



NEW JERSEY LAW REVISION COMMISSION

Revised Tentative Report Regarding Title 18A and Title 26: Terms Related to Epinephrine Administration and Nursing Titles

March 20, 2025

The New Jersey Law Revision Commission is required to “[c]onduct a continuous examination of the general and permanent statutory law of this State and the judicial decisions construing it” and to propose to the Legislature revisions to the statutes to “remedy defects, reconcile conflicting provisions, clarify confusing language and eliminate redundant provisions.” *N.J.S. 1:12A-8*.

This Report is distributed to advise interested persons of the Commission's tentative recommendations and to notify them of the opportunity to submit comments. Comments should be received by the Commission no later than **May 2, 2025**.

The Commission will consider these comments before making its final recommendations to the Legislature. The Commission often substantially revises tentative recommendations as a result of the comments it receives. If you approve of the Report, please inform the Commission so that your approval can be considered along with other comments. Please send comments concerning this Report or direct any related inquiries to:

Kyle Ryan, Legislative Fellow
New Jersey Law Revision Commission
153 Halsey Street, 7th Fl., Box 47016
Newark, New Jersey 07102
973-648-4575
(Fax) 973-648-3123
Email: kmr@njlrc.org
Web site: <http://www.njlrc.org>

Project Summary

In Title 18A and Title 26 of the New Jersey statutes, references to the administration of epinephrine specify that the drug is administered through a pre-filled auto-injector mechanism.¹ The U.S. Food and Drug Administration (FDA), however, recently approved epinephrine nasal spray (“neffy”) for the emergency treatment of allergic reactions, including those that are life-threatening (anaphylaxis).² The approval marked the first product for the treatment of anaphylaxis that is not administered by injection, which provides an important option that can reduce barriers to treatment.³

In August of 2024, Sheila Caldwell contacted Commission Staff to express concern regarding the references to epinephrine administration within Title 18A, explaining that the statutory specification of the method of administration (“via a pre-filled auto-injector mechanism”) does not allow for advances in this area of medicine that are approved by the FDA, like “neffy.”⁴ She further noted that clinical trials are being conducted on a third administration option for epinephrine, which will likely be approved in 2025.⁵

Ms. Caldwell also advised the Commission that the use of the terms “nurse practitioner/clinical nurse specialist”⁶ in N.J.S. 18A:40-4 is outdated. New Jersey statutes have largely adopted the term “Advanced Practice Nurse,” which more accurately identifies the type of health care provider to whom the statutes apply.⁷ Ms. Caldwell indicated that she brought this issue to the attention of the Commission because “school districts are questioning the documents” when school physicals are signed by a “Pediatric Mental Health Nurse Practitioner” rather than simply a “nurse practitioner,” for example.⁸

The public request served as the basis for an examination of medical terminology within New Jersey’s Title 18A. The proposed modifications, set forth in the Appendix, update the language in (1) N.J.S. 18A:40-12.6, N.J.S. 18A:40-12.3, N.J.S. 18A:40-12.5, N.J.S. 18A:61D-13, N.J.S. 18A:61D-14, N.J.S. 18A:61D-18, N.J.S. 26:12-19, N.J.S. 26:12-20, and N.J.S. 26:12-22 to revise language that specifies the method of administering epinephrine; and (2) N.J.S. 18A:40-4 to update the title of health care providers who are authorized to provide certain types of medical care in a school setting (“Advanced Practice Nurse”).

¹ N.J. STAT. ANN. §§ 18A:40-12.6 (West 2024); N.J. STAT. ANN. § 18A:40-12.3 (West 2024); N.J. STAT. ANN. § 18A:40-12.5 (West 2024); N.J. STAT. ANN. § 18A:61D-13 (West 2024); N.J. STAT. ANN. § 18A:61D-14 (West 2024); N.J. STAT. ANN. § 18A:61D-18 (West 2024).

² Press Release, U.S. Food and Drug Administration, FDA Approves First Nasal Spray for Treatment of Anaphylaxis (Aug. 9, 2024).

³ *Id.*

⁴ See E-Mail from Sheila Caldwell, BSN, RN, CSN, FNASN, to Veronica V. Fernandes, Executive Assistant, NJRLC (Aug. 20, 2024, 4:30 PM EST) (on file with the NJLRC).

⁵ *Id.*

⁶ N.J. STAT. ANN. § 18A:40-4 (West 2024).

⁷ See E-Mail from Sheila Caldwell, BSN, RN, CSN, FNASN, to Veronica V. Fernandes, Executive Assistant, NJRLC (Aug. 27, 2024, 11:41 AM EST) (on file with the NJLRC).

⁸ *Id.*

Statutes Considered

N.J.S. 18A:40-12.6 states, in relevant part, that:

The policy for the administration of medication to a pupil shall provide that the school nurse shall have the primary responsibility for the administration of the epinephrine. The school nurse shall designate, in consultation with the board of education, or chief school administrator of a nonpublic school, additional employees of the school district or nonpublic school who volunteer to administer epinephrine via a pre-filled auto-injector mechanism to a pupil for anaphylaxis when a nurse is not physically present at the scene.⁹

* * *

N.J.S. 18A:40-4 states, in relevant part, that:

The medical inspector, or the nurse or licensed medical and health care personnel under the immediate direction of the medical director, shall examine every pupil to learn whether any physical defect exists, or in lieu thereof the medical inspector may accept the report of such an examination by a physician licensed to practice medicine and surgery within the State or by a nurse practitioner/clinical nurse specialist certified by the New Jersey Board of Nursing working in collaboration with a physician licensed to practice medicine and surgery within the State.¹⁰

* * *

Analysis

Administration of Epinephrine

Three of the statutes in Title 18A that specify a method of epinephrine administration were enacted together as part of the Higher Education Epinephrine Emergency Treatment Act (Act).¹¹ That Act authorizes an institution of higher education to develop a policy for the emergency administration of epinephrine.¹² Although the Act specifies administration of epinephrine through a pre-filled auto-injector mechanism, it was enacted in 2014, well before the FDA approved epinephrine nasal spray in 2024.¹³

When the current statutory language was drafted, auto-injection was the only widely available means of administration that the Legislature could consider. However, N.J.S. 18A:61D-12, which sets forth the Act's legislative findings and declarations, contains no reference to a pre-

⁹ N.J. STAT. ANN. § 18A:40-12.6 (emphasis added). The phrase at issue (“epinephrine via a pre-filled auto-injector”) is found in five other sections within Title 18A: N.J. STAT. ANN. § 18A:40-12.3; N.J. STAT. ANN. § 18A:40-12.5; N.J. STAT. ANN. § 18A:61D-13; N.J. STAT. ANN. § 18A:61D-14; N.J. STAT. ANN. § 18A:61D-18.

¹⁰ N.J. STAT. ANN. § 18A:40-4 (emphasis added).

¹¹ N.J. STAT. ANN. § 18A:61D-13; N.J. STAT. ANN. § 18A:61D-14; N.J. STAT. ANN. § 18A:61D-18.

¹² N.J. STAT. ANN. § 18A:61D-14 (West 2024).

¹³ Press Release, U.S. Food and Drug Administration, FDA Approves First Nasal Spray for Treatment of Anaphylaxis (Aug. 9, 2024).

filled auto-injector mechanism or any indication that the method of epinephrine administration was intended to be limited to injection.¹⁴

Similarly, N.J.S. 18A:40-12.5 and N.J.S. 18A:40-12.6, which supplemented Title 18A, were enacted in 1997, long before epinephrine nasal spray would be approved or even considered by the FDA.¹⁵ In a Statement accompanying the bill, the Senate Education Committee reported that Senate Bill 373 would require the development of a policy for the emergency administration of epinephrine to a pupil for anaphylaxis under certain conditions.¹⁶ The Statement's focus was not on the specifics of administering the drug, but rather the need to obtain authorization from parents or guardians to avoid liability for the school.¹⁷

The Senate Committee Statement regarding Senate Bill 590, which was introduced in that same legislative session and supplemented the language at issue in N.J.S. 18A:40-12.3, also contains no reference to a pre-filled auto-injector mechanism or any other method of epinephrine administration.¹⁸

The relevant language in N.J.S. 18A:40-12.3 was also added to Title 18A in 1997 and has not been modified since epinephrine nasal spray was approved by the FDA.¹⁹

The FDA approved epinephrine nasal spray in August of 2024 after giving the product a “Fast Track” designation, which expedites the review process for drugs that “fill an unmet need for people with serious conditions.”²⁰ ARS Pharmaceuticals, Inc., the manufacturer of “neffy” nasal spray, has recently launched the “neffyinSchools” program, which provides eligible public and private K-12 schools in the U.S. with the opportunity to receive two cartons (four single use doses) of neffy at no cost to the school.²¹ At this time, school nurses in New Jersey cannot request or administer this free medication because of the restrictions in the statutes.²²

Furthermore, a third, sublingual, method of epinephrine administration may also be a viable administrative option in the near future, as FDA approval is expected within the next year.²³ The

¹⁴ N.J. STAT. ANN. § 18A:61D-12 (West 2024).

¹⁵ N.J. STAT. ANN. § 18A:40-12.5; N.J. STAT. ANN. § 18A:40-12.6.

¹⁶ Statement to S.B. 373, 207th Leg., 1996 Sess. (February 15, 1996).

¹⁷ *Id.*

¹⁸ Statement to S.B. 590, 207th Leg., 1996 Sess. (February 15, 1996).

¹⁹ L.1997, c. 21, § 1, eff. Feb. 27, 1997.

²⁰ Kathy Katella, *5 Things to Know About neffy, the New Nasal Spray for Anaphylaxis*, Yale Medicine (Oct. 8, 2024), available at <<https://www.yalemedicine.org/news/5-things-to-know-about-neffy-the-new-nasal-spray-for-anaphylaxis>>.

²¹ Press Release, ARS Pharmaceuticals, ARS Pharmaceuticals Launches neffyinSchools Program Providing Free Life-Saving Needle-Free Epinephrine For Emergency Use to Eligible K-12 Schools (Jan. 21, 2025) (on file with the NJLRC).

²² See E-mail from Ilena Kasdan, Upper School Nurse, Golda Och Academy, to Kyle M. Ryan, Legislative Fellow, NJLRC (Feb. 24, 2025, 12:06 PM EST) (on file with the NJLRC) [hereinafter “Ilena Kasdan February E-mail”].

²³ Phalguni Deswal, *Aquestive Maps out FDA Approval for Sublingual Anaphylaxis Drug*, Clinical Trials Arena (Mar. 15, 2024), available at <<https://www.clinicaltrialsarena.com/news/aquestive-maps-out-fda-approval-for-sublingual-anaphylaxis-drug/?cf-view>>.

sublingual film, which dissolves in saliva, can be carried in a wallet, pocket, or small purse, allowing for easier portability than an auto-injector or syringe.²⁴

In addition to the statutes in Title 18A, the method of epinephrine administration is also specified in a similar context in Title 26 (“Health and Vital Statistics”).²⁵

The Youth Camp Epinephrine Access and Emergency Treatment Act, N.J.S. 26:12-17 et seq., was enacted in 2015 and provides for the creation of a policy for the emergency administration of epinephrine to a member of a youth camp for anaphylaxis when a professionally qualified health care provider is not immediately available.²⁶ Three statutes that were enacted as part of the Youth Camp Epinephrine Access and Emergency Treatment Act contain reference to epinephrine administration “via a pre-filled auto-injector mechanism.”²⁷

Given the similar language in these statutes and those at issue in Title 18A, modifications are also proposed in three Title 26 statutes, revising language that specifies the method of epinephrine administration.

Nursing Title

The “Advanced Practice Nurse Certification Act” (“Nurse Certification Act”), which provides the definition of and qualifications necessary to be certified as an Advanced Practice Nurse in New Jersey, was enacted in 1991.²⁸ The Nurse Certification Act was revised in 1999 to change references to nurse practitioners/clinical nurse specialists to “advanced practice nurses,” after a finding that the latter title was more appropriate and used in a number of other states for these health care professionals.²⁹

Pursuant to the Nurse Certification Act, Title 45 (“Professions and Occupations”) defines Advanced Practice Nurse to include those who have “been certified as a *nurse practitioner, clinical nurse specialist*, or advanced practice nurse by a national accrediting organization.”³⁰ The Nurse Certification Act also outlines the requirements that must be met to receive a certification as an Advanced Practice Nurse.³¹

Within Title 18A, the relevant language, “nurse practitioner/clinical nurse specialist,” is only used once,³² while “Advanced Practice Nurse” is used in 14 statutes.³³ The statute containing

²⁴ Richard Gawel, *Sublingual Epinephrine Film Beats Syringe, Autoinjectors in Time to Maximum Concentration*, Healio (Mar. 15, 2023), available at <<https://www.healio.com/news/allergy-asthma/20230315/sublingual-epinephrine-film-beats-syringes-autoinjectors-in-time-to-maximum-concentration>>.

²⁵ N.J. STAT. ANN. § 26:12-17 et seq. (West 2024).

²⁶ N.J. STAT. ANN. § 26:12-20 (West 2024).

²⁷ N.J. STAT. ANN. § 26:12-19 (West 2024); N.J. STAT. ANN. § 26:12-20; N.J. STAT. ANN. § 26:12-22 (West 2024).

²⁸ N.J. STAT. ANN. § 45:11-45 (West 2024).

²⁹ Statement to A.B. 1581, 208th Leg., 1998 Sess. (December 3, 1998).

³⁰ N.J. STAT. ANN. § 45:11-48 (emphasis added) (West 2024).

³¹ N.J. STAT. ANN. § 45:11-47 (West 2024).

³² N.J. STAT. ANN. § 18A:40-4.

³³ N.J. STAT. ANN. §§ 18A:40-41.7 (West 2024), 18A:40-41d (West 2024), 18A:40-12.13 (West 2024), 18A:40-12.37 (West 2024), 18A:40-12.18 (West 2024), 18A:61D-13, 18A:40-12.5, 18A:61D-14, 18A:40-12.34 (West 2024), 18A:40-12.6d (West 2024), 18A:40-12.29 (West 2024), 18A:40-12.35 (West 2024), 18A:65-90 (West 2024), 18A:40-3.3 (West 2024).

the outdated language, N.J.S. 18A:40-4, was last amended in 1997, before the New Jersey Statutes, including Title 45, were updated to incorporate the term Advanced Practice Nurse.³⁴

Outreach

During the November 2024 Commission meeting, the Commission released a Tentative Report proposing modifications to Title 18A and Title 26 that would (1) *remove* language that specifies the method of epinephrine administration; and (2) update the title of health care providers who are authorized to provide certain types of medical care in a school setting.³⁵

Following the Report’s release, outreach was conducted to knowledgeable and interested individuals and organizations, including: the New Jersey State School Nurses Association (NJSSNA); the New Jersey Education Association; the New Jersey School Boards Association; the New Jersey Department of Education (NJDOE); the New Jersey State Board of Education; the New Jersey Association of School Administrators; the New Jersey Public Health Association; the New Jersey State Nurses Association; Sheila Caldwell, BSN, RN, CSN; the New Jersey Allergy, Asthma, & Immunology Society; the American Camp Association, New York and New Jersey (ACA, NY-NJ); and the New Jersey Parent Teacher Organization.

The Commission Staff was fortunate enough to receive comments from a number of knowledgeable individuals, all of whom supported the proposed modifications to statutes in Title 18A and Title 26. There was a general consensus among commenters that any language referencing a “pre-filled auto-injector mechanism” should be removed. Additionally, many commenters suggested new language to supplement the revised statutes that would specify that the method of epinephrine administration must be “FDA-approved” and/or restricted to a “single unit dose.”

Support and Alternative Language

Sheila Caldwell, BSN, RN, CSN, FNASN

Sheila Caldwell, whose public request served as the basis for the examination of New Jersey law in this area, suggested that, rather than eliminating the language entirely, the reference to a pre-filled auto-injector mechanism should be replaced with the phrase “unit dosed packaged.”³⁶ She explained that this was an important distinction necessary to prevent school districts from ordering “vials of epinephrine that need to be measured out.”³⁷

Lorraine Borek, RN

Lorraine Borek, Registered Nurse and NJSSNA member, provided comments by e-mail.³⁸

³⁴ L. 1997, c. 47, § 1, eff. Mar. 27, 1997.

³⁵ N.J. Law Revision Comm’n, *Minutes of NJLRC Meeting*, at 7, Nov. 21, 2024, www.njlrc.org (last visited Feb. 6, 2025).

³⁶ See E-mail from Sheila Caldwell, BSN, RN, CSN, FNASN, to Kyle M. Ryan, Legislative Fellow, NJLRC (Nov. 24, 2024, 5:20 PM EST) (on file with the NJLRC).

³⁷ *Id.*

³⁸ See E-mail from Rose M. Catton, MSN, RN, NJ-CSN, Executive Director, New Jersey State School Nurses Association, to Kyle M. Ryan, Legislative Fellow, NJLRC (Jan. 9, 2025, 3:10 PM EST) (on file with the NJLRC).

Ms. Borek provided that she had “no issue” with removing the term “auto-injector,” but that it should be emphasized that “a single dose unit of medication will be delegated.”³⁹ She explained that “epinephrine is available in a multidose ampule which would require the person administering the medication to break the ampule and draw up the proper dosage.”⁴⁰ Ms. Borek suggested the phrase “administration of epinephrine via a single unit dose system,” which would include auto-injectors, nasal administration devices, and oral (sublingual/buccal) administration.⁴¹

Nicole DiCroce, RN

Nicole DiCroce stated her support for the administration of epinephrine in any form, adding that she has “seen great successes with Narcan administration using less invasive methods,” so a less invasive method of epinephrine administration would be beneficial as well.⁴²

Ilena Kasdan

Ilena Kasdan, Upper School Nurse at the Golda Och Academy, expressed her support for the proposed modifications, stating that epinephrine is a lifesaving medication, “regardless of whether it is via auto-injector or nasal administration.”⁴³ Ms. Kasdan emphasized that epinephrine auto-injectors can be intimidating for students, so they prefer a less invasive and painful form of administration.⁴⁴

Toni Mazzariello, RN

Toni Mazzariello, Nurse/School Health Coordinator at the Ridge and Valley Charter School, provided a comment in support of the proposed modifications, noting that school nurses support using “neffy” because it “will cause less trauma and stress and pain for students experiencing anaphylaxis emergencies.”⁴⁵

Lori Mido, MSN, APN, CSN-NJ

Lori Mido provided a comment that expressed her support for the proposed modifications pertaining to epinephrine administration, stating that “the change in language will allow for epinephrine to be given to students that needs [sic] it in any form of preparation approved by the FDA.”⁴⁶

Ms. Borek’s comments do not represent the position of the NJSSNA, but rather her viewpoint as a Registered Nurse and member of the NJSSNA.

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ *Id.*

⁴² See E-mail from Nicole DiCroce, RN, to Kyle M. Ryan, Legislative Fellow, NJLRC (Mar. 6, 2025, 11:04 AM EST) (on file with the NJLRC).

⁴³ See E-mail from Ilena Kasdan, Upper School Nurse, Golda Och Academy, to Kyle M. Ryan, Legislative Fellow, NJLRC (Dec. 2, 2024, 12:21 PM EST) (on file with the NJLRC).

⁴⁴ See Ilena Kasdan February E-mail, *supra* note 22.

⁴⁵ See E-mail from Toni Mazzariello, Nurse/School Health Coordinator, Ridge and Valley Charter School, to Veronica V. Fernandes, Executive Assistant, NJLRC (Mar. 4, 2025, 8:37 AM) (on file with the NJLRC).

⁴⁶ See E-Mail from Lori Mido, MSN, APN, CSN-NJ, to Kyle M. Ryan, Legislative Fellow, NJLRC (Mar. 5, 2025, 11:00 AM EST) (on file with the NJLRC).

Carolyn Ruderman, RN

Carolyn Ruderman conveyed her support for the proposed modifications pertaining to epinephrine administration in Title 18A.⁴⁷ Ms. Ruderman supported replacing the phrase “pre-filled auto-injector mechanism” with language that would allow for other forms of single unit dose epinephrine administration.⁴⁸

Claudine M. Leone, Esq.

Claudine M. Leone, Esq., New Jersey Government Affairs Counsel, worked with ACA, NY-NJ to advocate for the Youth Camp Epinephrine Access and Emergency Treatment Act in 2015, and she provided feedback on the proposed modifications to statutes in Title 26.⁴⁹ Ms. Leone explained that this Act restricted the method of epinephrine administration in youth camps because the “administration of epinephrine,” broadly, would include traditional vial/syringe administration, which could not be delegated to unlicensed staff.⁵⁰ She was not opposed to a broadening of the statute to include other forms of administration, and noted that the Youth Camp Epinephrine Access and Emergency Treatment Act theoretically could have included the language, “or other comparable FDA approved pre-filled delivery systems.”⁵¹

Paul David Roman

Paul David Roman, Chair of the New Jersey Public Health Council,⁵² provided a comment supporting the proposed modifications, but suggested that the words “via a current USFDA approved mechanism” replace the language referencing a pre-filled auto-injector mechanism.⁵³

New Jersey Department of Education

Samantha Price, Assistant Commissioner of the NJDOE, provided similar feedback in a comment on the proposed modifications.⁵⁴ Ms. Price noted that the Department of Education does not support “the use of multi dose vials which would require the person administering the epinephrine to break the ampule and draw up the proper dosage.”⁵⁵ She stated the Department’s support for a revision that permits various FDA-approved mechanisms for epinephrine administration, “but only via a single unit dose system.”⁵⁶ Ms. Price also proposed a modification

⁴⁷ See Telephone Interview by Kyle M. Ryan, Legislative Fellow, NJLRC with Carolyn Ruderman, RN (Mar. 5, 2025).

⁴⁸ *Id.*

⁴⁹ See E-mail from Claudine M. Leone, Esq., New Jersey Government Affairs Counsel, to Kyle M. Ryan, Legislative Fellow, NJLRC (Jan. 9, 2024, 1:46 PM EST) (on file with the NJLRC).

⁵⁰ *Id.*

⁵¹ *Id.*

⁵² Mr. Roman is also the President of the New Jersey Local Boards of Health Association; Vice President of the Public Health Associations Collaborative Effort (PHACE); and was appointed by the Governor as advisory to the Commissioner of Health. He is the “fourth most senior nationally registered EMT since 1973.” See E-mail from Paul David Roman, Chair, New Jersey Public Health Council, to Kyle M. Ryan, Legislative Fellow, NJLRC (Feb. 17, 2025, 2:48 PM EST) (on file with the NJLRC).

⁵³ *Id.*

⁵⁴ See Letter from Samantha Price, Assistant Commissioner, New Jersey Department of Education, to Kyle M. Ryan, Legislative Fellow, NJLRC (Feb. 4, 2025) (on file with the NJLRC).

⁵⁵ *Id.*

⁵⁶ *Id.*

to subsection (f) of N.J.S. 18A:40-12.5 to allow for the school nurse or designee to administer epinephrine in an emergency to *another staff member* that is having an anaphylactic reaction.⁵⁷

As a result of the response to outreach and given the consistency of the commenters' suggested alternative language, the proposed modifications still remove the language that references a "pre-filled auto-injector mechanism," but additional language was added to clarify that only "single unit dose" epinephrine may be administered. This language permits the use of auto-injectors and epinephrine nasal spray but restricts use of multi-dose vials, which would require the person administering the epinephrine to break the ampule and retrieve the proper dosage. Proposed modifications to these statutes are set forth in the Appendix.

Pending Bills

There are currently no pending bills that directly address the terminology changes discussed in this Report. However, there are multiple pending bills that use the language recommended for replacement in this Report. Four pending bills that contain the phrase "via a pre-filled auto-injector mechanism" propose amendments to statutes in Title 18A, Title 26, and the "Epinephrine Access and Emergency Treatment Act," which falls under Title 24 ("Food and Drugs") of the New Jersey Statutes.⁵⁸

While there are currently no pending bills that seek to amend the nursing title referenced in N.J.S. 18A:40-4, there are multiple bills proposed regarding Title 18A that use the term "Advanced Practice Nurse" in lieu of "nurse practitioner/clinical practice nurse."⁵⁹

Conclusion

Proposed modifications to New Jersey's statutes are set forth in the Appendix. The modifications: (1) revise language that specifies the method of administering epinephrine in Title 18A and Title 26 to account for current and future medical advancements in this area; and (2)

⁵⁷ *Id.*

⁵⁸ A.B. 311, introduced in the current legislative session, amends N.J.S. 18A:40-12.5 to permit school bus drivers to administer epinephrine to students under certain emergency circumstances. The language proposed in the bill contains eight uses of the relevant phrase ("epinephrine via a pre-filled auto-injector mechanism"). A.B. 311, 221st Leg., 2024 Sess. (Mar. 7 2024) (identical to S.B. 315). A.B. 1411 amends and supplements Title 26 to require that certain ambulances carry a supply of epinephrine "auto-injector devices" and be staffed by at least one technician certified to administer an epinephrine auto-injector device. A.B. 1411, 221st Leg., 2024 Sess. (Jan. 9 2024) (identical to S.B. 753). Similarly, A.B. 1714 amends and supplements Title 26 to require that child care centers be equipped with auto-injector devices and be staffed by at least one individual who is trained to administer an epinephrine auto-injector device. A.B. 1714, 221st Leg., 2024 Sess. (Jan. 9, 2024). The phrase ("pre-filled auto-injector mechanism") is also used in language proposed by A.B. 3067. A.B. 3067, 221st Leg., 2024 Sess. (Jan. 9 2024) ("[e]xtend[ing] "Epinephrine Access and Emergency Treatment Act" to include administration of epinephrine auto-injector devices by individuals in possession of devices pursuant to personal prescriptions").

⁵⁹ A.B. 1032, for example, amends N.J.S. 18A:40-1 ("Employment of medical inspectors, optometrists and nurses; salaries; terms; rules") to allow boards of education to name an Advanced Practice Nurse as medical inspector, a title previously restricted to physicians. The proposed statute would distinguish between Advanced Practice Nurses and "school nurses," the latter of which may be employed by the board but not named medical inspector. A.B. 1032, 221st Leg., 2024 Sess. (Jan. 9, 2024). A.B. 1763 permits Advanced Practice Nurses to provide documentation to a school district of a student's need for home instruction due to their health condition. A.B. 1763, 221st Leg., 2024 Sess. (Jan. 9, 2024). *See also* A.B. 3352, 221st Leg., 2024 Sess. (Jan. 29 2024) ("[e]stablish[ing] tuition reimbursement program for certain advanced practice nurses who provide mental health care services in underserved areas in New Jersey").

update the title of health care providers who are authorized to provide certain types of medical care in a school setting (“Advanced Practice Nurse”) to reflect widely accepted changes in medical terminology. The proposed modifications reflect the response to outreach and the consistency of the commenters’ suggested alternative language.

Appendix

Proposed modifications are shown on the following pages (with ~~strikethrough~~ and underlining).

N.J.S. 18A:40-12.6. Administration of epinephrine; primary responsibility; parental consent

The policy for the administration of medication to a pupil shall provide that the school nurse shall have the primary responsibility for the administration of the epinephrine. The school nurse shall designate, in consultation with the board of education, or chief school administrator of a nonpublic school, additional employees of the school district or nonpublic school who volunteer to administer single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ to a pupil for anaphylaxis when the nurse is not physically present at the scene. In the event that a licensed athletic trainer volunteers to administer epinephrine, it shall not constitute a violation of the “Athletic Training Licensure Act,” P.L.1984, c. 203 (c.45:9-37.35 et seq.).

Except as otherwise provided pursuant to subsection f. of section 1 of P.L.1997, c. 368 (C.18A:40-12.5), the school nurse shall determine that:

a. The designees have been properly trained in the administration of the single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ using standardized training protocols established by the Department of Education in consultation with the Department of Health;

b. The parents or guardians of the pupil consent in writing to the administration of the single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ by the designees;

c. The board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall have no liability as a result of any injury arising from the administration of the epinephrine to the pupil;

d. The parents or guardians of the pupil sign a statement acknowledging their understanding that the district or nonpublic school shall have no liability as a result of any injury arising from the administration of the single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ to the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ to the pupil; and

e. The permission is effective for the school year

The Department of Education,

Nothing in this section shall be construed to prohibit the emergency administration of single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ to a pupil for anaphylaxis by the school nurse or other employees designated pursuant to this section when the pupil is

authorized to self-administer epinephrine pursuant to section 1 of P.L.1993, c. 308 (C.18A:40-12.3), or when there is a coexisting diagnosis of asthma,

Comment

The proposed modifications to N.J.S. 18A:40-12.6, which sets forth the responsibilities for epinephrine administration in schools, remove six instances of the phrase “via a pre-filled auto-injector mechanism” and add the phrase “single unit dose” before the word “epinephrine” in the first and last paragraphs of the statute, as well as in subsections (a), (b), and (d), to allow for alternative methods of epinephrine administration.

N.J.S. 18A:40-12.3. Self-administration of medication by pupil; conditions

a. A board of education or the governing board . . . :

- (1) The parents or guardians . . . ;
- (2) The parents or guardians . . . ;
- (3) The board of education or the governing board . . . ;
- (4) The parents or guardians . . . ; and
- (5) The permission is effective for the school year

b. Notwithstanding any other law or regulation to the contrary, a pupil who is permitted to self-administer medication under the provisions of this section shall be permitted to carry an inhaler or prescribed medication for allergic reactions, including ~~a pre-filled auto-injector mechanism~~ single unit dose epinephrine, or prescribed medication for adrenal insufficiency at all times, provided that the pupil does not endanger himself or other persons through misuse.

c. Any person who acts in good faith

Comment

The proposed modifications to N.J.S. 18A:40-12.3, which provides the circumstances in which a student may self-administer medication in schools, replace language in subsection (b) referencing “a pre-filled auto-injector mechanism” with the phrase “single unit dose epinephrine” to allow for alternative methods of epinephrine administration. This modification adds the word “epinephrine” to clarify the type of single unit dose medication, which was previously implied through reference to an auto-injector mechanism.

N.J.S. 18A:40-12.5. Policy for emergency administration of epinephrine to nonpublic school pupils

Each board of education or chief school administrator of a nonpublic school shall develop a policy in accordance with the guidelines established by the Department of Education pursuant to

section 4 of P.L.2007, c. 57 (C.18A:40-12.6a) for the emergency administration of single unit dose epinephrine via a pre-filled auto-injector mechanism to a pupil for anaphylaxis provided that:

a. The parents or guardians . . . ;

b. The parents or guardians . . . ;

c. The board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall have no liability as a result of any injury arising from the administration of the single unit dose epinephrine via a pre-filled auto-injector mechanism;

d. The parents or guardians of the pupil sign a statement acknowledging their understanding that the district or the nonpublic school shall have no liability as a result of any injury resulting from the administration of the single unit dose epinephrine via a pre-filled auto-injector mechanism to the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the administration of the single unit dose epinephrine via a pre-filled auto-injector mechanism; and

e. The permission is effective for the school year

The policy developed by a board of education or chief school administrator of a nonpublic school shall require:

(1) The placement of a pupil's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the pupil's emergency care plan. Back-up single unit dose epinephrine via a pre-filled auto-injector mechanism shall also be available at the school if needed;

(2) The school nurse or designee . . . ;

(3) The transportation of the pupil

f. The policy developed by a board of education or chief school administrator of a nonpublic school shall also:

(1) Permit the school nurse or trained designee to administer single unit dose epinephrine via a pre-filled auto-injector mechanism to any pupil without a known history of anaphylaxis or any pupil whose parent or guardian has not met the requirements of subsections a., b., and d. of this section and has not received the notice required pursuant to subsection c. of this section when the nurse or designee in good faith believes that the pupil is having an anaphylactic reaction; and

(2) Require each public and nonpublic school

Comment

The proposed modifications to N.J.S. 18A:40-12.5, which provides the policy for emergency epinephrine administration in nonpublic schools, remove six instances of the phrase “via a pre-filled auto-injector mechanism” and add the phrase “single unit dose” before the word “epinephrine” to allow for alternative methods of epinephrine administration.

N.J.S. 18A:61D-13. Definitions relating to the administering of epinephrine

As used in this act:

“Institution of higher education” means

“Licensed campus medical professional” means

“Member of the campus community” means

“Secretary” means

“Trained designee” means a member of the campus community trained by a licensed campus medical professional in the emergency administration of single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~.

Comment

The proposed modifications to N.J.S. 18A:61D-13, which defines terms relating to the administration of epinephrine in schools, remove the phrase “pre-filled auto-injector mechanism” and add the phrase “single unit dose” before the word “epinephrine” in the definition of “Trained designee” to allow for alternative methods of epinephrine administration.

N.J.S. 18A:61D-14. Development of policy for emergency administration of epinephrine by institution of higher learning; requirements; licensed campus medical professional

a. An institution of higher education may develop a policy, in accordance with the guidelines established by the secretary pursuant to section 6 of P.L.2013, c. 211 (C.18A:61D-16), for the emergency administration of single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ to a member of the campus community for anaphylaxis when a medical professional is not available. The policy shall:

(1) Permit a trained designee, under the guidance of a licensed campus medical professional, to administer single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ to a member of the campus community for whom the designee is responsible, when the designee in good faith believes that the member of the campus community is having an anaphylactic reaction;

(2) Permit a trained designee, when responsible for the safety of one or more members of the campus community, to carry in a secure but easily accessible location a supply of single unit dose epinephrine ~~pre-filled epinephrine auto-injectors~~ that is prescribed under a standing protocol from a licensed physician; and

(3) Provide that the licensed campus medical professional shall have responsibility for: training designees on how to identify an anaphylactic reaction, how to identify the indications for when to use epinephrine, and how to administer single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~; and distributing prescribed ~~pre-filled~~ single unit dose epinephrine ~~auto-injectors~~ to trained designees.

b. Each institution of higher education

c. A licensed campus medical professional is authorized to:

(1) Establish and administer . . . ;

(2) Ensure that trained designees . . . ;

(3) Obtain a supply of ~~pre-filled~~ single unit dose epinephrine ~~auto-injectors~~ under a standing protocol from a licensed physician; and

(4) Control distribution to trained designees of ~~pre-filled~~ single unit dose epinephrine ~~auto-injectors~~.

Comment

The proposed modifications to N.J.S. 18A:61D-14, which provides for the development of emergency epinephrine administration policy in institutions of higher education, remove language referencing a “pre-filled auto-injector mechanism” from subsections (a)(1)-(3) and (c)(4) to allow for alternative methods of epinephrine administration. The proposed modifications also clarify that only single unit dose epinephrine may be administered.

N.J.S. 18A:61D-18. Construction of Higher Education Epinephrine Emergency Treatment Act

Nothing in this act shall be construed to:

a. Permit a trained designee . . . ;

b. Prohibit the administration of a ~~pre-filled~~ single unit dose epinephrine ~~auto-injector mechanism~~ by a person acting pursuant to a lawful prescription;

c. Prevent a licensed and qualified member of a health care profession from administering a ~~pre-filled~~ single unit dose epinephrine ~~auto-injector mechanism~~ if the duties are consistent with the accepted standards of the member’s profession; or

d. Violate the “Athletic Training Licensure Act”

Comment

The proposed modifications to N.J.S. 18A:61D-18, which outlines the confines of the Higher Education Epinephrine Emergency Treatment Act, remove language referencing a “pre-filled auto-injector mechanism” from subsection (c) to allow for alternative methods of epinephrine administration. The modifications also clarify that only single unit dose epinephrine may be administered.

N.J.S. 26:12-19. Definitions

As used in this act:

“Commissioner” means

“Member of the youth camp community” means

“Professionally qualified health care provider” means

“Trained designee” means a youth camp staff member who has been trained by the youth camp health director or, if the youth camp health director is not professionally qualified to administer epinephrine, by a professionally qualified health care provider, in the detection of anaphylaxis and the emergency administration of single unit dose epinephrine ~~using a pre-filled auto-injector mechanism~~.

“Youth camp” means

“Youth camp health director” means and includes a person, 18 years of age or older, who meets the qualifications required by N.J.A.C.8:25-5.2 and who is responsible for the proper medical recordkeeping, care, and treatment of campers at a youth camp. Youth camps that do not have a health director who is a medical professional may use one of the following options: a youth camp health director trained in the emergency administration of single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ by the professionally qualified health care provider responsible for writing the prescription with documentation; an emergency medical technician certified in emergency epinephrine ~~auto-injector~~ administration; or an individual trained in the detection of anaphylaxis and the emergency administration of single unit dose epinephrine ~~using a pre-filled auto-injector device~~.

“Youth camp operator” means

Comment

The proposed modifications to N.J.S. 26:12-19, which defines terms relating to the emergency administration of epinephrine in youth camps, remove any reference to a “pre-filled auto-injector mechanism” from the definitions of “Trained designee” and “Youth camp health director” to allow for alternative methods of epinephrine administration. The modifications also clarify that only single unit dose epinephrine may be administered.

N.J.S. 26:12-20. Policy for emergency administration of epinephrine to youth camp member

a. A youth camp operator, as part of a youth camp medical program, and in accordance with the provisions of the “New Jersey Youth Camp Safety Act,” P.L.1973, c. 375 (C.26:12-1 et seq.) and rules and regulations adopted by the Department of Health pursuant thereto, may develop a policy for the emergency administration of single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ to a member of the youth camp community for anaphylaxis when a professionally qualified health care provider is not immediately available. The policy shall:

(1) permit the youth camp health director and trained designees to administer single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~ to a member of the youth camp community for whom the youth camp health director or trained designee is responsible, when the youth camp health director or trained designee believes, in good faith, that the member of the youth camp community is having an anaphylactic reaction; and

(2) permit the youth camp health director

b. If a youth camp develops a policy for the emergency administration of single unit dose epinephrine ~~via a pre-filled auto-injector mechanism~~, the youth camp operator, in cooperation with the youth camp health director, shall:

(1) maintain and adhere . . . ;

(2) ensure that trained designees . . . ;

(3) obtain and maintain a supply of ~~pre-filled~~ single unit dose epinephrine ~~auto-injectors~~, pursuant to a standing protocol from a licensed physician or other authorized prescriber, for use by the youth camp health director and trained designees in emergency anaphylaxis situations; and

(4) establish protocols and one or more secure locations for the safe and accessible storage of the youth camp's supply of ~~pre-filled~~ single unit dose epinephrine ~~auto-injectors~~.

Comment

The proposed modifications to N.J.S. 26:12-20, which provides for the development of emergency epinephrine administration policy in youth camps, remove language referencing a “pre-filled auto-injector mechanism” from subsections (a), (a)(1), (b), and (b)(3)-(4) to allow for alternative methods of epinephrine administration. The modifications also clarify that only single unit dose epinephrine may be administered.

N.J.S. 26:12-22. Construction of Youth Camp Epinephrine Access and Emergency Treatment Act

Nothing in this act shall be construed to:

a. permit a trained designee . . . ;

b. prohibit the administration of a ~~pre-filled~~ single unit dose epinephrine ~~auto-injector mechanism~~ by a person acting pursuant to a lawful prescription;

c. prevent a licensed and qualified member of a health care profession from administering a ~~pre-filled~~ single unit dose epinephrine ~~auto-injector mechanism~~ if the duties are consistent with the accepted standards of practice applicable to the member's profession;

d. violate the “Athletic Training Licensure Act,” . . . ; or

e. require written authorization . . . when:

(1) there is no identified medical diagnosis . . . ; or

(2) there is a medical diagnosis involving risk of anaphylaxis recorded with the youth camp health director, but the ~~pre-filled~~ single unit dose epinephrine ~~auto-injector~~ was not provided to the youth camp by the camper or by the camper's parent or authorized guardian.

Comment

The proposed modifications to N.J.S. 26:12-22, which outlines the confines of the Youth Camp Epinephrine Access and Emergency Treatment Act, remove language referencing a “pre-filled auto-injector mechanism” from subsections (b), (c), and (e)(2) to allow for alternative methods of epinephrine administration. The proposed modifications also clarify that only single unit dose epinephrine may be administered.

N.J.S. 18A:40-4. Examination for physical defects and screening of hearing of pupils; health records

The medical inspector, or the nurse or licensed medical and health care personnel under the immediate direction of the medical inspector, shall examine every pupil to learn whether any physical defect exists, or in lieu thereof the medical inspector may accept the report of such an examination by a physician licensed to practice medicine and surgery within the State or by an ~~nurse practitioner/clinical nurse specialist~~ Advanced Practice Nurse certified by the New Jersey Board of Nursing working in collaboration with a physician licensed to practice medicine and surgery within the State. If any deviations in health status are detected, the ~~nurse practitioner/clinical nurse specialist~~ Advanced Practice Nurse shall refer the pupil to the collaborating physician. The frequency and procedure of and selection of pupils for examinations shall comply with the rules of the State board. Additionally a screening of hearing examination shall be conducted on each pupil during the school year pursuant to rules, regulations and standards established by the State Department of Education in consultation with the State Department of Health.

A pupil who presents a statement

A health record of each pupil shall be kept

Comment

The proposed modifications to N.J.S. 18A:40-4, which outlines requirements for health examinations in a school setting, replace two instances of the phrase “nurse practitioner/clinical nurse specialist” with the term “Advanced Practice Nurse,” consistent with the terminology used in the medical profession and widely adopted throughout the New Jersey statutes.