorder treatment plan for each participating consumer;

(5) The program shall screen out consumers under 18 years of age from access to syringes and needles, and shall refer them to substance use disorder treatment and other appropriate programs for youth;

(6) The program shall develop a plan for the handling and disposal of used syringes and needles in accordance with requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated medical waste disposal pursuant to the "Comprehensive Regulated Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et al.), and shall also develop and maintain protocols for post-exposure treatment;

(7) (a) The program may obtain a standing order, pursuant to the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.), authorizing program staff to carry and distribute naloxone hydrochloride or another opioid antidote to consumers, to the family members and friends of consumers, and to any member of the general public;

(b) The program shall provide overdose prevention information to consumers, the family members and friends of consumers, and members of the general public, in accordance with the provisions of section 5 of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-5);

(8) The program shall maintain the confidentiality of consumers by the use of confidential identifiers, which shall consist of the first two letters of the first name of the consumer's mother and the two-digit day of birth and two-digit year of birth of the consumer, or by the use of such other uniform Statewide mechanism as may be approved by the commissioner for this purpose;

(9) The program shall provide a uniform identification card that has been approved by the commissioner to consumers and to staff and volunteers involved in transporting, exchanging or possessing syringes and needles, or shall provide for such other uniform Statewide means of identification as may be approved by the commissioner for this purpose;

(10) The program shall provide consumers at the time of enrollment with a schedule of program operation hours and locations, in addition to information about prevention and harm reduction and substance use disorder treatment services; and

(11) The program shall establish and implement accurate data collection methods and procedures as required by the commissioner for the purpose of evaluating the sterile syringe access programs, including the monitoring and evaluation on a quarterly basis of:

(a) sterile syringe access program participation rates, including the number of consumers who enter substance use disorder treatment programs and the status of their treatment;

(b) the effectiveness of the sterile syringe access programs in meeting their objectives, including, but not limited to, return rates of syringes and needles distributed to consumers and the impact of the sterile syringe access programs on intravenous drug use; and

(c) the number and type of referrals provided by the sterile syringe access programs and the specific actions taken by the sterile syringe access programs on behalf of each consumer.

c. A municipality may terminate a sterile syringe access program established or authorized pursuant to this act, which is operating within that municipality, if its governing body approves such an action by ordinance, in which case the municipality shall notify the commissioner of its action in a manner prescribed by regulation of the commissioner.

10. Section 1 of P.L.2017, c.88 (C.45:14-67.2) is amended to read as follows:

C. 45:14-67.2 Dispensing of opioid antidotes by pharmacist; definitions.

1. a. Notwithstanding any other law or regulation to the contrary, a pharmacist may dispense an opioid antidote to any person or entity, regardless of whether the person or entity holds an individual prescription for the opioid antidote, pursuant to a standing order issued by a prescriber or pursuant to the standing order issued pursuant to subsection b. of this section. A pharmacist who dispenses an opioid antidote pursuant to this section shall comply with the provisions of the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et al.).

b. The Commissioner of Health, or, if the commissioner is not a duly licensed physician, the Deputy Commissioner for Public Health Services, shall issue a standing order authorizing all licensed pharmacists in the State to dispense an opioid antidote to any individual or entity, regardless of whether the individual or entity holds an individual prescription for the opioid antidote. The Commissioner of Health shall provide a copy of the standing order to the

Board of Pharmacy, which shall post a copy of the standing order on the board's Internet website and transmit a copy of the standing order to all licensed pharmacists in such a manner as the board deems appropriate.

c. As used in this section:

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

"Prescriber" means the same as that term is defined in section 3 of P.L.2013, c.46 (C.24:6J-3).

11. This act shall take effect 60 days after the date of enactment, but the Commissioner of Health, the Commissioner of Human Services, and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety may each take any anticipatory administrative action in advance as shall be necessary for the implementation of this act.

Approved July 2, 2021.