

# LEGISLATIVE REPORT



219<sup>th</sup> Legislative Session  
November 2021 – January 2022



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## INTRODUCTION

Beginning with this first issue, NCAAR-BH's Public Policy Unit will be preparing and distributing monthly Legislative reports. These reports identify proposed legislation introduced by New Jersey lawmakers that are directly relevant to behavioral health and therefore are of particular interest to the National Center for Advocacy and Recovery for Behavior Health. Because the concept of behavioral health is often broadly defined, a non-exhaustive list of these topics include Criminal Justice, Harm Reduction, Access to and Funding for Treatment, Mental Health, Telemedicine/Telehealth, Public Assistance, Domestic Violence, Public Education, and Health Equity & Parity (understood as the equal treatment of mental health conditions and substance use disorders in health insurance plans).

Each report will organize proposed legislation under these topics as well as provide a brief summary, identification of the lead sponsors, a hyperlink to the complete bill posted on the New Jersey Legislature's website and, finally, the current status of the legislation, e.g., whether the bill has been enacted into law or vetoed. These reports are intended to be cumulative; that is, the reports will incorporate new legislation throughout each two-year legislative session while updating the status of legislation set forth in previous reports.

Inclusion of legislation in NCAAR-BH's monthly legislative reports is not an expression of support or otherwise reflect a considered endorsement of a particular policy or bill. Rather, these reports should be considered a starting point with regard to identifying proposed legislation that, if enacted, will best serve NCAAR-BH's stakeholders and, of course, promote positive impacts for the behavioral health community as a whole. To be certain, during each legislative session some legislation will be strongly supported or vigorously opposed by NCAAR-BH, and that legislation will be analyzed in greater detail in separate publications available to NCAAR-BH's dedicated and passionate advocates, stakeholders, legislators, and any citizen who believes that the enactment of a particular law will benefit themselves, their family members and their community.

This inaugural report covers the "lame duck" session of the 219<sup>th</sup> Legislature, which unofficially began on Election Day, November 3, 2020, and ended on the January 11, 2021, with the swearing in of the 220<sup>th</sup> Legislature. Lame duck legislative sessions are typically characterized by a flurry of legislative activity, and the conclusion of the 219<sup>th</sup> Legislature was no exception. The forthcoming January 2021 Legislative Report will incorporate new legislation introduced during the first month of the new 220<sup>th</sup> Legislative Session.

## HARM REDUCTION

[S5495](#) | Permits Certain Paramedics to Administer Buprenorphine

**SUMMARY:** This law authorizes paramedics to administer buprenorphine following the emergency administration of an opioid antidote to that individual.

**STATUS:** Signed into law, P.L. 2021, c.153

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[S3009](#) | Authorizes Expanded Harm Reduction Services To Include Distribution of Sterile Syringes and To Provide Certain Support Services to Persons Who Use Drugs Intravenously

**SUMMARY:** This law authorizes expanded access to harm reduction service directed at intravenous drug users including providing those individuals with sterile syringes, testing those individuals for bloodborne pathogens such as HIV and hepatitis C, and providing those individuals with additional support services. Currently, these services are provided through programs known as “syringe access programs.” Current law provides that municipalities may establish a harm reduction program, subject to certain requirements, including a requirement that harm reduction programs work with certain entities to provide a broad range of support services to consumers, including: health care facilities and programs that may provide appropriate health care services, including mental health services, medication-assisted treatment, and other substance use disorder treatment services; housing assistance programs; career and employment-related counseling programs; and education counseling programs. Programs are to additionally provide for the adoption of a uniform identification card or other uniform Statewide means of identification for consumers, staff, and volunteers of a harm reduction program and maintain, records related to program activity, and report certain data to the Commissioner of Health to assist in evaluating the impact of the programs. This law allows any entity to provide a harm reduction services upon registration with the Department of Health (DOH), subject to the same general operational requirements as currently apply, including certain training requirements for staff related to harm reduction, substance use disorder, medical and social service referrals, infection control procedures, including universal precautions and needle stick injury protocols, and other subjects as determined by the entity providing harm reduction services and the DOH.

**STATUS:** Signed into Law, P.L. 2021, c. 396.

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[A798](#) | Establishes a Drug Overdose Review Team in Each County

**SUMMARY:** Under this law, the Local Advisory Committee on Alcohol Use Disorder and Substance Use Disorder in each county may establish a local drug overdose fatality review team for that county. A local drug overdose fatality review team may serve one or more counties where practicable. Local drug overdose fatality review teams shall consist of 14 individuals with experience and knowledge regarding health, social services, law enforcement, education, emergency medicine, mental health, juvenile delinquency, and drug and alcohol abuse. In addition, the Commissioner of Health shall develop a mandatory drug overdose death reporting process, pursuant to which health care practitioners, medical examiners, hospitals, emergency medical services providers, local health departments, law enforcement agencies, substance use disorder treatment programs, and relevant social services agencies will be required to confidentially report cases of drug overdose death to the Department of Health in a standardized, uniform format.

**STATUS:** Signed into law, P.L. 2021, c. 430.

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[A5595](#) | Requires Division of Consumer Affairs to Publish Details of Retail Price of Opioid Antidotes

**SUMMARY:** This law establishes the "New Jersey Prescription Drug Retail Price Registry" in the Division of Consumer Affairs in the Department of Law and Public Safety for the purpose of making retail price information for the 150 most frequently prescribed prescription drugs in the State and opioid antidotes readily available to consumers.

**STATUS:** Signed into law, P.L., 2021, c.155.

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[S3491](#) | Permits Any Person to Administer Opioid Antidotes

**SUMMARY:** This law 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 to 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. 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.

**STATUS:** Signed into law. P.L. 2021, c. 152.

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[A5703](#) | Requires Certain Health Insurers to Cover Opioid Antidote Without Imposing Prior Authorization

**SUMMARY:** This laws requires certain health benefits carriers and State programs to provide coverage for naloxone without imposing prior authorization requirements. The goal of this bill is to broaden and expedite the availability of naloxone throughout the State, and to save lives in doing so.

**STATUS:** Signed into law, P.L. 2021, c.156.

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## CRIMINAL JUSTICE

[S415](#) | Requires Reentry Assistance To Be Provided To Certain Inmates Who Serve Their Maximum Sentence

**SUMMARY:** This bill would have required the Division of Parole to offer the same post-release services to defendants who have served the maximum term of incarceration that are provided to defendants who are released on parole. Under the bill, these services were to be provided upon request of the defendant. The bill directed the Commissioner of Corrections to advise these defendants of the availability of these services and to provide them with appropriate contact information.

**STATUS:** Unconditionally vetoed by Governor Murphy.

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[A4771](#) | Expands Offenses Eligible For Expungement for Drug Court Graduates

**SUMMARY:** This law expands the offenses that are eligible for expungement after a defendant's successful discharge from special probation (drug court) to include certain, nonviolent offenses set forth in paragraph (2) of subsection a. of N.J.S.2C:24-4, involving endangering the welfare of a child. It also creates a separate process for expungement relief for a person with such a conviction, which is not expungable under any other available expungement process, and permits the person to make an application to generally expunge the person's entire criminal record following at least a 10-year period from

**STATUS:** Signed into Law, P.L. 2021, c.460.

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[S3493](#) | Permits Expungement of Possession or Distribution of Hypodermic Syringe or Needle Offense

**SUMMARY:** This law allows the expungement of a criminal record of unlawful possession or distribution of a hypodermic syringe or needle in cases where the person has had a previous expungement. The law also provides that it is not unlawful for a person to use, or possess with the intent to use, a hypodermic needle or syringe for the personal use of a controlled substance or if the hypodermic syringe or needle contains a residual amount of a controlled dangerous substance or controlled substance analog and also repeals the statute concerning unlawful possession of a hypodermic syringe or needle, N.J.S.2C:36-6.

**STATUS:** Signed into law, P.L. 2021, c. 403

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[A4366](#) | Police Training: Contract with a Crisis Intervention Center

**SUMMARY:** This law requires the Police Training Commission (PTC) in the Division of Criminal Justice in the Department of Law and Public Safety to contract with a crisis intervention training center to assist and support counties in developing and implementing the Crisis Intervention Team model. The law defines a “crisis intervention training center” as a program or entity that has operated as a crisis intervention support center in the State for a period of at least five years and is contracted under the law to assist counties in developing and implementing the Crisis Intervention Team model. The “Crisis Intervention Team model” is the best practice jail diversion model originally developed by the Memphis Tennessee Police Department and implemented in New Jersey as a county based collaboration of professionals committed to improving the law enforcement and mental health systems’ response to persons experiencing a psychiatric crisis who come into contact with law enforcement first responders. The bill directs the PTC to assume and maintain any existing contract between a crisis intervention training center and the Division of Mental Health and Addiction Services (DMHAS) in the Department of Human Services.

**STATUS:** Signed into law, P.L. 2021, c.455.

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## TREATMENT FUNDING

[S3867](#) | Establishes Opioid Recovery & Remediation Fund and Opioid Recovery Council



**SUMMARY:** This bill establishes a dedicated, non-lapsing fund into which the State Treasurer will be required to deposit the State’s share of monies received as the result of litigation against opioid manufacturers. If enacted the bill would limit the use of the fund for certain clearly defined purposes, including, but not limited to, providing treatment to people with opioid use disorders. The bill would also create a Opioid Recovery and Remediation Fund Advisory Council consisting of 13 members, including 4 public members who possess knowledge and expertise in matters related to substance use disorder treatment, harm reduction, criminal justice, drug policy, behavioral health, health care equity, health policy, and person experience with substance use and substance use disorders. The Council will provide general, nonbinding recommendations regarding the disbursement of the funds.

**STATUS:** Conditionally vetoed. Reintroduced in current session as [S783](#) on January 18, 2022. Reported from Senate Committee on February 3<sup>rd</sup> and recommitted to the Senate Budget and Appropriations Committee on February 10, 2022. An identical Assembly Bill, [A1488](#), was introduced on January 11, 2022. On February 14, 2022, the bill was reported out of the Assembly Committee with amendments and referred to the Assembly Budget Committee.

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#### [S995](#) | DOLWD and DHS Required to Conduct Assessment of Community Rehab Programs

**SUMMARY:** This bill would have required the Division of Vocational Rehabilitation Services in the Department of Labor and Workforce Development and the Commission for the Blind and Visually Impaired in the Department of Human Services to conduct a case-by-case assessment of employment offered by community rehabilitation programs and community businesses, including but not limited to, work crews, call centers, employment through contracts under the New Jersey Rehabilitation Facilities Set-Aside Act, employment through Ability One contracts, and other independent work assignments to determine if the employment opportunity meets the criteria for “competitive integrated employment” under the federal Workforce Innovation and Opportunity Act (WIOA).

**STATUS:** Pocket vetoed by Governor Murphy.

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## PUBLIC ASSISTANCE

S2953 | Expands the Scope of Reentry Services and Benefits Currently Available to

[A5758](#) | Provides Funding for Clinical Program to Provide Legal Services for Low Income Tenants

**SUMMARY:** This law requires the Legislature to annually appropriate monies for the Seton Hall Law School, the Rutgers Law School, Camden location, and the Rutgers Law School, Newark location, to establish experiential housing advocacy programs that provide free legal services to low- and moderate-income tenants who are in need of housing assistance. The experiential housing advocacy programs shall be implemented according to guidance issued by each law school.

**STATUS:** Signed into law, P.L., 2021, c. 181.

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[S4055](#) | Unemployment Intake Accountability Pilot Program

**SUMMARY:** The Commissioner of Labor and Workforce Development shall establish a three-year “Unemployment Intake Accountability Pilot Program” in the Department of Labor and Workforce Development. The objective of the pilot program shall be to study 11 the effectiveness of recording customer service intake calls to the Division of Unemployment Insurance to facilitate the timely delivery of benefits. Under the pilot program, a representative sample of customer service intake calls shall be recorded for later analysis by the commissioner.

**STATUS:** Introduced in Lame Duck Session. No further action was taken.

[A1229](#) | Requires DCA to Make Homeless Prevention Programs Available on Website

**SUMMARY:** This law requires that the Department of Community Affairs (DCA) prepare and make available information on its website concerning all homeless prevention programs that are available to homeless persons or persons who are at imminent risk of homelessness. The bill also requires that DCA update this information whenever necessary.

**STATUS:** Signed into Law, P.L. 2021, c.437.

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## TELEMEDICINE AND TELEHEALTH

[S2559](#) : Telemedicine and Telehealth: Requirements for Health Insurance/Medicaid to Cover

**SUMMARY:** This law requires that reimbursement for telemedicine and telehealth services for health care be equal to the reimbursement rate for the same services when they are provided in person, provided the services are otherwise covered when provided in person in New Jersey.

**STATUS:** Signed into law, P.L. 2021, c.310.

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[A6239](#) | Permits Telemedicine Services to be Provided Using Audio-Only Technology When Providing Behavioral Health Care Services.

**SUMMARY:** This bill would have permitted telemedicine services to be provided using audio-only technology when providing behavioral health care services. Ordinarily, telemedicine services may not be provided using in audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission. Under this bill, the health care provider who is providing behavioral health care services using telemedicine would have been authorized provide the services using audio only technology. The bill defines "behavioral health care services" to mean procedures or services provided by a health care practitioner to a patient for the treatment of a mental illness or emotional disorder that is of mild to moderate severity.

**STATUS:** Introduced during lame duck session. No further action taken.

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## MENTAL HEALTH

[A2271](#) | Suicide Prevention: Requires Additional School Personnel to Complete Training

**SUMMARY:** This bill provides that a school district employee who is not subject to the current professional development requirement will be required to complete a one-time training program in suicide prevention, awareness, and response developed or identified by the Department of Education. The bill also directs the Department of Education, in consultation with the Department of Children and Families, the Department of Human Services, the New Jersey Youth Suicide Prevention Advisory Council, suicide prevention experts, and interested stakeholders in the education community to: 1) develop or identify training programs on suicide prevention, awareness, and response that persons subject to the bill's training requirements may access and complete free of charge; and 2) develop an educational fact sheet on suicide prevention, awareness, and response.

**STATUS:** No full vote in the Senate before the end of legislative term.

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