



State of New Jersey
DEPARTMENT OF HEALTH

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Governor

TAHESHA L. WAY
Lt. Governor

KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

Executive Directive No. 25-001

**Expanded Scope of Practice for the Administration of Buprenorphine
by Licensed Mobile Intensive Care Paramedics**

WHEREAS, the Department of Health (Department) recognizes that mobile intensive care paramedics provide life-saving and life-sustaining pre-hospital care to the residents and visitors of New Jersey suffering from emergency medical conditions; and

WHEREAS, Executive Order No. 219 (2017) declared that "[t]he abuse of and addiction to opioid drugs is a public health crisis in New Jersey, necessitating the marshalling of all appropriate resources to combat its harmful effects on the citizens of our State;" and

WHEREAS, the Department of Health acknowledges the ongoing public health crisis occurring in New Jersey due to opioid use disorders and is committed to garnering all possible resources to combat the opioid crisis plaguing our great State; and

WHEREAS, overwhelming scientific evidence, including a National Academy of Medicine Consensus Study Report titled *Medications for Opioid Use Disorder Saves Lives*,¹ demonstrates that buprenorphine is an integral medication for combatting opioid use disorders and reducing overdose deaths; and

¹ National Academies of Sciences, Engineering, and Medicine. 2019. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25310>.

WHEREAS, buprenorphine is a well-studied, FDA-approved medication with a strong safety profile including when it is administered in pre-hospital settings; and

WHEREAS, recognizing the effectiveness of buprenorphine in the treatment of opioid use disorders, legislation was enacted in 2021, which extended the scope of practice of mobile intensive care paramedics to include the administration of buprenorphine to patients under their care; and

WHEREAS, specifically, N.J.S.A. 26:2K-71 authorizes a mobile intensive care paramedic staffing a mobile intensive care unit (MICU) to administer buprenorphine, under physician supervision, to a patient after the patient receives an opioid antidote if certain conditions and training requirements are met; and

WHEREAS, in New Jersey, mobile intensive care paramedics have proven that they can safely administer buprenorphine when responding to emergency medical service calls and, in turn, have minimized their patients' risks of adverse effects of Opioid Withdrawal Syndrome and increased the likelihood of their patients receiving appropriate care for substance use disorder including harm reduction, medication treatment, and treatment referral in the pre-hospital setting and have maximized the support provided to patients who otherwise refuse transport to the hospital; and

WHEREAS, the Emergency Medical Services Act, N.J.S.A 26:2K-7 to N.J.S.A 26:2K-74, specifically N.J.S.A. 26:2K-12, was recently amended to afford emergency medical services (EMS) medical directors of Department licensed advance life support agencies the authority to establish medication protocols for their mobile intensive care

paramedics, within their scope of practice, with the approval of the Commissioner of Health; and

WHEREAS, if the medication protocols contemplated by an EMS medical director exceed the established scope of practice for mobile intensive care paramedics, N.J.S.A. 26:2K-12 requires the EMS medical director to submit the protocol to the Mobile Intensive Care Advisory Council (MAC) for review and to make recommendations to the Commissioner of Health and then for the Commissioner of Health to act within 90 days of the MAC recommendations; and

WHEREAS, during a special public meeting held on February 11, 2025 by the MAC, Dr. Gerard Carroll, who is the EMS medical director for Cooper University Health Care, a Department of Health licensed advanced life support agency, presented a request for the expansion of the scope of practice for mobile intensive care paramedics administering buprenorphine; and

WHEREAS, specifically, Dr. Carroll proposed an expansion of the parameters governing the administration of buprenorphine by mobile intensive care paramedics that would permit the paramedics staffing a MICU to administer buprenorphine to patients exhibiting symptoms indicative of opioid use disorder or opioid withdrawal without the prerequisite of patients receiving an opioid antidote (naloxone), provided that the patients meet the necessary criteria and protocol for buprenorphine treatment; and

WHEREAS, the MAC, consisting of EMS medical directors from every licensed advanced life support agency in the State of New Jersey, voted unanimously to affirm the expansion of the scope of practice of mobile intensive care paramedics for the administration of buprenorphine; and

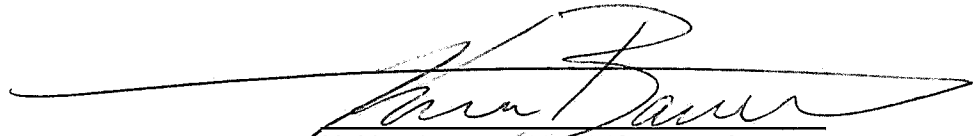
WHEREAS, I, the Commissioner of Health, reviewed the MAC's recommendation against the scientific evidence surrounding the use of buprenorphine in the treatment of opioid use disorders and Executive Order 219's call to amass resources to combat the opioid crisis and agree with the recommendations advanced by the MAC.

NOW, THEREFORE, I, Kaitlan Baston, MD, MSc, DFASAM, Commissioner, New Jersey Department of Health, by virtue of the authority vested in me hereby **DIRECT** the following:

- (1) **GRANT** the Mobile Intensive Care Advisory Council's request to expand the scope of practice of mobile intensive care paramedics staffing MICUs who are administering buprenorphine, or its equivalent in any FDA-approved form, to include the treatment of opioid withdrawal or the management of opioid use disorder without the prerequisite of a patient receiving an opioid antidote, as directed by the agency's EMS medical director, and in compliance with all applicable federal laws; and
- (2) **REQUIRE** the agency EMS medical director, or their designee, to provide medical direction, through direct voice communication or written protocols, to the mobile intensive care paramedics administering the buprenorphine; and
- (3) **REQUIRE** the agency EMS medical director, or their designee, to provide their mobile intensive care paramedics with comprehensive training and competency assessments regarding opioid withdrawal and opioid use disorder; buprenorphine dosage requirements; and required medical documentation following the administration of buprenorphine; and
- (4) **PERMIT** the agency EMS medical director, or their designee, to authorize their mobile intensive care paramedics staffing MICUs to administer buprenorphine,

or its equivalent in any FDA-approved form, to patients exhibiting signs of opioid withdrawal or to manage opioid use disorder in emergency situations, regardless of prior opioid antidote utilization.

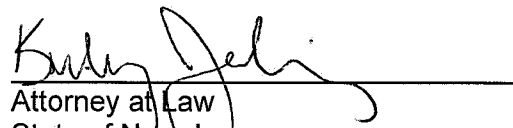
BE IT FURTHER ORDERED that this Executive Directive shall become effective immediately and shall remain in effect until revised or rescinded.



Kaitlan Baston, MD, MSc, DFASAM
Commissioner of Health

2/21/2025
Dated

Attest:



Kaitlyn J. Jelinek
Attorney at Law
State of New Jersey