ASSEMBLY, No. 4760

STATE OF NEW JERSEY

216th LEGISLATURE

INTRODUCED NOVEMBER 16, 2015

Sponsored by:
Assemblyman JOSEPH A. LAGANA
District 38 (Bergen and Passaic)

SYNOPSIS

Requires health care practitioners to discuss risk of addiction when prescribing certain drugs to patients who are minors.

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning prescription drugs and amending P.L.1970, c.226.

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

1. Section 15 of P.L.1970, c.226 (C.24:21-15) is amended to read as follows:

15. Prescriptions. a. Except when dispensed directly in good faith by a practitioner, other than a pharmacist, in the course of **[**his**]** the practitioner's professional practice only, to an ultimate user, no controlled dangerous substance included in Schedule II, which is a prescription drug as defined in section 2 of P.L.2003, c.280 (C.45:14-41), may be dispensed without the written prescription of a practitioner; provided that in emergency situations, as prescribed by the division by regulation, such drug may be dispensed upon oral prescription reduced promptly to writing and filed by the pharmacist, if such oral prescription is authorized by federal law. Prescriptions shall be retained in conformity with the requirements of section 13 of P.L.1970, c.226 (C.24:21-13). No prescription for a Schedule II substance may be refilled.

b. Except when dispensed directly in good faith by a practitioner, other than a pharmacist, in the course of **[**his**]** the practitioner's professional practice only, to an ultimate user, no controlled dangerous substance included in Schedules III and IV which is a prescription drug as defined in section 2 of P.L.2003, c.280 (C.45:14-41) may be dispensed without a written or oral prescription. Such prescription may not be filled or refilled more than six months after the date thereof or be refilled more than five times after the date of the prescription, unless renewed by the practitioner.

c. No controlled dangerous substance included in Schedule V may be distributed or dispensed other than for a valid and accepted medical purpose.

d. A practitioner other than a veterinarian who prescribes a controlled dangerous substance in good faith and in the course of **[**his**]** the practitioner's professional practice may administer the same or cause the same to be administered by a nurse or intern under **[**his**]** the practitioner's direction and supervision.

e. A veterinarian who prescribes a controlled dangerous substance not for use by a human being in good faith and in the course of **[**his**]** the veterinarian's professional practice may administer the same or cause the same to be administered by an

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.

assistant or orderly under 【his】 the veterinarian's direction and supervision.

f. A person who has obtained a controlled dangerous substance from the prescribing practitioner for administration to a patient during the absence of the practitioner shall return to the practitioner any unused portion of the substance when it is no longer required by the patient or when its return is requested by the practitioner.

g. Whenever it appears to the division that a drug not considered to be a prescription drug under existing State law should be so considered because of its abuse potential, it shall so advise the New Jersey State Board of Pharmacy and furnish to it all available data relevant thereto.

h. (1) Prior to issuing a prescription for a Schedule II controlled dangerous substance or any opioid drug which is a prescription drug as defined in section 2 of P.L.2003, c.280 (C.45:14-41), a practitioner shall discuss with a patient who is under 18 years of age and is an emancipated minor, or with the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, the risks of developing a physical or psychological dependence on the controlled dangerous substance or prescription opioid drug and, if the practitioner deems it appropriate, such alternative treatments as may be available.

(2) A practitioner who engages in a discussion required pursuant to paragraph (1) of this subsection shall obtain from the person with whom the practitioner had the discussion a written acknowledgement that the discussion took place. The written acknowledgement shall be included in the patient's medical record and shall be on a form developed by the division in consultation with such medical professional societies and associations as may be identified by the director.

(3) The division shall develop and make available to practitioners guidelines for the discussion required pursuant to paragraph (1) of this subsection.

(4) This subsection shall not apply to a prescription for a patient who is currently receiving hospice care from a licensed hospice.

(cf: P.L.2007, c.244, s.14)

2. This act shall take effect immediately.

STATEMENT

This bill requires health care practitioners to discuss the addiction potential of certain drugs prior to issuing a prescription for the drug to a patient who is under 18 years of age. The practitioner will have this discussion with the patient, if the patient is an emancipated minor, and with the patient's parent or guardian, if the patient is not an emancipated minor. The bill applies to

Schedule II controlled dangerous substances and any prescription opioid drug, and practitioners are required to discuss the risk of developing a physical or psychological dependence on the substance or drug. Practitioners will also have discretion to discuss such alternative treatments as may be available.

The practitioner will be required to obtain, and include in the patient's medical record, written acknowledgement that the discussion took place using a form which is to be developed by the Division of Consumer Affairs in the Department of Law and Public Safety in consultation with such medical professional societies and associations as may be designated by the Director of the Division of Consumer Affairs. The division will also be required to develop and make available to practitioners guidelines for the discussion required under the bill.

The provisions of the bill will not apply to a patient who is currently receiving hospice care from a licensed hospice.